

**APPLICATION FOR THE REBATE ON RATES IN RESPECT OF PROPERTY OWNED AND OCCUPIED BY AGED PERSONS IN TERMS OF THE RATES POLICY 2014/2015**

**THIS APPLICATION IS ONLY VALID FOR RATES LEVIED FOR THE 2014/2015 FINANCIAL YEAR.**

**REBATES WILL ONLY BE CONSIDERED FOR ACCOUNTS NO OLDER THAN 30 DAYS**

**THIS APPLICATION WILL ONLY BE CONSIDERED FOR ONE PROPERTY WHICH IS CATEGORIESED AS A RESIDENTIAL PROPERTY AND PERMANENTLY OCCUPIED BY THE OWNER HIM/ HERSELF AS A PLACE OF RESIDENCE. COMBINED HOUSEHOLD INCOME SHOULD NOT EXCEED R7000,00p/m or R84,000.00 p/a**

**AFFIDAVID**

I.....  
(Registered owner)

I.D Number/s:.....Of

(Physical Address) :.....(Address of rateable property in question)

Postal Address:.....Code.....

Contact Details:.....(Tel.no.).....(Cell no)

Do solemnly affirm, make and say:-

1. That I am the registered owner and occupier of :

.....(Full description of the property)

2. Total annual income of registered owner is : R.....

3. Total annual income of spouse: R.....

4. The source(s) of the annual income of myself /and my spouse are as follows:

<b>SELF</b>	<b>SPOUSE</b>
.....	.....
.....	.....
.....	.....

5. Age as at 01 July 2014 is ..... Yrs

6. The only members of the households is: Registered Owner / Spouse / Other occupants residing at the same address

**SIGNATURE (Applicant).....DATE.....**

**AFFIDAVID SIGNED IN PRESENCE OF A COMMISIONER OF OATHS**

Sworn /affirmed at .....this.....Day of.....2014 before me, the deponent having  
Acknowledge that he/she knows and understands the contents hereof and considers the prescribed oath/affirmation  
Administering by me to be binding on him / her.

He / She understands that any false information provided may lead to legal action.

DETAILS OF COMMISIONER:

**FULL NAME:**.....

**I.D NUMBER:**.....

Ex Official address.....Signature.....

Delete if inapplicable

In cases where the property is jointly owned, the total income of all owners in occupation must be given and /or all  
Persons residing on the property.

**PS:PLEASE REMEMBER THAT A CERTIFIED COPY OF I.D DOCUMENT AND PROOF OF INCOME  
MUST ACCOMPANY THIS DOCUMENT**

OFFICIAL USE: PENSIONERS REBATE APPLICATION

Rates Account Number.....

Received on the.....day of .....

I hereby confirm that the property listed herein is registered in the name of:

.....

Signature.....(Municipal Official)

Document attached

- |                                   |              |                    |
|-----------------------------------|--------------|--------------------|
| • Copy of the identity documents  | Yes /No..... | Certified          |
| • Copy of rates account statement | Yes/No.....  | Signed by official |
| • Proof of income                 | Yes/No.....  | Certified          |
| • Any other                       | Yes/No.....  | Certified          |
| • Bank Statements Copies          | Yes/No.....  | Last 3 months      |

\_\_\_\_\_  
Chief Financial Officer

\_\_\_\_\_  
Approved

SIGNATURE.....(MUNICIPAL MANAGER)

MUNICIPAL OFFICIAL STAMP