



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 customers who use utility services solely for residential purposes. Applicants must provide a completed and signed application along with proof of income for all household members. The applicant's city utility bill must be in the applicant's legal name. 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% discount
Sewer Services – 50% discount
Solid Waste Services – 25% discount

Table with 3 columns: PERSONS IN FAMILY/HOUSEHOLD, U.S. FEDERAL POVERTY GUIDELINE, PROJECT CONCERN INCOME LIMIT. Rows for 1-8 persons, plus a note for households with more than 8 persons.

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. 2023 Poverty Guidelines are as of January 12, 2023, for the 48 contiguous states and the District of Columbia. https://aspe.hhs.gov/poverty-guidelines



**City of Fort Smith
Project Concern Application**

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

APPLICANT (name as listed on utility account) _____

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

Mail Address (if different from above) _____ **City** _____ **State** _ **Zip** _____

Phone _____ **Birthdate** _____ **PLEASE CHECK ONE: Do you** RENT or OWN your home?

HOUSEHOLD MEMBERS – List ALL other persons living in the home. Do not include yourself. (Continue list on back if needed.)

Name:	Birthdate:	Relationship to Applicant:

INCOME – Eligibility is based on the total **GROSS** income for **ALL** household members. **Check each type of income that you and anyone living in your home currently receive.** Then list the income in the blanks below.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Wages/Salary/Tips | <input type="checkbox"/> Retirement/Pension | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Interest Income |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Alimony/Child Support | <input type="checkbox"/> Workers' Comp | <input type="checkbox"/> Rental Income |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Self-employment | <input type="checkbox"/> Sick Pay | <input type="checkbox"/> Cash Assistance |
| <input type="checkbox"/> Veterans Benefits | <input type="checkbox"/> Railroad Benefits | <input type="checkbox"/> Military Allotment | <input type="checkbox"/> Other (explain below) |

Household Member Receiving Income:	Source of Income:	Monthly Amount:

DOCUMENTATION – You must submit the following documents with this application as proof of income for ALL household members. Provide a written explanation for adults with no income. (If you are reporting zero income for the entire household, we may contact you to ask how you pay for living expenses.)

- A:** Dated and signed copy of a recent IRS income tax return and all applicable documentation/schedules
- OR-**
- B:** Your annual Social Security Benefits Statement
- OR-**
- C:** 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 ten (10) days of the date on the ineligibility notice. Mail your request to Water Utilities 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.

IMPORTANT NOTICE: If you do not understand any part of this application's terms, call to ask for assistance before signing and submitting. This program is not designed to provide a discount on previous account balances.

Applicant Name Printed

Applicant Signature

Date

CONTACT US

For questions or assistance, call (479) 494-3907. The application and attachments may be submitted by:

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

IN-PERSON
WATER UTILITIES DEPARTMENT
623 GARRISON AVE
ROOM 101
FORT SMITH, AR 72901

EMAIL
UtilityPR@FortSmithAR.gov