

Form 74
Notice to Area Residents of Free Utility Connections

Representatives of _____ (Note 1) are requesting applications from area residents for free _____ (Note 2) connections to the _____. (Note 3) Funding of connections for all income-eligible residents is being provided by an Arkansas Community and Economic Development Program grant.

To qualify for a free connection to the system, your **gross annual income**, not including disability benefits, during the **previous calendar year** must be less than or equal to the amounts (Note 4) listed below:

Number of household occupants	1	2	3	4	5	6	7	8
Gross annual income								

For example, if a house is occupied by two persons, the **combined** income of the two people cannot exceed \$_____ in order to be eligible for the free connection. All income sources such as Social Security, retirement, wage earnings, pensions, interest, and public assistance must be included as gross annual income. **If your income exceeds the income figure applicable to your household, you should not apply for assistance.**

Representatives will be available at: _____ **on** _____ at _____ (Note 5) to accept applications. If you cannot be present because of physical disabilities, please call _____ at _____ (Note 6) so that special arrangements can be made to deliver an application.

In order to process your application, please have the following information ready:

1. Social Security Number(s) and sources of income for all household occupants
2. Property tax receipt indicating property ownership (if you own property)
3. If self-employed, copies of most recently prepared 1040 form to verify income

If you have questions concerning eligibility for the program, please call _____ at _____ (Note 6).

Note 1: Enter City/County of Grantee.

Note 2: Indicate type of hookup.

Note 3: Enter name of utility system.

Note 4: Enter current HUD Section 8 income figures. The amount listed will depend upon whether or not connections will be made available to low income residents only or low and moderate residents.

Note 5: Enter place, date and time where assistance may be obtained.

Note 6: Enter name and phone number of an assistance contact person