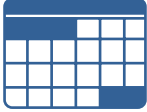





The impacts of COVID-19 have been far reaching. To help those who are finding it more difficult to pay bills during this time, the MSD board has approved an Emergency Wastewater Rate Assistance Program. With this, qualifying customers may receive a **10% discount** on MSD's wastewater charges. To learn more and to apply see below.

**10%**

10% discount applies to MSD wastewater service charges, wastewater volume charges and consent decree surcharges



Discounts available August 1, 2020 through July 31, 2022



Discount will become effective on next billing cycle following approval

**Eligibility requirements:**

- Residents of Jefferson County who are named customers with MSD and Louisville Water
- Must be receiving metered water service for a property used solely for residential purposes, and owned or leased by customer as principal residence
- Not currently receiving MSD's Senior Citizen discount as of date of application
- Total household income\* at or below 150% of the poverty line (see table to right) and with supporting documentation

Person(s) in Household	Annual Income	Monthly Income
1	\$19,140	\$1,595
2	\$25,860	\$2,155
3	\$32,580	\$2,715
4	\$39,300	\$3,275
5	\$46,020	\$3,835
6	\$52,740	\$4,395
7	\$59,460	\$4,955
8	\$66,180	\$5,515
9	\$72,900	\$6,075
10	\$79,620	\$6,635

\*Total household income defined as the combined taxable and non-taxable income of ALL persons living at the address, including: Wages or salaries, Pensions, Gross income from self-employment (IRS Form 1040 Schedule C), Child or spousal support, Worker's compensation, Unemployment benefits, Disability payments of SSDI, Social Security, SSI/SSP, Rent or royalty income, Insurance or legal settlements, Interest or dividends from savings accounts, stocks, bonds, or retirement accounts, Proceeds-sales price (IRS Form 1040 Schedule D), Cash income or gifts.



Please **fill out, sign and attach proper documents** and return to:  
700 W Liberty St. Louisville, KY 40203

Customer First and Last Name

MSD Account Number

Found on the upper right corner of Louisville Water/MSD bill

Address

City

Zip Code

Email

Phone Number

Number of Residents in Household

Please list names and ages of household residents below.

Name

Age

Name

Age

Total Monthly Household Income

**Customer must choose one of the following options to provide documentation:**

**Option 1:** I currently receive LIHEAP assistance from the Kentucky Cabinet for Health & Family Services, Department for Community Based Services. I consent to the release of my information from LIHEAP to MSD for consideration of my participation in EWRAP. I understand if my LIHEAP approval is terminated or ends, my eligibility for EWRAP shall end and I must apply for the discount under other eligibility requirements.

**Option 2:** I will submit signed copy of most recent federal tax return for all income earning members of my household.

**Option 3:** I will submit income documentation for each member of my household because my Federal Tax return is not available. Income documentation may include the following:  
a. Two (2) consecutive paycheck stubs  
b. Two (2) consecutive social security checks  
c. Two (2) consecutive SSI checks  
d. W-2 form  
e. Unemployment benefits statement

**Please sign below acknowledging the following:**

- I have met all eligibility criteria
- The information I provided is true and correct
- I have provided income information for all persons living at the address for the account listed
- If I failed to provide information requested or received discount when my household was not eligible, I will be removed from the program and may be liable for repayment
- I understand the discount period is from August 1, 2020 to July 31, 2022

**Customer Signature**

**Date**