



LOW INCOME SEWER RELIEF PROGRAM

1. What is the Low Income Sewer Relief Program?
 - The assistance program is available to single family homeowners. Customers will receive a **rate reduction equal to 50% of the current charges** for wastewater and/or storm water services on their monthly sewer bill.
2. Who is eligible under this Program?
 - Income eligible customers.
 - Total annual income for the previous year is less than 150% of the most recent Health & Human Services (HHS) poverty guidelines by size of household and less than 175% for disabled individuals and seniors at least age 62.

The 2009 Poverty Guidelines

Persons in Family	Annual Income	Annual Income @ 150%	Annual Income @ 175%
1	\$10,830	\$16,245	\$18,953
2	\$14,570	\$21,855	\$25,498
3	\$18,310	\$27,465	\$32,043
4	\$22,050	\$33,075	\$38,588
5	\$25,790	\$38,685	\$45,133
6	\$29,530	\$44,295	\$51,678
7	\$33,270	\$49,905	\$58,223
8	\$37,010	\$55,515	\$64,768

- Liquid assets and real estate are less than \$3,000, excluding house of residence. Homeowners who are seniors (age requirement) or disabled individuals are **not** subject to the liquid asset guideline.
- Own and reside in property full-time for which you are applying to receive rate reduction.
- Property is a single family residence.
- Service name on the account must be either the name of the applicant or that of his/her spouse.

FOR ADDITIONAL INFORMATION, GO TO THE MSD WEBSITE:

www.stlmsd.com



Metropolitan
St. Louis
Sewer District

MSD Account #: _____

LOW INCOME APPLICATION

New Applicant _____ Renewal _____

APPLICANT INFORMATION:

Applicant Name:	Date of Birth:
Address Line 1:	Social Security Number:
Address Line 2:	Daytime Telephone #:
City:	Zip Code:

Check One:

Elderly _____
Include copy of Driver's License or State ID with proof of age.

Disabled _____
Include medical certification of disability from Physician.

Low Income _____
Complete Application as instructed.

LIST OF ALL RESIDENTS IN HOUSEHOLD: (List additional household members on separate sheet of paper)

1.	Name	Social Security #	Relationship to Applicant	Date of Birth
2.				
3.				
4.				
5.				

INCOME: (List total income from all sources for *all* persons living in household. Include a copy of prior year Federal Tax Return or all supporting income documentation.)

	LAST MONTH (Gross Income)
Salary/Wages/Tips/self employment Income	\$
Social Security (including AFDC & Welfare)	
Pension or Annuities distributions	
Interest & Dividends	
Unemployment Compensation	
Rental Income	
Alimony or Child Support	
Other Sources	
Total Income	\$

ADDITIONAL RESOURCES/ASSETS:
(List additional resources on separate sheet)

	CURRENT AMOUNT
Checking/Savings Accounts	\$
Certificate Deposits/Money Market	
Annuities	
Stocks/Bonds/Mutual Funds	
IRA/KEOUGII/Deff. Compensation	
Real Estate (other than household)	
Total Value	\$

PLEASE RETAIN COPY OF APPLICATION FOR YOUR RECORDS AND RETURN COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION TO:

MSD
ACCOUNTS RECEIVABLE DIVISION
LOW-INCOME PROGRAM
2350 MARKET STREET
ST. LOUIS, MO 63103

FOR ADDITIONAL INFORMATION:
PHONE – 1-866-281-5737 or e-mail at
billingquest@stlmsd.com

OFFICE USE ONLY

Date Received: _____ Postmark Date: _____

Received by: _____

Additional Documentation Requested: _____

Additional Documentation Received: _____

Circle One: Approved Denied By: _____

If Denied, State Reason:

Program Start Date: _____

Entered by: _____ Date: _____

I AUTHORIZE THE METROPOLITAN SAINT LOUIS SEWER DISTRICT (MSD) TO EXAMINE ANY FINANCIAL RECORDS THAT RELATE TO MY INCOME. I DECLARE UNDER PENALTIES OF PERJURY THAT THIS APPLICATION (INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENT(S)) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND IS A COMPLETE RETURN AND REPORT.

Signature of Applicant _____

Date _____

Revised 0808/lj