



# City of Bentonville, Arkansas Taxi Program

## Application

### **Program Purpose**

The purpose of the Taxi Program is to assist with the transportation needs of Bentonville residents that meet the qualification requirements listed below. Approved program participants receive two, \$30.00 punch cards a month redeemable to NWA Taxi and Ambassador Transportation.

### **City of Bentonville Contact**

City of Bentonville  
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### **To Qualify**

To qualify, you must be a Bentonville resident and meet one of the following three options:

1. Be 62 years of age or older AND disabled.
2. Be 62 years of age or older AND be considered low to moderate income.
3. If under 62 years of age must be disabled AND be considered low to moderate income.

### **Income Qualification**

To qualify for this program, you must meet the FY 2019 Income Limits as set forth by the Department of Housing and Urban Development (HUD):

**Median Income:** \$69,900

<b>Fayetteville – Springdale – Rogers, AR HUD Metro FMR Area</b>								
<b>FY 2019 Income Limits Summary – Benton County, Arkansas</b>								
	<b>Person(s) in Family</b>							
<b>FY 2019 Income Limit Category</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Extremely Low</b>	\$14,700	\$16,910	\$21,330	\$25,750	\$30,170	\$34,590	\$39,010	\$43,430
<b>Very Low</b> (50% income limits)	\$24,500	\$28,000	\$31,500	\$34,950	\$37,750	\$40,550	\$43,350	\$46,150
<b>Low</b> (80% income limits)	\$39,150	\$44,750	\$50,350	\$55,900	\$60,400	\$64,850	\$69,350	\$73,800

Source: <https://www.huduser.gov/portal/datasets/il/il2019/2019summary.odn>

## **Applicant Information**

The information requested will only be used to determine whether or not you qualify for the program. It will not be disclosed outside this agency without your consent except for verification of information, as required and permitted by law. Your application may be delayed or rejected if the information requested is not provided.

<b>Name</b>				
<b>Birthdate</b>				
<b>Street Address</b>		Bentonville	AR	72712
<b>Phone Number</b>				
<b>Email</b>				

## **Required Documentation**

You must provide documentation of your name, birthdate, and proof that you are a Bentonville resident. Please attach the following to the application:

- |  |
|--|
| <ul style="list-style-type: none"><li>• Documentation that shows your <b><u>name AND birthdate.</u></b></li></ul>      |
| <ul style="list-style-type: none"><li>• Documentation that shows your <b><u>name AND street address.</u></b></li></ul> |

## **Application Checklist**

To ensure a complete application, there is an application checklist on page 6.

## **Sign and Date**

*The information provided in this application is true and complete to the best of my knowledge and belief. I consent to the disclosure of such information for purposes of income and verification of my application for financial assistance. I understand that any willful misstatement of material fact will be grounds for disqualification.*

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Signature of Applicant

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Date

**Select ONE of the Two Options Listed Below that Best Applies to You**

**1.  I am 62 Years of Age or Older**

Are you disabled?     Yes             No

If disabled, briefly describe degree of disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proceed to page 4**

**2.  I am Younger than 62 Years of Age AND Disabled**

Briefly describe degree of disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required Documentation to Prove Disability:**

- Examples include a doctor's note stating you cannot safely drive a vehicle, benefit verification letter, etc.

**Proceed to page 4**

**Demographic and Family Information**

Demographic information is requested for statistical purposes only and is not used to determine eligibility.

**Are you the head of your household?**       Yes       No

**Is there anyone living in your household that is over the age of 18?**       Yes       No

**Ethnic Composition:**

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & White
- Asian & White
- Black/African American & White
- American Indian/Alaskan Native & Black/African American
- Hispanic/Latino
- Other Multi-Racial (please specify) \_\_\_\_\_

**Size of Household:**

- 1 Person
- 2 Persons
- 3 Persons
- 4 Persons
- 5 Persons
- 6 Persons
- 7 Persons
- 8 Persons

**If you are 62 years of age or older AND disabled your application is complete**

**For all others, proceed to page 5**

## **Income Documentation**

To qualify for this program, you must be considered low to moderate income.

**If you are 62 years of age or older AND disabled, you do NOT need to provide income verification.**

Include the gross income (before deductions) of all household members living with you over the age of 18 whether or not they are related. Income includes wages, salaries, overtime, retirement, pensions, child support, unemployment, alimony, commissions, interest and trust income, royalties, income from assets, Veterans and Disability benefits, Social Security, and any other type of regular payments.

**Total Household Monthly Income:** \$\_\_\_\_\_ per month x 12 months = \$\_\_\_\_\_ per year

## **Required Documentation to Prove Income**

- Tax return or bank statements.** Provide a copy of last year's tax return. If you do not have a copy of last year's tax return, provide a copy of your last two bank statements.
- If you receive Supplemental Security Income (SSI):** Provide a benefit verification letter that is less than one year old\*.
- If you receive Social Security Disability Insurance (SSDI):** Provide a benefit verification letter that is less than one year old.
- If you receive Veteran's benefits:** Provide a benefit verification letter that is less than one year old.
- If you are employed:** Provide a copy of your two most recent paycheck stubs.
- If anyone in your household is employed (18+ years of age):** Provide a copy of the last two most recent paycheck stubs for each person over the age of 18 employed in the household.



# City of Bentonville, Arkansas Taxi Coupon Program

## Application Checklist

It may take up to **one month** for your application to be approved and for the punch cards to arrive in the mail. Please ensure your application is complete. Your application may be delayed or rejected if the information requested is not provided.

### Use the Checklist Below that Best Applies to You

**1. I am 62 years of age or older AND disabled**

- Complete application with signature and date
- Attach documentation that shows your **name AND birthdate**
- Attach documentation that shows your **name AND street address**

**2. I am 62 years of age or older and NOT disabled**

- Complete application with signature and date
- Attach documentation that shows your **name AND birthdate**
- Attach documentation that shows your **name AND street address**
- Attach documentation for all that apply as it relates to proof of income as outlined on page 5

**3. I am younger than 62 years of age AND disabled**

- Complete application with signature and date
- Attach documentation that shows your **name AND birthdate**
- Attach documentation that shows your **name AND street address**
- Attach proof that you are disabled. Examples include a doctor's note, benefit verification letters, etc.
- Attach documentation for all that apply as it relates to proof of income as outlined on page 5

<b>Staff Use Only</b>				
<b>Annual Income</b>	\$			
<b>Classification</b>	<input type="checkbox"/> Extremely Low	<input type="checkbox"/> Very Low	<input type="checkbox"/> Low	<input type="checkbox"/> Presumed Benefit
<b>Approved</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No (reason):	