



PO Box 20, Hermanus, 7202

enquiries@overstrand.gov.za

T: 028 3138000

Indigent grant application form

OFFICE OF THE DIRECTOR:FINANCE

Property and application details

Municipal account number:		Tenant (A) Owner (O)		Sub:		Erf:	
Municipal handover account number/s: (Attach copy/s)							
Address of property:							
Average purchase/consumption over six month period :	Electricity:				Water:		
Write off debt?	Yes	No	Date if not/ Partial?:			Eskom?	
Existing cat B?	Yes	No	Collab number:			Complex?	

CONSENT TO THE SOUTH AFRICAN REVENUE SERVICE (SARS) IN TERMS OF SECTION 69(6) (b) OF THE TAX ADMINISTRATION ACT NO 28 OF 2011 (TAA).

I/we, the undersigned applicant(s), hereby give consent to SARS to disclose my/our information to the Overstrand Municipality and the National Department of Cooperative Governance (COGTA) for purposes of verifying the details of my/our income levels that I/we have disclosed to the Municipality in support of my/our application for a municipal indigent grant.

Signed on this day _____ at _____
 Applicant Applicant

Particulars of Registered owner

Surname:							
Name(s):							
Date of birth:			ID Number:				
Residential address:							
Cellphone number:			Home telephone:				
Name of employer:			Address/Tel. No:				
Welfare Pension No. (If applicable)			Handicapped:	Yes		No	
Type of Grant:							

Particulars of Indigent applicant (if different from registered owner)

Surname:							
Name(s):							
Date of birth:			ID Number:				
Residential address:							
Cellphone number:			Home telephone:				
Name of employer:			Address/Tel. No:				
Welfare Pension No. (If applicable)			Handicapped:	Yes		No	
Type of grant:							

Particulars of all the persons living on the premises and total household income if applicable and relation to owner/applicant					
Initials and surname	Relation	ID number	Unemployed	Student*	Employed
			Yes	Yes	Gross Monthly income
					R
					R
					R
					R
					R
					R
					R
Total of gross monthly income:					R
Supporting documents which must accompany this application, where applicable					Attached?
1. The latest municipal account of the household;					
2. Proof of the applicant's identity; Letter of Authority, Letter of Executorship, etc					
3. Proof of household income and unemployment, e.g. a letter from his/her employer, salary slip/envelope, pension card, unemployment insurance fund(UIF) card, bank statement (all bank accounts), sworn affidavit, student card*, etc (*student: dependant not earning an income)					
4. Proof of medical condition when requiring additional water and electricity.					
Assets					
Property in name of applicant/s					
Existing Bond?	Address				Value
					R
					R
					R
Other assets					
Description					Value
					R
					R
					R
					R

Declaration:		
I/we _____ hereby acknowledge that _____ (member of the Debt Collection Team) explained the Indigent Policy to me/us and that I/we take note of the following criteria and understand it:		
Criteria	Yes	No
1. I / We am/are a permanent resident/s of Overstrand Municipal Area		
2. I / We am/are a South African citizen/s		
3. I / We permanently occupy the property		
4. The average water consumption over 6 months does not exceed 20kl, or a flow restricted water meter may be installed with a determined limit		
5. The average electricity purchase over 6 months does not exceed 500kWh		
6. There will be a conversion of the conventional- to prepaid electricity meter & if necessary, a flow limiter water meter		
7. The total income per household does not exceed the amount of 4x state old age pension, plus R1		
8. I/ We am/are not be registered owner/s of more than one property		
9. I/we authorize the Overstrand Municipality to send officials and/or representatives of the Municipality to the household or site at any reasonable time with the aim of carrying out an ongoing audit on the accuracy of the information provided		
10. If the information contained herein is found to be incorrect or false, I/we will forfeit any financial aid and that any financial aid that I/we have already received in terms of this application will be recovered from me/us and that legal action will/may be taken against me/us		
11. I/we undertake to notify Overstrand Municipality if any part of the information as supplied in this application should change substantially		
12. I/we authorize Overstrand Municipality to display my/our name/s on the official list of beneficiaries, which will be displayed on the municipal notice boards to provide for transparency		
13. If an application is approved, the subsidy will be applicable up until the equitable share contribution made from the National Governments' fiscus and as provided for in the municipal budget, is depleted		
Signed on this _____ day of _____ 20____ at _____		
_____		_____
Applicant		Applicant

Office Use	
I _____ confirms that I explained the criteria and conditions to the applicant(s) and that they confirmed that he / she / they understood.	
Place: _____	Signature: _____
Date: _____	

AFFIDAVIT

NAME: _____
 ID NO: _____
 ADDRESS: _____
 TEL NO _____

NAME: _____
 ID NO: _____
 ADDRESS: _____
 TEL NO _____

STATES UNDER OATH

I / We declare that the Indigent Policy of the Overstrand Municipality was explained to me/us and that I/we take note of the criteria and conditions and understand it.

I / We confirm that the information provided in the application is true and correct.

Do you know and understand the contents of this declaration?	Answer	Yes / Na
Do you have any objection in taking the prescribed oath?	Answer	Yes / No
Do you consider the prescribed oath to be binding to your conscience?	Answer	Yes / No

I certify that the abovementioned questions were put to me and the answers thereto reflected above were written down in my presence.

 Signature of deponent

 Signature of deponent

Signed and sworn to before me on this _____ day of _____ 20____ at _____ ,
 the deponent having acknowledge that:

- He / She / They know and understand the contents of this declaration.
- He / She / They have no objection to taking the prescribed oath.
- He / She / They consider the prescribed oath to be binding to his / her / their conscience.

DATE STAMP

.....
 SIGNATURE: COMMISSIONER OF OATHS
 NAME: _____
 ADDRESS: _____

 EX OFFICIO: _____

Outcome of application

Accountant: Approved	<input type="checkbox"/>	Not Approved	<input type="checkbox"/>	Signature	<input type="checkbox"/>	Date	<input type="checkbox"/>
Manager: Approved	<input type="checkbox"/>	Not Approved	<input type="checkbox"/>	Signature	<input type="checkbox"/>	Date	<input type="checkbox"/>
If not approved, reason must be supplied							