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