



# SENIOR CITIZEN DISCOUNT APPLICATION

Applicant must be 65 years of age or older  
with a gross household income of \$35,000 or less per year  
and must be served by MSD sewers

Date: \_\_\_\_\_

LWC Bill Account Number: \_\_\_\_\_

Please print

Name of Applicant: \_\_\_\_\_ Single Married Widowed

Service Address: \_\_\_\_\_  
Street City State Zip

Resident telephone number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please submit the following: COPIES ONLY NO ORIGINALS**

**Applicant(s) must submit one supporting document from each category listed below.**

- 1. Proof of Household Income:**  
IRS Form 1040 or 1040S– Individual Income Tax Return
- 2. Proof of Residency:**  
Deed/Title or Property Tax Bill or Lease/Rental Agreement
- 3. Proof of Age:**  
Driver's License or Birth Certificate

I hereby apply for a 30 percent Senior Citizen Discount of the amount billed for sanitary sewer service and the 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 gross household 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 I am required to renew this application each year.**

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**Please apply online at [www.louisvillemsd.org](http://www.louisvillemsd.org) and upload the supporting required documents. If you are unable to apply online, please mail application and supporting documents to the following address or scan and email:**

**MSD  
Attn: Senior Citizen Discount Program  
700 W. Liberty Street  
Louisville, KY 40203**

**Email: [RevenueGroup@louisvillemsd.org](mailto:RevenueGroup@louisvillemsd.org)**