Township of Bensalem
Homeowners Assistance Grant Application
2026

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

All lines must be completed

Part A -- Homeowner's Identification

1. Name _____
2. Address (as of July 1, 2026) _____
   _____
   _____
3. Phone _____
4. Birth Date ____ / ____ / ____ (Month / Day / Year)
5. Spouse's First Name _____
6. Spouse's Birth Date ____ / ____ / ____ (Month / Day / Year)

Part B -- 2025 Household Income

7. Wages, Salaries and Other Compensation $ _____
8. Half of Social Security and Railroad Retirement Benefits (50%) $ _____
9. Pensions and Annuities $ _____
10. Interest and Dividends $ _____
11. Capital Gains $ _____
12. Other Income $ _____
13. Total Household Income Attach Proof of Income for 2025 $ _____

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