



Enquiries:

ANNUAL INDIGENT HOUSEHOLD VERIFICATION

MUNICIPAL SERVICE ACCOUNT: _____

VERIFICATION OF METERS

IS WATER METER SUPPLY CONNECTED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
WATER METER NUMBER		
IS ELECTRICITY METER SUPPLY CONNECTED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ELECTRICITY METER NUMBER		

VERIFICATION OF INFORMATION SUPPLIED

APPLICANT: HOUSEHOLD HEAD	OWNER		TENANT		CHILD HEADED	
	HOUSE - OWNER DECEASED				WOMAN HEADED	
	DECEASED OWNER NAME				DEATH CERT. ATTACHED	

In terms of the Indigence Subsidy Scheme, the applicant agreed that Municipal Delegated Personnel may conduct an on-site verification process to verify the information supplied on the exiting application form.

PARTICULARS OF ACCOUNT HOLDER

1. Surname: _____
2. First Names: _____
3. Date of Birth: _____
4. Residential Address: _____
5. Postal Address: _____
6. I.D. Number: _____
7. Telephone/Cell no. _____
8. Number of people living on property (over 18): _____

DOCUMENTS REQUIRED

The applicant is required to submit the following documents for verification and the Municipality will not reprocess the application if the required documentation is not provided

- Proof of total household income (gross income);
- Bank Statements for 3 months
- Unemployed applicants must attach an affidavit from the Police Station.
- Valid copy of SA identity document.
- Letter of Authority and Death Certificate where applicable

INCOME OF HOUSEHOLD

I.D. NUMBER	INITIALS AND SURNAME	GROSS MONTHLY INCOME	SOURCE OF INCOME	EMPLOYED YES/NO	PROOF OF INCOME
TOTAL					

Information supplied by: _____
Full Name
Signature
Date

DECLARATION BY DELEGATED PERSONNEL:

I, the undersigned, who on behalf of the Municipality, conducted an onsite audit at the above address to verify the information supplied on application for the Indigence Subsidy, hereby solemnly declare that:

- a) All the particulars furnished in this form were supplied by the household.
- b) None of the above particulars were in any way altered by myself unless instructed to do so by the household.
- c) Based on my investigation, it is my belief that to the best of my knowledge the above household qualifies for the subsidy/ needs to be further investigated

FULL NAME OF DELEGATED PERSONNEL **SIGNATURE** **DATE**

THE MANAGER

PROOF OF RESIDENCE

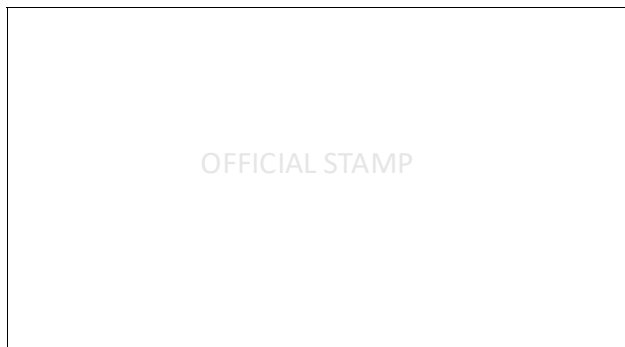
This is to certify that
 ID NO is a resident of Tswaing Local Municipality He/She resides at
 House no

I duly authorized
 Representative of Tswaing Hereby confirm that according to the records held with office, the above-mentioned person resides at the above-mentioned address.

Always assuring our best service.

.....
 Delegated Personnel

.....
 Ward No





TSWAING LOCAL MUNICIPALITY

Corner Government & General De La Rey Streets, 2770
P.O Box 24, Delareyville, 2770 | Tel: 0539489400
www.tswaing.gov.za | email: corporate@tswaing.gov.za



Enquiries:

VERIFICATION FORM

Councillor responsible:	
Ward number:	
Address visited:	
Date visited:	
Individual consulted:	
Household income verified at:	

Declaration by Councillor

I declare that I paid a visit to the premises as stated above. I am in possession of a copy of the prescribed application form and declare that the details contained therein have been verified by me. I am of the opinion that the contents of the application form are true and correct/false or incomplete.

If false or incomplete, complete the following: Reasons

for my decision:

I, _____ (full names), Councillor,
recommend that support is not granted. _____

SIGNED

DATE

If information found to be correct, complete the following:

I, _____ (full names), Councillor,
recommend that support be granted.

SIGNED

DATE

Date received back from Councillor: _____



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FOR OFFICE USE ONLY

QUALIFICATION CRITERIA

TSWAING RESIDENT

≤ R 6000 00 EXCLUDING SOCIAL GRANTS

ATTACHMENTS

		YES	NO
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		
6.	APPROVED	YES	NO
7.	IF NOT APPROVED: REASON MUST BE SUPPLIED:		
8.	CHECKED BY:		

SIGNED

DATE

OFFICE STAMP