

**Township of Bensalem
Homeowners Assistance Grant
Application
2024**

Please Check Applicable Box Disabled Person Senior Citizen

All lines must be completed

Part A -- Homeowner's Identification	Part B -- 2023 Household Income
1. Name _____	7. Wages, Salaries and Other Compensation \$ _____
2. Address (as of July 1, 2024) _____ _____ _____	8. Half of Social Security and Railroad Retirement Benefits (50%) \$ _____
3. Phone _____	9. Pensions and Annuities \$ _____
4. Birth Date _____ Month Day Year	10. Interest and Dividends \$ _____
5. Spouse's First Name _____	11. Capital Gains \$ _____
6. Spouse's Birth Date _____ Month Day Year	12. Other Income \$ _____
	13. Total Household Income Attach Proof of Income for 2023 \$ _____
	If line 13 is more than \$20,000 - 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



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★ PLEASE REMEMBER TO PROVIDE PROOF OF INCOME ★
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