



munisipaliteit umasipala municipality

to be the best together

Private Bag X1002 Plettenberg Bay 6600
Tel+27 (0)44 501 3000 Fax +27(0)44 533 3485

INDIGENT APPLICATION FORM 2023/2024

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	CONSENT FOR INCOME VERIFICATION FORM (ADDENDUM)
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

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	DO YOU HAVE WATER METER			Y	N					
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	I give consent for the municipality to convert my electricity meter to a prepaid meter and my water meter to a smart water meter or install a water management device and that the municipality may limit my water flow should I exceed the 6 Kl free water to abate the accumulation of new debt.									
	Signature:									

SECTION C: OCCUPANCY AND INCOME DETAILS										
18	RENTAL INCOME FROM RENTAL UNITS (BACK YARD DWELLERS)							R		
19	LIST ALL HOUSEHOLD OCCUPANTS									
	SURNAME	NAME	AGE							
							R			
							R			
							R			
							R			
							R			
							R			
							R			
	TOTAL GROSS HOUSEHOLD INCOME							R		

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:

- 1 *I declare that all information in respect of the income status of my spouse and all occupants of my household is correct.*
- 2 *Should it be found, that this application contains fraudulent information, the benefit will be immediately withdrawn, all arrears will become payable immediately, credit control measures will apply and will be disqualified for a period of 2 years*
- 3 *Providing false information to benefit from the subsidy is a fraudulent and criminal offence.*
- 4 *The municipality may review my application for indigent relief on a regular basis and to visit the property at any reasonable time for the purpose of verifying the information provided upon application.*
- 5 ***The municipality will install prepaid metering for electricity and smart water metering for water services upon approval if the household is on conventional, to ensure better management of electricity and water consumption.***
- 6 ***The municipality may limit consumption to prevent further escalation of debt.***
- 7 ***Should my monthly account exceed the approved indigent subsidy received, I am responsible to pay the balance and if I fail to do so, the municipality shall load the outstanding balance on my account to the Auxiliaries on a 50:50 ratio.***
- 8 *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.*
- 9 *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:		Date:	
--------------------------------	--	--------------	--

Commissioner of Oaths		Date:	
------------------------------	--	--------------	--

FOR OFFICE USE ONLY				
QUALIFYING CRITERIA				
BITOU 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	CONSENT FOR INCOME VERIFICATION FORM (ADDENDUM)			
5	ANY OTHER DOCUMENT REQUIRED TO ASSIST APPLICATION			
CHECKED BY:		CAPACITY		

WARD COUNCILLOR VERIFICATION			
NAME:		WARD	
RECOMMENDED		NOT RECOMMENDED	
COMMENTS:			
SIGNATURE:		DATE:	

APPROVED		NOT APPROVED	
COMMENTS			
NAME	ANDRE ZINDLU	SIGNATURE:	
DESIGNATION	MANAGER REVENUE	DATE:	