



SENIOR CITIZEN DISCOUNT APPLICATION

(Applicant must be 65 years of age or older with household gross 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 gross 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 gross 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
700 W. Liberty Street
Louisville, KY 40203**