



Metropolitan
St. Louis
Sewer District

MSD Account #: _____

CUSTOMER ASSISTANCE APPLICATION

APPLICANT INFORMATION:

NEW APPLICANT _____ RENEWAL _____

MUST COMPLETE ENTIRE FORM

Applicant Name:		Date of Birth:
Address Line 1:	Apt #	Last four (4) digits - Social Security Number :
Address Line 2:	Apt. #	Daytime Telephone #:
City:	Zip Code:	

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

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

	LAST MONTH (Gross Income)
Salary/Wages/Tips/self-employment Income	\$
Social Security, Supplemental Security, Disability & Welfare	
Pension or Annuities distributions	
Unemployment Compensation	
Alimony or Child Support	
Rental Income (other than household)	
Interest & Dividends	
Other Sources	
Total Income	\$

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

**All applicants MUST provide proof of ALL Income
Unless current approved Acceptance Letter from LIHEAP is included with Application**

(OVER)

Check One: Required

Elderly _____ (Please include copy of Driver’s License or State ID with proof of age.)

Disabled _____ (Please include medical certification of disability from Physician.)

Income Eligible _____ (**Must** complete Customer Assistance application as instructed.)

Tenant _____ (Please include a copy of Rental Agreement and notarized Tenant Verification Form.)

How did you hear about the Low Income Program? Please circle one:

A. Radio B. Newspaper C. Help Agency D. Word of Mouth E. Other (Please State)_____

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

MSD
ACCOUNTS RECEIVABLE DIVISION
CUSTOMER ASSISTANCE PROGRAM
2350 MARKET STREET
ST. LOUIS, MO 63103

FOR ADDITIONAL INFORMATION:

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

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 (***Required**)

* Date (***Required**)

OFFICE USE ONLY
Date Received: _____