THEMBELIHLE LOCAL MUNICIPALITY

NAME OF INTERVIEWER _____ INDIGENT SUBSIDY APPLICATION FORM

1. HEAD OF HOUSEHOLD

SURNAME
FIRST NAMES
IDENTITY NUMBER
ACCOUNT NUMBER
PRE-PAID ACCOUNT NO.
ERF NUMBER
ADDRESS

DO YOU OWN FIXED PROPERTY? YES NO IF YES, HOW MANY PROPERTIES?

2. FAMILY COMPOSITION

SPOUSE FIRST NAMES
SPOUSE MAIDEN NAME
SPOUSE IDENTITY NUMBER

CHILDREN'S NAMES	DATE OF BIRTH (D D M M Y Y Y Y)	INCOME P.M.
		R
		R
		R
		R
		R
		R

3. EMPLOYMENT

EMPLOYED SELF-EMPLOYED UNEMPLOYED PENSIONER

OCCUPATION
NAME OF EMPLOYER

SPOUSE'S EMPLOYER & TELEPHONE NUMBER

4. INCOME

GROSS SALARY/WAGE SELF PER MONTH R
GROSS SALARY/WAGE SPOUSE PER MONTH R
OTHER INCOME PER MONTH R
TOTAL INCOME PER MONTH R

DETAILS OTHER INCOME eg PENSION

5. GENERAL

KINDLY ATTACH THE FOLLOWING DOCUMENTS:

(i) PROOF OF INCOME/AFFIDAVIT
(ii) AFFIDAVIT THAT INFORMATION SUPPLIED IS CORRECT
(iii) COPY OF ID FOR YOURSELF AND YOUR SPOUSE
(iv) ESKOM REBATE CARD WHERE APPLICABLE

NOTE
IT IS YOUR DUTY TO INFORM THE MUNICIPALITY SHOULD YOUR CIRCUMSTANCES CHANGE.
YOU WILL BE DISQUALIFIED FROM THE SUBSIDY SHOULD YOU PAY OUTSTANDING AMOUNTS AFTER THE DUE DATE.

I declare that I have read this form and that all particulars provided are true and correct.
I agree that my name could be submitted to the Information Trust Corporation (Credit Bureau).

Applicant's signature _____ Date _____

Recommended by _____ Date _____

Approved by _____ Date _____

SPECIAL NOTE: ANY PERSON WHO SUPPLIES FALSE INFORMATION, WILL BE DISQUALIFIED FROM FURTHER PARTICIPATION IN THE SUBSIDY SCHEME AND WILL BE LIABLE FOR THE IMMEDIATE RE-PAYMENT OF ALL SUBSIDIES RECEIVED.