

APPLICATION FOR THE REBATE ON RATES IN RESPECT OF PROPERTY OWNED AND OCCUPIED BY AN INDIGENT PERSON IN TERMS OF THE INDIGENT POLICY

THIS APPLICATION IS ONLY VALID FOR RATES LEVIED FOR THE NEXT TWO FINANCIAL YEARS.

COMBINED HOUSHOLD INCOME SHOULD NOT EXCEED R2700,00p/m OR R32,400.00p/a

THIS APPLICATION WILL ONLY BE CONSIDERED FOR ONE PROPERTY WHICH IS CATEGORISED AS A RESIDENTIAL PROPERTY AND PERMANENTLY OCCUPIED BY THE OWNER HIM/ HERSELF AS A PLACE OF RESIDENCE

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:

SELF

SPOUSE

.....
.....
.....

.....
.....
.....

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

7. Details of other occupants residing at the same address

Age:

I.D. Number:

Annual Income:

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

**AFFIDAVID SIGNED IN PRESENCE OF A COMMISSIONER OF OATHS
OR WARD COUNCILLOR**

Sworn /affirmed atthis.....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 COMMISSIONER:

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 LD DOCUMENT AND PROOF OF INCOME
MUST ACCOMPANY THIS DOCUMENT**

WARD COUNCILLOR:

Full Names of Ward Councillor: _____

I.D. Number of Ward Councillor: _____

Signature of Ward Councillor:_____

Date:_____

OFFICIAL USE: INDIGENT REBATE APPLICATION

Rates Account Number..... Refuse Acc 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
- Proof of income Yes/No..... Certified
- Any other Yes/No..... Certified
- Bank Statements Copies Yes/No..... Last 6 months

Chief Financial Officer

Approved

SIGNATURE.....(MUNICIPAL MANAGER)

MUNICIPAL OFFICIAL STAMP