




Please fill out page 2 of this form, sign, attach proper documents and return to:
 ATTN: Revenue Dept.
 EWRAP
 PO Box 549
 Louisville KY 40201-0549

30%

30% discount
discount on the
MSD wastewater
portion of your bill



Discounts available
October 1, 2022
through
September 30, 2023



Discount will become
effective on the next
billing cycle following
approval

Eligibility requirements:

- Must be an MSD residential wastewater customer
- 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	\$20,385	\$1,699
2	\$27,465	\$2,289
3	\$34,545	\$2,879
4	\$41,625	\$3,469
5	\$48,705	\$4,059
6	\$55,785	\$4,649
7	\$62,865	\$5,239
8	\$69,945	\$5,829
for each additional person	\$7,080	\$590

***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.



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Customer First and Last Name

MSD Account Number
Found on your water 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 provide the following documentation:

1. Proof of a Social Security Number or Permanent Residence card (Green Card) for each member of the household
2. Proof of all income received during the previous month by any member of the household (paycheck stub, social security check, SSI, checks, unemployment benefit 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 the information requested or received discount when my household was not eligible, I will be removed from the program and may be liable for repayment.

Customer Signature

Date