

RAY NKONYENI LOCAL MUNICIPALITY

APPLICATION FOR A REBATE ON RATES IN RESPECT OF PROPERTY OWNED AND OCCUPIED BY PENSIONER/RETIREE/DISABLED PERSONS IN TERMS OF THE RATES POLICY FOR 2022/2023

APPLICANT AND/OR SPOUSE/CO-OWNER DETAILS:

I, _____ (Full name of Applicant), bearing Identity No. _____, being _____ Years. (and spouse/co-owner: Full Names _____ (Full name of spouse/co-owner) bearing Identity No. _____, being _____ Years
Rates Account No. _____ Market Value: R _____
Property Description: - Erf _____ Town/Suburb _____
Unit Name and Number (If applicable) _____
Contact No. _____ Cell phone No.: _____
Postal Address: _____
E-mail Address: _____ (Print please)

- A) In terms of the Policy I do hereby apply for a rebate as determined by Council in respect of the general rates on the said property:-
- I am married / divorced / widowed / single (please circle relevancy). (If Spouse is deceased, please provide supporting documentation (copy of death certificate), if divorced please provide supporting documentation)

POLICY REQUIREMENTS

- B) The Municipality has resolved to grant the following rebate as approved with the rates policy as follows:
- The reduction of R300,000 on the market value with a maximum property value of R1.5 million as recorded in the municipal valuation roll.
- C) In order to qualify for the Pensioner's rebate, ALL applicants must be subjected to the following criteria:
- 3.1 The applicant must be the **sole** owner of the property or owned jointly with his/her **spouse**;
 - 3.2 In the case of multiple owners owning the property, all owners must qualify under the criteria set herein in order for the rebate to be applicable on the relating property.
 - 3.3 Be living permanently on the property;
 - 3.4 ALL owners must not own any other property; nor the spouse own any other property **at all**;
 - 3.5 Substantiate the above items 3.1 – 3.4 on the attached Affidavit before a Commissioner of Oaths;
 - 3.6 Provide proof of identity in the form of certified Identity Document not older than six months of all applicants and spouses (where applicable);
 - 3.7 The Pensioner rebate will only apply to owners turning 60 and above;
 - 3.8 Persons who turn 60 within the financial year can apply for a rebate before turning 60, but would only receive the rebate once they have turned the designated age;

- 3.9 Submit any other supporting documents requested by the Municipality from time to time;
- 3.10 (a) All applications must be done on the prescribed form and only original applications will be evaluated (no faxed or e-mailed documents will be accepted). All applications to be lodged to the office of the Chief Financial Officer, Revenue Manager or any other rates clerks dealing with the relevant area.
- (b) All applications will be verified and the applicants must allow the municipality at least two months for approval of the applications. The rebate will only be valid from month which in it has been approved. The rebate will not be retrospective in nature, but will be in effect from the next billing period immediately preceding the approval.
- 3.11 If an applicant is found to have provided fraudulent information with regard to any material condition for registration for a rebate, such person shall be liable to repay the Municipality and the accounts will be adjusted with immediate effect of all relief received from the date of such fraudulent registration and may be charged criminally for the fraudulent submissions;
- 3.12 Councillors are allowed to sign Affidavits, as Commissioner of Oaths, on condition that such action does not give rise to a breach of Schedule 1 of the Local Government Municipal Systems Act, 2000 (Act No. 32 of 2000), being the Code of Conduct for Councillors or amounts to a conflict of interest in terms of any other applicable law;
- 3.13 In the case of a usufruct, the usufruct must be registered over the whole property and the title deed indicating the usufruct must be produced. Legal proof of the usufruct must be provided;
- 3.14 The property must be registered in the name/s of a natural person and not a company nor close corporation or Trust;
- 3.15 The rebate will be valid for a period of three (3) years from the date of final approval by the designated official/s, provided the qualifying criteria do not change, thereafter the **pensioner must reapply**;
- 3.16 The rebate will not be retrospective in nature but will be in effect from the next billing period after final approval;
- 3.17 The Municipality reserves the right to do a physical inspection on the property at any time;
- 3.18 If payments are not received by the relevant due dates, the rebates will be forfeited. If the account is in arrears on application, the rebate will only be effective once the account is up to date;**
- 3.19 It is to be noted that if Council changes the rebate structure from time to time, Council may be allowed to have an extra financial year to implement such changes, or to implement the changes at the effective date of the Policy;
- 3.20 (a) In relation to relief sought under medical boarding, the pensioner must produce a medical certificate from the pension fund to stipulate medically boarded if the application relies on a medical basis for the rebate. Doctors' and Hospital certificates/reports are not acceptable;
- (b) In respect to disabled persons receiving relief in terms of the Social Assistance Act, 1992 (Act 59 of 1992), produce proof of receipt of such relief from South African Social Security Assistance (SASSA);
- (c) In respect to disabled persons not qualifying for relief in terms of the Social Assistance Act, 1992 (Act 59 of 1992), produce certification from at least one medical practitioner identifying and confirming **permanent disability** and his/her **inability** to work.

AFFIDAVIT

- 1) I, _____, the owner of erf _____ in _____ and unit number _____ (if applicable), hereby states under oath that: -
- I am the sole owner/co-owner (delete which applicable) of the property or owned jointly with my spouse/co-owner(s);
 - I am living permanently on the property;
 - I do not own any other property;

And this is to the best of my knowledge true and correct. I further agree that I have read, know and understand the contents of this document and declaration and I have no objection to taking the prescribed oath. I consider the prescribed oath as binding on my conscience.

SIGNATURE OF MAIN APPLICANT: _____

- 2) I, _____, the owner/spouse (delete which not applicable) of erf _____ in _____ and unit number _____ (if applicable), hereby states under oath that: -
- I am the sole owner/spouse/co-owner of the property or owned jointly with my spouse/co-owner(s) (delete which not applicable);
 - I am living permanently on the property;
 - I do not own any other property;

And this is to the best of my knowledge true and correct. I further agree that I have read, know and understand the contents of this document and declaration and I have no objection to taking the prescribed oath. I consider the prescribed oath as binding on my conscience.

SIGNATURE OF 2nd APPLICANT: _____

It is hereby certified that the aforesaid declarations was signed and sworn in my presence on this _____ day of _____ 20____, at _____, the deponent having confirmed and acknowledged:-

That they/he/she knows and understands the contents of this declaration;
That they/he/she has no objection to taking the prescribed oath; and
That they/he/she considers the prescribed oath as binding on their/his/her conscience.

COMMISSIONER OF OATHS

Full names: _____
Address: _____
Rank/office held: _____
Area for which appointed: _____

Ensure the following documents are attached:

(tick appropriate block)

Certified Copy of identity document of owners/spouses/co-owners	
Copy of death certificate where applicable	
Copy of divorce decree front page	
Copy of usufruct documentation as stated above where applicable	
Copy of medical boarding certificate (pension fund) and letter of confirmation from employer, for medical board applicants. (3.20 (a))	
Copy of medical disabled certificate for disabled applicants (3.20 (b) and (c))	

Please return all 4 pages of the application form with all necessary documentation

RECEIVED BY: (Clerk Name)
DATE:

---(tear off slip)-----

Ensure to keep the below as proof of your submission of this form.

RECEIVED BY: (Clerk Name and Signature)
DATE:
ACCOUNT NO: