msd
Safe, clean waterways

Emergency Wastewater Rate Assistance Program

We would appreciate it if you could take our survey to help us improve our services for you! Thank you!

30%

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

Discounts available **November 1, 2026** through **October 31, 2027**

Annual renewal is required.

The discount may take up to two billing cycles following approval.

Please note: participation is limited to available funding

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 the customer as primary residence.
- Not currently receiving MSD's Senior Citizen discount as of date of application.
- Total household income* at or below 175% of the poverty line (see table to right) and with supporting documentation.

Person(s) in Household	Annual Income	Monthly Income
1	$27,930	$2,328
2	$37,870	$3,156
3	$47,810	$3,984
4	$57,750	$4,813
5	$67,690	$5,641
6	$77,630	$6,469
7	$87,570	$7,298
8	$97,510	$8,126
for each additional person	$9,940	$828

***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. No bank statement accepted), Cash income or gifts.

Please fill out this form, sign, attach proper documents and return to:
ATTN: Revenue Dept. EWRAP
PO Box 740011
Louisville KY 40201-9741

Or email MSDCAP@LouisvilleMSD.org

Customer First and Last Name

MSD Account Number (Found on bill)

Address

City

Zip Code

Email

Phone Number

Number of Residents in Household

Please list the names and ages of all household residents below.

Name	Age	Name	Age

Total Monthly Household Gross Income

$

Customer must provide the following documentation:

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. No bank statement accepted)

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

X

Date