

CUSTOMER ASSISTANCE PROGRAM (CAP)

FOR LOW-INCOME SENIORS



SAVE
25%
Off
YOUR SEWER BILL

The Metropolitan Sewer District of Greater Cincinnati (MSD) offers a Customer Assistance Program (CAP) to help low-income senior citizens pay their sewer bills. If you meet the MSD CAP eligibility requirements, you will receive a 25% discount on your monthly sewer charges. The estimated annual savings for a MSD senior customer is \$120 (or more) per year. Eligibility is based on age, income, and property ownership; please see details on back.

3 Easy Steps to Apply

1. Complete Application
2. Attach Documents
3. Send to MSD

Eligibility

If you meet the MSD CAP eligibility requirements, you will receive a 25% discount on your monthly sewer charges. Following approval, your 25% discount will be applied to the sewer charges beginning on the next full billing cycle.

To be eligible for the MSD CAP you must:

- Be 65 years of age or older.
- Have an Ohio Adjusted Gross Income (OAGI) of no more than \$32,800 for 2019. The income limit applies to the combined income of you and your spouse.
- Own and live in the residence for which you are paying the MSD sewer bill.

Documentation Required

Documentation is required to be submitted with the application.

- Proof of Age
- Proof of Income

Annual Renewal

MSD will notify you each year when it is time to renew your enrollment in the customer assistance program.

APPLICATION

APPLICANT (Please print clearly)

FIRST NAME M.I. LAST NAME PHONE E-MAIL

APPLICANT'S SPOUSE

FIRST NAME MIDDLE INITIAL LAST NAME

APPLICANT ADDRESS (Please print clearly)

HOUSE # STREET CITY STATE ZIP COUNTY

Do you/spouse own this property? Yes No

What is your total annual income? _____

WATER/SEWER ACCOUNT # _____
(can be found on your water/sewer bill)

Documents Attached *Please send copies only!*

Proof of Age (please check one):

- Ohio Driver License or
- Ohio Identification Card or
- Your Birth Certificate

Proof of Income: (please check all that apply)

- Ohio Income Tax Return (*previous year*) and/or
- Social Security Benefit Verification Letter
- Other (ex. W-2, 1099, pension award, etc...) _____

My signature below attests that all the information provided here with this application is, to the best of my knowledge, true and correct. I declare that I currently own this property and it is my principal place of residence and that I have accurately reported my total annual income. I understand that if any information provided with this application is found to be false, I will be declared ineligible for the MSD Customer Assistance Program.

Applicant Signature

Date

**Return this form and all
appropriate documentation
by mail or email to:**

**Metropolitan Sewer District of Greater Cincinnati
Attn: MSD CAP Manager
1600 Gest Street
Cincinnati, Ohio 45204
email: MSDCAP@cincinnati-oh.gov**