

# 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](mailto:MSDCAP@cincinnati-oh.gov)**