



“Providing Water, Sewer, and Sanitation Services”

2806 Bryan Road / P.O. Drawer 1269

Van Buren, Arkansas 72957

479-474-5067 / Fax 479-471-8969

City of Van Buren Municipal Utilities

RESIDENTIAL UTILITY ASSISTANCE PROGRAM APPLICATION
Pursuant to Van Buren Ordinance No. 6-2002

PLEASE FILL OUT FORM COMPLETELY

The applicant’s utility account must be in the applicant’s legal name. Applicant’s applying for the program must furnish the department a current copy of his or hers federal and state tax return(s). If applicant(s) is not required to file a tax return then they will be required to sign an affidavit stating all income and the source of that income. (Signing this application serves as an affidavit)

LAST NAME FIRST NAME M.I.

ADDRESS VBMU ACCOUNT NUMBER

SOCIAL SECURITY NUMBER TELEPHONE NUMBER

NUMBER OF PERSONS RESIDING IN HOUSEHOLD _____

LIST ALL HOUSEHOLD INCOME SOURCE(S) attach additional sheets as necessary
Attach copy of tax returns and/or other proof of income

INCOME SOURCE	PREVIOUS YEAR’S INCOME (matched to attached proof)

VAN BUREN MUNICIPAL UTILITIES
RESIDENTIAL UTILITY ASSISTANCE PROGRAM APPLICATION

CURRENT INCOME TABLE

NUMBER OF PERSONS RESIDING IN HOUSEHOLD	TOTAL ANNUAL INCOME AMOUNT
ONE	\$18,550
TWO	\$21,200
THREE	\$23,850
FOUR	\$26,450
FIVE	\$28,600
SIX	\$30,700
SEVEN	\$32,800
EIGHT	\$34,950

If applicant qualifies for the program, the following discounts will be applied to their VBMU bill:

SERVICE	PERCENT DISCOUNT	AMOUNT CHARGED AFTER DISCOUNT
Water Monthly Minimum Charge	50%	\$2.38
Sewer Monthly Minimum Charge	40%	\$4.84
Water Volume Charge	50% (up to 5,000 gallons)	\$2.20 per 1000 gallons
Sewer Volume Charge	50% (up to 5,000 gallons)	\$2.07 per 1000 gallons
Sanitation Charge	25%	\$11.49

The applicant will need to keep their utility bill current, failure to do so shall cause the applicant to be ineligible for the program.

I hereby state that I have reviewed the information on this application, and that the source(s) and amount(s) of income provided is true and correct. I authorize the Van Buren Municipal Utilities to make an investigation as necessary to establish my eligibility for the program. I agree that I shall report within ten (10) days any changes that affect my eligibility for services as long as I am participating in the program. I understand that if I am dissatisfied with the decision rendered I may request, in writing, further viewing before the Van Buren Municipal Utilities Commission.

I understand that if any of the above statements are found to be false it shall be cause for removal from the program and ineligible for further billing at the discount rate.

Applicant Signature

Date

Reviewed by VBMU: Remarks:

VBMU EMPLOYEE

Date