Township of Bensalem
Homeowners Assistance Grant
Application
2025

Please Check Applicable Box [ ] Disabled Person [ ] Senior Citizen

All lines must be completed

Part A -- Homeowner's Identification		Part B -- 2024 Household Income	
1. Name	_____	**7.** Wages, Salaries and Other Compensation	$ _____
2. Address (as of July 1, 2025)	_____	**8.** Half of Social Security and Railroad Retirement Benefits (50%)	$ _____
	_____	**9.** Pensions and Annuities	$ _____
3. Phone	_____	**10.** Interest and Dividends	$ _____
4. Birth Date	____ / ____ / ____ Month Day Year	**11.** Capital Gains	$ _____
		12. Other Income	$ _____
5. Spouse's First Name	_____	**13.** Total Household Income Attach Proof of Income for 2024	$ _____
6. Spouse's Birth Date	____ / ____ / ____ Month Day Year		
		If line 13 is more than $22,500 - you do not qualify	

Fraudulent claims will be disallowed in full.

I declare that to the best of my knowledge and belief the above is true, correct, and complete.

Homeowner's Signature Date

PLEASE REMEMBER TO PROVIDE PROOF OF INCOME