

RAY NKONYENI MUNICIPALITY – APPLICATION FOR INDIGENT SUPPORT

NEW APPLICATION

APPLICATION NUMBER

LOT NUMBER

POSTAL ADDRESS

OR RENEWAL

RATES ACCOUNT NO.

ESKOM ACCOUNT NO.

VALUE OF PROPERTY

(This next section must be completed for all persons living on the property) ATTACH RELEVANT DOCUMENTS - see reverse

NO.	SURNAME	FIRST NAMES	ID NUMBER	TELEPHONE NO.	AGE	OWNER;SPOUSE; SON; DAUGHTER; TENANT	GROSS MONTHLY INCOME
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

(Other properties owned by any of the above persons)

NO.	SURNAME	FIRST NAMES	ID NUMBER	LOT NUMBER OF PROPERTY	VALUE

I, _____ the undersigned, do hereby declare that the information supplied is true and correct in all respects. I do hereby confirm that I am aware of the conditions relating to the granting of any benefit as outlined in the Indigent Support Policy of the Ray Nkonyeni Municipality. Further I am aware that any false information supplied by me will result in my applications being rejected and should any benefit be granted to me incorrectly in respect of this application, I will be liable to repay the benefit granted to me.

SIGNED AT _____ THIS _____ DAY OF _____ 2022

SIGNATURE OF APPLICANT

COMMISSIONER OF OATHS

**INDIGENT SUPPORT APPLICATION FORM
FOR OFFICIAL USE**

Ensure that all the relevant documentation is attached.

Checked By: _____

Signature: _____

APPROVED

NOT APPROVED

CRITERIA FOR QUALIFICATION

2 (1) In order to qualify for indigent support the following criteria must be met:

- a) The verified gross monthly income of all occupants over 18 years of age may not exceed the amount approved by Council from time during the budget process.
- b) The account owner or property owner has completed an official application form.
- c) The registered indigent must be the full-time occupant or owner of the property concerned, and may not own any other property, whether in or out of the municipal area.
- d) Consumption may not exceed a three month average of 10 kilolitres of water and 300 units of electricity, inclusive of the free basic service grant.
- e) The subsidy will only be valid for **1 year** where after the consumer who occupy or own the property must reapply.
- f) The application has been approved by the municipality.
- g) That the property value of the household applying for indigent relief may not exceed R350, 000.00 in value.
- h) Councilor **not to sign** affidavit nor sign as Commissioner of Oaths – conflict of interest

DOCUMENTS REQUIRED TO ACCOMPANY THIS APPLICATION

(1) IDENTITY DOCUMENTS (CERTIFIED COPIES)

Applicant and spouse

Birth certificates of dependant children.

Identity documents of all residents.

(2) PROOF OF INCOME

Latest pay slip (Applicant, spouse other family members)

Proof of pension (Applicant and spouse)

Proof of any other income (Interest, maintenance etc)

Sworn statement about any other income (self employed) OR

Sworn statement about NOT being employed.

(3) COPY OF ESKOM ACCOUNT

(4) AFFIDAVIT – confirming that applicant only owns one property

(Tear off slip)-----

RECEIVED BY: (CLERK NAME)

DATE:

ADDENDUM

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 Municipality [*name of 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.

Particulars of Indigent Applicant

Municipality Name	
Name and surname (including maiden name, if applicable)	
Identity number	
Date of birth	
Taxpayer reference number	
Marital status	
Spouse's name and surname	
Spouse's identity number	
Spouse's date of birth	
Spouse's taxpayer reference number	
Residential address/ stand number / erf number	

Particulars of other household member(s) earning an income**

Name and surname	
Identity number	
Date of birth	
Taxpayer reference number	

Name and surname	
Identity number	
Date of birth	
Taxpayer reference number	

Signed by: _____ [*Applicant's name*] on this
_____ day of _____ at _____.

[*Applicant's signature*]

Applicant's household member's name: _____

Signature: _____ [*Applicant's household member's signature*]

Date: _____

* Delete whichever is not applicable

** Insert details of additional household members on separate sheet

[Insert section entitled "**For official purposes only**"]

INDIGENT SUPPORT APPLICATIONS

OKUDINGEKA UKUHLANGANISE NE FORM

- Amakhophi ama ID abantu bonke abangaphezu kuka 18 abahlala endlini a Certified
- Amakhophi ezitifiketi zokuzalwa zabantwana
- Iziliphu zagesi ezintathu ezisanda kuthengwa noma I statement sakwa Eskom uma kowe meter
- Ama Affidavit alaba abangasebeni bengaphezu kuka 18 ashoyo ukuthi abasebenzi naba hola impesheni esho ukuthi bayahola
- Abasebenzayo I Payslip noma incwadi ephuma kumqashi eshoyo ukuthi uholo malini ene stamp
- I copy ye card laka Sassa noma incwadi yaka Sassa eshoyo ukuthi bahola impesheni
- Uma umnini womuzi esashona afake ne Death Certificate e Certified