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**APPLICATION FOR THE REBATE ON RATES IN RESPECT OF PROPERTY OWNED  
AND OCCUPIED BY AGED PERSONS IN TERMS OF THE RATES POLICY 2020/2021  
AS ADOPTED BY COUNCIL ON MAY 2020  
Council Resolution number**

**Please read below before completing this application form:**

1. The applicant must be no less than 60 years of age as at 1 July 2020
2. Rebates will not be considered for any account over terms
3. No rebate will be considered for an applicant with more than one property registered in his or her name
4. The single property owned by the applicant should be categorised as a residential property occupied as permanent place of residence.
5. This application will only be valid for the 2020/2021 financial year
6. Combined household income should not exceed R16,000p/month or R192,000 p/annum
7. Where the combined household income does not exceed R3720 p/ month or R44 640.00p/annum an "Application in respect of Indigent Persons" should be completed
8. The applicant will qualify for a maximum rebate of 50%
9. No rebates will be considered in the case where this form is incomplete or required documents have not been attached. The original form should be hand delivered to the Municipal Offices in Bergville. No copies, faxes or emails will be considered. All documents have to be original certified documents. Certification of documents should not be older than 60 days. Copies of this original document will be handed to the applicant on submission. The following certified documents should be attached to this form:
  - a) I.D. Document (All permanent residents at the property)
  - b) Latest rates account statement
  - c) All Proof of income
  - d) Bank Statement Copies for the last 6 months
10. Applications submitted after 31 August 2020 will not be considered.
11. All applicants will be subjected to a ITC Credit Check

**For office use only:**

**Full names of official in receipt of this application:**

\_\_\_\_\_

**Position:**

\_\_\_\_\_

**Rebate Register Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**(The applicant must ensure that this part is completed in full on submission of the form)**

**AFFIDAVIT**

I.....  
(Registered owner)  
I.D Number/s:.....Of

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

Joint owners details: Full Names: .....

I.D. Number: .....

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

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

Email: .....

Do solemnly affirm, make and say:-

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

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

Municipal Account Number(s).....

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**

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

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

**OTHER (Tenants / Boarders)**

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

5. Age as at 01 July 2020 is ..... Yrs

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

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

**(Please see the next page for details of commissioner of oaths)**

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

Sworn /affirmed at .....this.....Day of.....2020 before me, the deponent having Acknowledge that he/she knows and understands the contents hereof and considers the prescribed oath/affirmation Administered by me to be binding on him / her.

He / She fully understand any false information provided may lead to legal action.

DETAILS OF COMMISIONER:

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

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

**Ex Official address:** .....

**Signature:** .....

**PS: PLEASE REMEMBER THAT CERTIFIED COPY DOCUMENTS AND PROOF OF INCOME MUST ACCOMPANY THIS DOCUMENT**

**OFFICIAL USE: PENSIONERS REBATE APPLICATION**

Rebate Register Number: .....

Rates Account Number: .....

Received on the: ..... day of ..... 2020.

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

.....

Signature.....(Municipal Official) Submission date to management: .....

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 / NOT APPROVED

MUNICIPAL OFFICIAL STAMP