



THEEWATERSKLOOF MUNICIPALITY

P.O. BOX 24 CALEDON 7230 (TEL: 028 - 214 3307 / 214 3309 / 214 3316 / 214 3317)



PROF/DR/REV/MR/MRS/MISS.

ACCOUNT NUMBER: _____

PREPAID ELECTRICITY METER NO: _____

TELEPHONE NUMBER: _____

CELLPHONE NUMBER: _____

APPLICATION FOR HOUSEHOLD INDIGENCE SUBSIDY

In an effort to assist the needy population of Theewaterskloof in the payment of municipal services, the Theewaterskloof Municipality has agreed to a subsidy scheme whereby households earning less than twice the old aged grant payment (currently at R1 370 X 2 = R2, 740.00) per month would have certain services fully or partly subsidised.

If you feel that you do qualify you must complete the details of all occupants over the age of 18 years old as from date of this application together with their respectively gross monthly income on this form.

DECLARATION BY APPLICANT

The undersigned, who resides at the address indicated above, hereby apply for a Household Indigence Subsidy determined in relation to the income indicated above, **and solemnly declare that** -

1. All particulars furnished in this form, including the total gross income of myself and all occupants of the premises, are to the best of my knowledge and belief, true and correct;
2. If the particulars furnished in this form should change for any reason, I will immediately notify Council;
3. I or any other occupant do not own any other property in the Republic of South Africa, apart from the property indicated on the account for which this application is made;
4. I agree that Council Officials may conduct an on site audit to verify the information supplied on this declaration;

5. I am aware that any false declaration on this form, is punishable by law and will result in disqualification of the subsidy.
6. I agree that the supply of water to my premises may be restricted by a flow-control washer and/or any other method Council may deem fit.
- 7 The following information needs to accompany the aforesaid application, namely
 - a. Proof of Income of all occupants residing at such property
 - b. Copy of your identity document
8. I agree that a prepaid watermeter AND/OR prepaid electricity meter may be installed on my premises, and

I do hereby ACKNOWLEDGE that the Debts in respect of the arrears (together with interest accrued and equal to the prime overdraft rate of Council's Bankers) on the account number indicated above remains payable by me unless council resolves otherwise.

_____ **DATE** _____ **SIGNATURE/THUMB PRINT OF APPLICANT**

FOR OFFICE USE ONLY

Council Attesting Official

Consequences of the above declaration made by the applicant was explained to him/her and he/she indicated that: -

1. the contents of the declaration was understood, and
2. that if found to be untrue, he/she would automatically be disqualified from receiving any subsidy. He/She will be liable for the immediate repayment of any subsidy received and may have criminal proceedings instituted against him/her as Council may deem fit.

TOTAL INHABITANTS OF MAIN DWELLING
Total additional dwellings on erf
Total inhabitants of additional dwellings

	Yes	No
Additional kl water applicable		
Total kl. Water		

_____ (Print Full Name)

_____ Date:

1. _____ (Signature of Official)

2. _____ (Signature)

THEEWATERSKLOOF MUNICIPALITY (Finance Directorate)

I THE WATERSKLOOF MUNICIPALITY

		OCCUPANT 1	OCCUPANT 2	OCCUPANT 3	OCCUPANT 4	OCCUPANT 5	OCCUPANT 6	OCCUPANT 7	OCCUPANT 8
SURNAME									
NAME									
RELATIONSHIP									
ID NO.									
GRANT NO.									
NAME & ADDRESS OF EMPLOYER									
SALARY	PM								
	PW								
PERMANENT									
SEASONAL									
UNEMPLOYED									

HOW LONG UNEMPLOYED

0 - 6 mnts									
6 - 12 mnts									
1 yr - 2 yr									
2 yr - 3 yr									
3 yrs +									
Skills									

Which of the following do you own:

Vehicle	DSTV/Mnet
Yes	No
Yes	No

Does anyone need an ID

Does anyone qualify for a Social Grant