

APPLICATION FOR THE REBATE ON RATES IN RESPECT OF PROPERTY OWNED AND OCCUPIED BY AN INDIGENT PERSON IN TERMS OF THE INDIGENT POLICY AS ADOPTED BY COUNCIL ON MAY 2020

Council Resolution:

COMBINED HOUSHOLD INCOME SHOULD NOT EXCEED R3720,00 p/m OR R44 640.00p/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

AFFIDAVIT

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)

Rates Account Number..... Refuse Account Number:.....

Eskom Meter Number:.....

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 2018 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 (Boarders/ Tenants/Children/Dependants)

Age:	I.D. Number:	Annual Income:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

Sworn /affirmed atthis.....Day of.....2020 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 I.D DOCUMENT AND PROOF OF INCOME
MUST ACCOMPANY THIS DOCUMENT**

WARD COUNCILLOR:

Ward No:_____

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 3 months |

FINANCE MANAGER

Authorised

DIRECTOR OF FINANCE)

Approved

MUNICIPAL OFFICIAL STAMP