



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 that are redeemable only to NWA Taxi.

City of Bentonville Contact

City of Bentonville, Community Development Department
 305 SW A Street, Bentonville, AR 72712
 Phone: (479) 271-3122 Fax: (479) 271-5906
www.bentonvillear.com

NWA Taxi Contact

Northwest Arkansas Taxi, LLC
 (479) 636-TAXI (8294)
 Pick Up Rate: \$3.25
 Per Mile Rate: \$2.50
 Wait Time: .50 cents per minute
 24 hours/7 days a week service

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

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

Name				
Birthdate				
Street Address		Bentonville	AR	72712
Phone Number				
Email				

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

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.

Signature of Applicant

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:

- Attach a doctor's note stating that due to your disability, you cannot safely drive a vehicle.

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:

Size of Household:

- 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) _____

- 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.

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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

Attach documentation for **all that apply**.

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*.

*The Social Security Administration no longer issues printouts and their field offices do not provide benefit verification letters. Beneficiaries can obtain a benefit verification letter by registering for an account, or by calling the national toll-free number 1-800-772-1213, and using the automated application. Members of the public can register for a "my" Social Security account at www.socialsecurity.gov/myaccount and safely conduct business online 24 hours a day/7 days a week.

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**
- Attach proof that you are qualified through the government for disability

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 qualified through the government for disability
- Attach documentation for all that apply as it relates to proof of income as outlined on page 5

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