

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 *(previous year)*
- 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**