Township of Bensalem
Homeowners Assistance Grant
Disabled Persons Grant Application
2015

Print in ink or type
All lines must be completed

Part A -- Homeowner's Identification

1. Name _____
2. Address (as of July 1, 2015) _____
_____
_____
3. Phone _____
4. Birth Date ____ / ____ / ____ (Month Day Year)
5. Spouse's First Name _____
6. Spouse's Birth Date ____ / ____ / ____ (Month Day Year)

Part B -- 2014 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 2014 $ _____

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

The Township of Bensalem
Homeowners Assistance Grant
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Specific Instructions - Additional $150 Homeowners Assistance Grant

Part A – Homeowner's Identification
Please complete in full (lines 1-6).
Note: you must own the property and it must be your primary residence as of July 1, 2015.

Part B – 2013 Household Income
When completing lines 7 through 13, combine the total income received by you and your spouse during 2014.

Income means all income from whatever sources including salaries, wages, bonuses, commissions, income from self-employment, alimony, support money, cash public assistance and relief, the gross amount of any pensions or annuities including railroad retirement benefits, all benefits under the Federal Social Security Act, all income from state unemployment insurance and veterans' disability payments, all interest received from federal and state government, income from capital gains, rentals, insurance benefits and gifts of cash or property in excess of a total value of three hundred dollars ($300). Income shall not include surplus food or other non-cash relief supplied by a governmental agency or property tax assistance. Review of tax return may be required.

Line 7: Wages, salaries and other compensation
List the total amount received in 2014 by you and your spouse.

Line 8: Social Security, SSI and Railroad Retirement
List 50% of the total combined annual amount received by you and your spouse.

Line 9: Pensions and Annuities
The full amount of all types of pensions and annuities received in 2014 must be included.

Line 10: Interest and Dividends
Include interest and dividends credited or received during 2014 from any source, regardless of whether you actually received the cash.

Line 11: Capital Gains
Include the entire amount of capital gains realized during 2014.

Line 12: Other Income
Report the total amount of all other types of income (including rental) received by you and your spouse during 2014.

Line 13: Total Household Income
Add lines 7 through 12 and enter the total on line 13.

Sign and date application

Attach proof of Income for 2014
[Copy of 2014 1040 tax return(s) or copy of 2014 Social Security 1099(s)]

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Eligibility Criteria - Additional $150 Homeowners Disabled Persons Assistance Grant

1. Applicant must own the property and it must be your primary residence as of July 1, 2015 for which additional grant money is sought.

2. Applicant must be currently receiving Social Security Disability benefits (no age restriction).

3. Applicant must qualify as low income. Low income is defined as under $20,000 per household (year 2014). Total income for the year 2014 includes only 50% of Social Security Benefits.

4. Only one additional grant is eligible per household.

5. **Applications must be received in the Township's Finance office no later than March 31, 2016.**

Mail to: **Township of Bensalem**
Attn: Finance Department
2400 Byberry Road
Bensalem, PA 19020