

CUSTOMER ASSISTANCE PROGRAM (CAP)

FOR LOW-INCOME SENIORS



SAVE
25%
Off
YOUR SEWER BILL

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 a Modified Ohio Adjusted Gross Income (MAGI) of no more than \$41,000 for tax year 2025. 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.

Periodic Renewal

MSD will notify you when it is time to renewal your enrollment in the Customer Assistance Program.

For questions or help with this application, please contact the MSD Customer Assistance Program at (513) 244-1300 option 3, email us at MSDCAP@cincinnati-oh.gov, or visit www.msdgc.org/CAP

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

Who is your water service provider? _____

WATER/SEWER ACCOUNT # _____

(can be found on your water/sewer bill)

What is your Modified Adjusted Gross* income? _____
(located on your Ohio IT-1040 tax return line 3)

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 and/or
- Other _____
(ex. W-2, 1099, pension award, rental income 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
phone: 513-244-1300 option 3**

