



MSD

Louisville and Jefferson County Metropolitan Sewer District

SENIOR CITIZEN DISCOUNT APPLICATION

(Applicant must be 65 years of age or older with household income of \$35,000 or less per year and must be on MSD sewers)

Date: \_\_\_/\_\_\_/\_\_\_

LWC Bill Account Number: \_\_\_\_\_ (Attach copy of LWC bill)

Name of Applicant: \_\_\_\_\_ Single [ ] Married [ ] Widowed [ ]
(Please print)

Service Address: \_\_\_\_\_
(Street) (City) (State) (Zip)

Resident telephone number: ( ) - Date of Birth: \_\_\_/\_\_\_/\_\_\_

Please submit a document for each of the categories below and check the appropriate box:

Proof of Income

- [ ] IRS Tax Return & Schedules\*
[ ] Social Security Form SSA
[ ] Other \_\_\_\_\_

Proof of Residency

- [ ] Deed/Title
[ ] Lease/Rental Agreement
[ ] Property Tax Bill/PVA
[ ] Other \_\_\_\_\_

Proof of Age

- [ ] Drivers License
[ ] Birth Certificate
[ ] Other \_\_\_\_\_

\*Tax Return and Schedules filed within the last 12 months. Household income must be \$35,000 or less.

I hereby apply for a 30% Senior Citizen Discount of the amount billed for sanitary sewer service and the EPA Consent Decree Surcharge for the service address listed above. I certify that I am the legal title/leaseholder/renter of the above property, that I am 65 years of age or older, that my household income is \$35,000 or less per year and that I have provided all relevant documents relating to my income, age and residency. I also understand that at MSD's discretion, I may be required to renew this application each year.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Signature of Applicant: \_\_\_\_\_

Please mail application and supporting documents to the following address:

MSD
Attn: Senior Citizen Discount Program
P.O. Box 549
Louisville, KY 40201-0549