Project Concern is a utility assistance program established by the City of Fort Smith to provide relief to low-income customers 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

<table>
<thead>
<tr>
<th>PERSONS IN FAMILY/HOUSEHOLD</th>
<th>U.S. FEDERAL POVERTY GUIDELINE</th>
<th>PROJECT CONCERN INCOME LIMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,760</td>
<td>$21,054</td>
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<tr>
<td>2</td>
<td>$17,240</td>
<td>$28,446</td>
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<td>3</td>
<td>$21,720</td>
<td>$35,838</td>
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<td>4</td>
<td>$26,200</td>
<td>$43,230</td>
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<tr>
<td>5</td>
<td>$30,680</td>
<td>$50,622</td>
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<tr>
<td>6</td>
<td>$35,160</td>
<td>$58,014</td>
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<tr>
<td>7</td>
<td>$39,640</td>
<td>$65,406</td>
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<tr>
<td>8</td>
<td>$44,120</td>
<td>$72,798</td>
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</tbody>
</table>

Households with more than 8 persons, add $4,480 to the U.S. Federal Poverty Guideline for each additional person before calculating the Project Concern Limit.

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. 2020 Poverty Guidelines are as of January 15, 2020, for the 48 contiguous states and District of Columbia. [HHS.gov/Poverty-Guidelines](https://www.hhs.gov/poverty-guidelines)
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.)

<table>
<thead>
<tr>
<th>NAME</th>
<th>SOCIAL SECURITY #</th>
<th>DATE OF BIRTH</th>
<th>RELATIONSHIP TO APPLICANT</th>
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</table>

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.

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER RECEIVING INCOME</th>
<th>SOURCE OF INCOME</th>
<th>MONTHLY AMOUNT</th>
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</table>
**DOCUMENTATION** – The following documents must be submitted with this application:

**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 that lists GROSS income *(Bank statements are not considered acceptable documentation since they do not specify gross or net income.)*

**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.*

**This program is not designed to provide a discount on previous balances.**

________________________________________

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

Project Concern Application

Effective Date 1/15/2020

Last Review Date 1/28/2020