

P O BOX 71 BERGVILLE 3350 Tel: 036-448 8000 Fax: 036-448 1986

APPLICATION FOR THE REBATE ON RATES IN RESPECT OF PROPERTY OWNED AND OCCUPIED BY AGED PERSONS IN TERMS OF THE RATES POLICY 2021/2022 AS ADOPTED BY COUNCIL ON MAY 2021

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 2021
- 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 2021/2022 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 R3780 p/ month or R45 360.00p/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 2021 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

(Re	egistered owner) Number/s:Of		
	ysical Address):(Address of eable property in question)		
Join	nt owners details: Full Names:		
	I.D. Number:		
Pos Ado	dress:		
Cor	ntact Details:(Cell no.)(Cell no)		
Em	ail:		
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			
(Pl	ease see the next page for details of commissioner of oaths)		

AFFIDAVIT SIGNED IN PRESENCE OF A COMMISIONER OF OATHS

	thisDay of2021 before me, the deponent having knows and understands the contents hereof and considers the prescribed oath/affirmation binding on him / her.
He / She fully understand	any false information provided may lead to legal action.
DETAILS OF COMMISION	ONER:
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	
I hereby confirm that the property listed her	-	
	Iunicipal Official) Submission date to manager	
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 / NO	I APPROVED

MUNICIPAL OFFICIAL STAMP