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|  | **INDIGENT APPLICATION FORM 2024/2025** |
|  |  |
| **ERF NO** |  | **ACCOUNT NO** |  |
|  | **REQUIRED DOCUMENTS** |
| 1 | CERTIFIED COPY OF ORIGINAL ID OF APPLICANT AND ALL OCCUPANTS |
| 2 | LATEST MUNICIPAL ACCOUNT |
| 3 | PROOF OF INCOME/SASSA CONFIRMATION OR 3 MONTHS BANK STATEMENT/UNEMPLOYMENT AFFIDAVIT |
| 4 | SIGNED CONSENT FOR INCOME VERIFICATION FORM  |
| 5 | ANY OTHER DOCUMENT REQUIRED TO ASSIST APPLICATION |
| **SECTION A: DEMOGRAPHIC INFORMATION OF APPLICANT** |  |
| **APPLICANT: HOUSEHOLD HEAD** | **OWNER** |  | **TENANT** |  | **\*CHILD HEADED** |  |
| **ESTATE HOUSE - OWNER DECEASED** |  |  |  |
| **DECEASED OWNER NAME** |  | **DEATH CERT. ATTACHED** |  |
| Affidavit declaration that applicant is the person the house has been allocated to  |  |
| 1 | SURNAME  |  |  |
| 2 | NAMES  |  |  |
| 3 | ID NUMBER  |  | GENDER | **M** | **F** |
| 4 | CONTACT NUMBER - CELL: |  | WORK: |  |  |
| 5 | IS HOUSEHOLD HEAD PENSIONER | **Y** | **N** | IS HOUSEHOLD HEAD DISABLED PERSON | **Y** | **N** |
|  | IF YES, CONFIRMATION FROM SASSA OR 3 MONTHS BANK STATEMENT |  |  |
| 6 | **MARITAL STATUS** |  |
| 6.1 | SINGLE |  | DIVORCED |  | WIDOW/ER |  |  |  |
| 6.2 | COMMUNITY OF PROP |  | OUT OF COMMUNITY OF PROP |  | CUSTOMARY MARRIAGE |  |
| 7 | **DETAILS OF SPOUSE** |  |
| 7.1 | NAME & SURNAME |  |  |
| 7.2 | ID NUMBER  |  |  |
|  |  |  |  |
| 8 | **OWNER DETAILS WHERE APPLICANT IS TENANT** |  |
| 8.1 | NAME & SURNAME |  |  |
| 8.2 | WHERE IS OWNER |  |  |

\*both parents deceased, occupants all children below 18 years

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| **SECTION B: PROPERTY DETAILS** |
| 9 | STAND/ERF NUMBER |  | WARD NUMBER |  |
| 10 | PHYSICAL ADDRESS |  |
|  |
|  |  |
|  | IS THE PROPERTY A VACANT STAND | Y | N |  |
| 11 | MUNICIPAL ACCOUNT NO |  |
| 12 | DO YOU HAVE RENTAL UNITS ON YOUR STAND | **Y** | **N** |  |
| 13 | TYPE OF ELECTRICAL METER | PREPAID |  | CONVENTIONAL |  |
| 14 | METER NUMBER DETAILS | **X** |  |
| 15 | HAVE YOU COMPLETED A SERVICE LEVEL AGREEMENT WITH THE MUNICIPALITY | **Y** | **N** |
| 16 | **DO YOU OWN ANY OTHER FIXED PROPERTY (HOUSE) IN OR OUTSIDE OF MUNICIPAL AREA** | **Y** | **N** |
|  | **TOWN** | **PHYSICAL ADDRESS** | **VALUE(RANDS)** |
| 16.1 |  |  |  |
| 16.2 |  |  |  |
| **17** | **DECLARATION OF APPLICANT**I, the undersigned hereby declare that the information provided in this application for indigent registration, is to the best of my knowledge true and correct and I further acknowledge that:**I give consent for the municipality to convert my electricity conventional meter to a prepaid meter and commit t paying any outstanding debt that may have been consumed for electricity service or make an arrangement to pay the outstanding debt on electricity services.** **That I will apply for de-registration if my circumstances improves to such an extent that I no longer meet the requirements for the subsidy.** **I** **further give permission that my name be published on the indigent register for public inspection and that the information provided upon application be verified at the Credit Bureau or Any other institution in order to verify accuracy of information provided.**  |
| **Signature of Applicant: ………………………………………………………** |
|  | **SECTION C: OCCUPANCY AND INCOME DETAILS** |  |  |
| 18 | RENTAL INCOME FROM RENTAL UNITS (BACK YARD DWELLERS) | R |  |
| 19 | LIST ALL HOUSEHOLD OCCUPANTS  |  |  |
|  | **SURNAME** | **NAME** | **AGE** |  | **INCOME** |
|  |  |  |  | R |  |
|  |  |  |  | R |  |
|  | **TOTAL GROSS HOUSEHOLD INCOME** | **R** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Applicant:** |  | **Date:** |  |
| **Commissioner of Oaths** |  | **Date:** |  |
| **FOR OFFICE USE ONLY** |  |  |
| **QUALIFYING CRITERIA** |  |  |
| WSLM RESIDENT |  | SA CITIZEN |  | GROSS HOUSEHOLD INCOME  | R |  |  |
| NOT A VACANT STAND |  |  | ≤ R 5 200 EXCLUDING SOCIAL GRANTS | Y | N |
| **ATTACHMENTS** |  |  |
| 1 | CERTIFIED COPY OF ORIGINAL ID OF APPLICANT AND ALL OCCUPANTS |  |  |
| 2 | LATEST MUNICIPAL ACCOUNT |  |  |
| 3 | PROOF OF INCOME/SASSA CONFIRMATION OR 3 MONTHS BANK STATEMENT/UNEMPLOYMENT AFFIDAVIT |  |  |
| 4 | SIGNEN CONSENT FOR INCOME VERIFICATION FORM  |  |  |
| 5 | ANY OTHER DOCUMENT REQUIRED TO ASSIST APPLICATION |  |  |
| **CHECKED BY:** |  | **CAPACITY** **(Indigent official)** |  |  |  |

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| **SARS VERIFICATION** |  |
| NAME & SURNAME: |  |  | WARD |  |
| RECOMMENDED |  | NOT RECOMMENDED |  |
| COMMENTS: |  |
|  |  |
| SIGNATURE: |  |  | DATE: |  |
| APPROVED |  |  | NOT APPROVED |  |
| COMMENTS |  |  |
|  |  |  |
| **NAME** |  | **SARS SIGNATURE:** |  |
| **DESIGNATION** |  | **DATE:** |  |