

**City of Fort Smith
Project Concern Eligibility Guidelines**

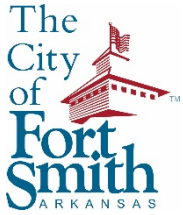
Project Concern is a utility assistance program established by the City of Fort Smith to provide relief to low-income customer who use utility services solely for residential purposes. Applicants must provide a completed and signed application, current utility bill in their name, and proof of income for all household members. Gross household income must not exceed 165% of the current federal poverty guidelines. Participants are required to requalify annually or when moving to a new address.

The program allows eligible participants to receive the following discounts:

- Water Services – 50% of base charge
- Sewer Services – 50% rate discount
- Sanitation Services – 19% discount

FINANCIAL ELIGIBILITY GUIDELINES		
PERSONS IN FAMILY/HOUSEHOLD	U.S. FEDERAL POVERTY GUIDELINE	PROJECT CONCERN INCOME LIMIT
1	\$12,490	\$20,608
2	\$16,910	\$27,901
3	\$21,330	\$35,194
4	\$25,750	\$42,487
5	\$30,170	\$49,780
6	\$34,590	\$57,073
7	\$39,010	\$64,366
8	\$43,430	\$71,659
Households with more than 8 persons, add \$4,520 for each additional person.		

U.S. Federal Poverty Guidelines are determined by the U.S. Department of Health & Human Services (HHS). These guidelines are used to determine financial eligibility for certain assistance programs. 2019 Poverty Guidelines are as of January 11, 2019, for the 48 contiguous states and District of Columbia. [HHS.gov/Poverty-Guidelines](https://www.hhs.gov/Poverty-Guidelines)



**City of Fort Smith
Project Concern Application**

FOR OFFICE USE ONLY <input type="checkbox"/> Approved <input type="checkbox"/> Denied By _____ CID/Acct _____ Effective _____

Applicant Name (as listed on utility account) _____

Service Address _____ **City** Fort Smith **State** AR **Zip** _____

Mailing (if different from above) _____ **City** _____ **State** ___ **Zip** _____

Phone _____ **Social Security #** _____ **Birthdate** _____

Do you RENT or OWN your home? (Please check the appropriate box.)

RENTERS: Is your City utility bill (water, sewer, sanitation) included in your rent payment? Yes No

HOUSEHOLD MEMBERS – List ALL other persons living in the home. Do not include yourself. Please complete all fields. (List additional members on a separate sheet if necessary.)

NAME	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP TO APPLICANT

INCOME – List total **GROSS** income for ALL household members. Includes: wages, salaries, tips, self-employment, Social Security benefits, child support, alimony, unemployment benefits, workers’ compensation, veterans benefits, retirement benefits, cash assistance, income from rental properties, and any other income.

HOUSEHOLD MEMBER RECEIVING INCOME	SOURCE OF INCOME	MONTHLY AMOUNT

DOCUMENTATION – The following documents must be submitted with this application:

- Your most recent utility bill**
 - Proof of Income for all household members** (*Provide written explanation for adults with no income.*)
 - A:** Dated and signed copy of your most recent IRS income tax return OR your annual Social Security Benefits Statement
- OR-**
- B:** Three most recent consecutive months of income source documentation

TERMS OF AGREEMENT

1. You have the right to request a hearing with the City Administrator (or designated agent) if you are determined ineligible for this utility assistance program. Your request for a hearing must be filed in writing within 10 days of the date on the ineligibility notice. Mail your request to: Utility Department, Attn: Project Concern, 801 Carnall Avenue, Suite 500, Fort Smith, AR 72901
2. You are responsible for reporting within five (5) days if you or any household member covered by this application moves, enters a nursing home or institution, has changes to their income, or if there are any other changes to the information you provided in this completed application form.
3. Your case may be selected for a detailed review of eligibility factors by staff of the City of Fort Smith.
4. The City of Fort Smith is required to keep CONFIDENTIAL any personal information you have supplied about you and your household. The information you submitted in this application cannot be released without your written consent.
5. The City of Fort Smith will process your application within thirty (30) days of receipt.

CERTIFICATION – My signature below certifies:

- All facts submitted in this application are true and complete to the best of my knowledge.
- I understand that any false statement, omission, or misrepresentation is sufficient cause for a determination of ineligibility, and that I can be required to repay any discounts that I fraudulently received.
- I have read, understand, and agree to the TERMS OF AGREEMENT for the City of Fort Smith “Project Concern” utility assistance program.

If you do not understand any part of the terms of this application, request further explanation before signing and submitting.

Applicant Name Printed

Applicant Signature

Date

For questions call (479) 494-3907. Application and attachments may be submitted by:

MAIL
UTILITY DEPARTMENT
ATTN: PROJECT CONCERN
801 CARNALL AVE, SUITE 500
FORT SMITH, AR 72901

IN PERSON
UTILITY DEPARTMENT
801 CARNALL AVE
FIRST FLOOR, SUITE 500
FORT SMITH, AR 72901

EMAIL
UtilityPR@FortSmithAR.gov