



## Bensalem Veterans Residences

Thank you for your interest in residing at Bensalem Veterans Residences (62+)

### **PRE-APPLICATION INSTRUCTIONS:**

- **Pre-application MUST be filled out in its entirety to be eligible for housing.**
- **Pre-application MUST be returned VIA US MAIL and should be addressed to:**  
**Bensalem Veterans**  
**PO Box 1843**  
**Bensalem, PA 19020**
- **Once your Pre-Application is received, the Bensalem Veterans leasing office will reach out to schedule an appointment. Please bring all of the following documents to your appointment.**
- **APPLICATION FEE** - Please bring a Check or Money Order made out to Bensalem Veterans Residences for \$25 per adult that will be residing in the apartment.
- **PROOF OF INCOME** – A current letter (not more than 90 days old) to verify: Social Security, SSI, SSDI, TANF, Pension, Welfare, Child Support, Alimony, Unemployment, your last six (6) pay stubs from your employer or a letter from your employer stating your hire date, hourly rate/salary, hours worked per week, and any other type of income you may be receiving
- **PROOF OF BANKING** - Six (6) current bank statements from your financial institution for EACH account
- **ASSETS** - A current (not more than 90 days) statements for stocks, bonds, mutual funds, 401k, certificates of deposits, etc.
- **SCHOOL VERIFICATION** – A current letter (not more than 90 days) from the school/college, for any member of your household 18 years and older if they are attending school/college
- **ADDITIONAL INCOME** – it is very important to report any income. Failure to disclose all sources of income may delay/deny your application for housing
- **Birth Certificates and Social Security Cards** - for all household members.
- **Valid Government Issued ID, Driver's License or Passport** – for all household members 18 years and older

### **FOR MORE INFORMATION:**

BensalemVeterans.com

BensalemVeterans@Pennrose.com

T: 267.436.0032 | TDD: 800.545.1833 x648



# Bensalem Veterans Residences

## PROGRAMS AND ELIGIBILITY

Program requirements are specific to the property and individual unit. Eligibility for programs depends on several factors including: the number of people in the household, the total annual household income, credit and criminal background screening, and other criteria. Bensalem Veterans offers the following rent programs: Low-Income Housing Tax Credit, HOME Program.

## INCOME LIMITATIONS & RENTS

(Effective 9/20 and subject to change)

Unit Size	% AMI	Monthly Rent	Household Size	Maximum Annual Household Income Limit
1 Bedroom 1 Bath	20%	\$306	1 person	\$13,540
			2 people	\$15,460
	50%	\$850	1 person	\$33,850
			2 people	\$38,850

Address: 3055 Mechanicsville Rd.  
Bensalem, PA 19020  
Phone: 267.436.0032  
Fax: 704.697.1695  
Email: BensalemVets@penrose.com  
TTY: 800.545.1833 x648

To be completed by office staff:  
Application Number \_\_\_\_\_  
Date Application Rec'd \_\_\_\_\_  
Time Application Rec'd \_\_\_\_\_  
Initials of Staff Member \_\_\_\_\_

**Application must be filled out COMPLETELY and returned via US MAIL to:**  
**Bensalem Veterans, PO BOX 1843, Bensalem, PA 19020**

**HEAD OF HOUSEHOLD**

M	F
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NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
(First) (Middle Initial) (Last)

CURRENT ADDRESS: \_\_\_\_\_ HOME #: \_\_\_\_\_  
(House #) (Street Name) (Apt. #)

\_\_\_\_\_ CELL #: \_\_\_\_\_  
(City) (State) (Zip Code) WORK #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ D.O.B: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ DRIVER LICENSE STATE: \_\_\_\_\_  
DRIVER LICENSE NUMBER: \_\_\_\_\_

**HOUSEHOLD MEMBERS**

A non-refundable \$25 application fee per adult household member is required.

Name	DOB	M/F	Relationship	Soc. Sec. Number	DL State & Number

**ANNUAL HOUSEHOLD INCOME**

Employment/Wages	\$
Social Security Income	\$
Social Security Disability Income	\$
Public Assistance (Welfare/TANF)	\$
Child Support	\$
Pension	\$
Other Income (Please Specify):	\$



**Preferences for Determining Waiting List Position (if applicable)**

Do you or any member of your household have a DISABILITY?			Y	N
Is the Head of Household or Spouse 62 years of age or older or disabled?			Y	N
Are you currently employed?			Y	N
Are you a student or recent graduate of an educational or training program?			Y	N
Are you a veteran?			Y	N
Do you currently reside in Bucks County, PA?			Y	N
Are you homeless?			Y	N
Do you require a unit with special features? (e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.)			Y	N
If yes above, please circle features required:				
Unit for mobility impaired	Unit for visually impaired	Unit for hearing impaired		
Grab bars	No steps	Other:		
Describe:				

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the US Code.

I, \_\_\_\_\_, hereby give my permission for a credit and criminal background check, which is part of the application process.

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Types of Program Assistance (For Office Use ONLY)**

**\*\*Important: You must notify us promptly should any information on this application change**

Tax Credit  50%  60%   
 30%

May 2020

