

# Township of Bensalem

## Homeowners Assistance Grant Disabled Persons Grant Application 2020

Print in ink or type

All lines must be completed

Part A -- Homeowner's Identification	Part B -- 2019 Household Income
1. Name _____	7. Wages, Salaries and Other Compensation \$ _____
2. Address (as of July 1, 2020) _____ _____ _____	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 2019 \$ _____
	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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**Township of Bensalem  
Homeowners Assistance Grant  
Disabled Persons Grant Application - 2020**

**Eligibility Criteria - Additional \$150 Homeowners Assistance Grant for  
Disabled Persons**

1. Applicant must own the property and it must be your primary residence as of July 1, 2020 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 2019). Total income for the year 2019 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 August 17, 2020.**

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

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**Township of Bensalem  
Homeowners Assistance Grant  
Disabled Persons Grant Application - 2020**

**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, 2020.

**Part B – 2019 Household Income**

When completing lines 7 through 13, combine the total income received by all members of the household during 2019.

***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 2019 by all members of the household.

**Line 8: Social Security, SSI and Railroad Retirement**

List 50% of the total combined annual amount received by all members of the household.

**Line 9: Pensions and Annuities**

The full amount of all types of pensions and annuities received in 2019 must be included.

**Line 10: Interest and Dividends**

Include interest and dividends credited or received during 2019 from any source, regardless of whether you actually received the cash.

**Line 11: Capital Gains**

Include the entire amount of capital gains realized during 2019.

**Line 12: Other Income**

Report the total amount of all other types of income (including rental) received by all members of the household during 2019.

**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 2019**

**[Copy of 2019 1040 tax return(s) or copy of 2019 Social Security 1099(s)]**