



# THEEWATERSKLOOF MUNICIPALITY

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



MR/MRS/MISS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

PREPAID ELECTRICITY METER NO: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

CELLPHONE NUMBER: \_\_\_\_\_

## APPLICATION FOR HOUSEHOLD INDIGENT SUBSIDY

In an effort to assist the needy population of Theewaterskloof Municipality with 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 R2 010.00 X 2 = R4 020.00**) per month would have certain services fully or partially subsidised.

**If you feel that you do qualify you must complete the details of all occupants residing on the property as from the date of this application together with their respective gross monthly income on this form.**

### DECLARATION BY APPLICANT

The undersigned, who resides at the address indicated above, hereby apply for a Household Indigent 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. I confirm that I have furnished all the required documentation.

8. I agree that a smart / prepaid water meter 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.

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**DATE**

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**SIGNATURE/THUMB PRINT OF APPLICANT**

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**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.


**DOCUMENTS ATTACHED:**

IDENTITY DOCUMENTS / BIRTH CERTIFICATES  
CONFIRMATION OF INCOME  
UNEMPLOYMENT AFFIDAVITS / GRANT CONFIRMATION LETTERS  
MARRIAGE CERTIFICATE / DIVORCE ORDER (If Surname differs)  
DEATH CERTIFICATE/S IF PROPERTY OWNER/S DECEASED


AFFIDAVIT BY CHILDREN / HEIRS OF DECEASED  
TWK LEASE AGREEMENT FORM (MUNICIPAL PROPERTY)  
APPLICATION FOR SERVICES FORM - T67 (COPY TO BE ATTACHED)  
**OWNERS CONSENT FORM - TENANT -T67**  
APPLICANT IS A PENSIONER


I confirm that this application has been completed in terms of the Municipality's Indigent Policy and I have ensured that all the required documents are attached.

**Completed by:**

1 \_\_\_\_\_ (Official Full Name)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Signature of Official)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Date)

**Checked by:**

2 \_\_\_\_\_ (Supervisor Full Name)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Supervisor Signature)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Date)

\_\_\_\_\_  
(Signature)  
THEEWATERSKLOOF MUNICIPALITY (HEAD FINANCIAL OPERATIONS / DESIGNATED OFFICIAL)

# THEEWATERSKLOOF MUNICIPALITY

2022-2023

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

MARK THE FOLLOWING WITH AN "X" IF ATTACHED FOR OCCUPANT

ID/BIRTH CERT						
AFFIDAVIT/S						
PAYSLIP/S						
SASSA CONFIRMATION						
BANK STATEMENT/S						

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


Applicant status

Pensioner	
Low Income	
Disability	
Unemployed	
Seasonal Worker	
Special Application	