

# 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 renew 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](mailto:MSDCAP@cincinnati-oh.gov), or visit [www.msdgc.org/CAP](http://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](mailto:MSDCAP@cincinnati-oh.gov)  
phone: 513-244-1300 option 3**

