

APPLICATION

Fill-in ALL fields below, as applicable

APPLICANT

FIRST NAME M.I. LAST NAME PHONE E-MAIL

APPLICANT'S SPOUSE *(if applicable)*

FIRST NAME M.I. LAST NAME

APPLICANT ADDRESS

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 only one) :*

Ohio Driver License, or

Ohio Identification Card, or

Your Birth Certificate

Proof of Income: *(please check all that apply)*

Ohio Income Tax Return (from *Ohio IT 1040*)

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

Mail your completed application (with an original signature in ink) and Proof of Age and Income to:

**Metropolitan Sewer District of Greater Cincinnati (MSD)
Attn: MSD CAP Manager
1600 Gest Street
Cincinnati, Ohio 45204**

Questions? Contact the MSD CAP Manager at:

**(513) 244-5101
MSDCAP@cincinnati-oh.gov**