



Enquiries:

**APPLICATION TO BE REGISTERED AS AN INDIGENT
MUNICIPAL ACCOUNT INFORMATION**

Account no.:		Date of application:	
Ward		Date of expiry	
Account Name:		Erf No./ House no.:	
Physical Address.:			

SECTION A: DEMOGRAPHIC INFORMATION OF APPLICANT

APPLICANT: HOUSEHOLD HEAD	OWNER		TENANT		*CHILD HEADED	
	ESTATE HOUSE - OWNER DECEASED					
	DECEASED OWNER NAME				DEATH CERT. ATTACHED	
	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 EMPLOYED	Y	N	IS HOUSEHOLD HEAD UNEMPLOYED	Y	N
6	IS HOUSEHOLD HEAD PENSIONER	Y	N	IS HOUSEHOLD HEAD DISABLED PERSON	Y	N
IF YES, PROOF OF INCOME OR BANK STATEMENT						
7	MARITAL STATUS					
7.1	SINGLE		DIVORCED		WIDOW/ER	CUSTOMARY MARRIAGE
8	DETAILS OF SPOUSE					
8.1	NAME & SURNAME					
8.2	ID NUMBER					
9	OWNER DETAILS WHERE APPLICANT IS TENANT					
9.1	NAME & SURNAME					
9.2	OWNER'S CONTACTS					

SERVICES TO

Water meter number	
Is water supply connected or disconnected?	
Electricity meter number	
Is electricity supply connected or disconnected?	
Elec Supply, please tick the correct box.	Existing <input type="checkbox"/> New <input type="checkbox"/>

(i) Is the valuation of the premises below a R60 000. Yes No

(ii) Do you receive electricity services Yes No

If Yes, who is your electricity supplier?

Eskom **Municipality** **Alternative**

If Metered, what is your electricity meter number? -----

If Yes, how is your electricity billed?

Pre-paid meter **Conventional meter**

(iii) Do you receive water services yes No

If Yes, what is the primary source?

Borehole **Metered** **Water tankering**
Pipe water in dwelling **water in yard** **Communal tap**

(vi) Do you receive sanitation services Yes No

If Yes, what is type of service is provided?

Flush **Chemical** **Pit Latrine** **Bucket Toilet** **Alternative**

(v) Do you receive refuse removal services

If Yes, what is type of service is provided

Municipal Removal **Alternative Dump**

Personal particulars of all occupants above the age of 18 years residing on the premises to which the municipal services are rendered or rebate to:

ID Number	Surname	Initials	Employed (Yes/No)	Gross monthly income	Source of income

SECTION C – PROOF OF RESIDENCE

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 in our office, the above-mentioned person reside at the above mentioned address.

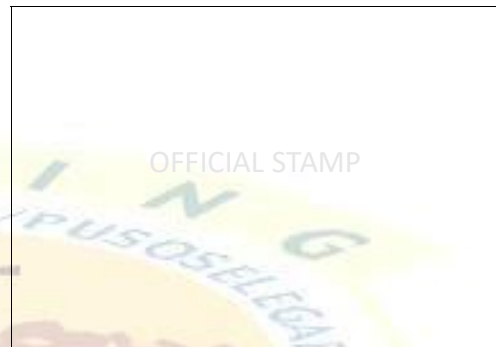
Assuring our best service at all times.

.....

Delegated Personnel

.....

Ward No



SECTION D

DOCUMENTS REQUIRED

The applicant is required to submit the following documents and the Municipality will not process the application if the required documentation is not provided.

- (a) the latest municipal account for the household, if there is such an account;
- (b) a certified copy of the account holders and/or applicant's identity document;
- (c) proof of income of **all** occupants residing on the premises to which the municipal services are rendered (or to be rendered) or relate, above the age of 18 (eighteen) years, i.e. a letter from his/her employer, salary slip/envelope, pension card, unemployment insurance fund (UIF) card or a certificate that confirms registration as "looking for employment";
- (d) bank statements of all the occupants residing on the premises above the age of 18 (eighteen) years, for the last 3 (three) months, certified by the bank and a sworn affidavit from each occupant that no other bank accounts exist;
- (e) in the absence of any proof to be submitted either through sub-paragraphs (c) or (d) above, a sworn affidavit must be submitted by the applicant together with the documentation required in terms of paragraphs (a) and (b) above;
- (f) written proof of property ownership or written proof of the existence of the criteria set out in paragraph 13(1)(b)(ii) of the Indigent Policy of the Municipality which are as follows:
 - (i) 2 (two) affidavits from major persons confirming that the applicant is a child heading a household accompanied by the death certificate(s) of the child's parents and written proof that the residential property is registered in the name of the deceased parent or deceased parents of that child; or

- (ii) the divorce order awarding the residential property to the applicant; or
- (iii) the appointment letter of the executor of the estate and affidavit by the executor confirming that one of the following scenarios is applicable:
 - (aa) the residential property is registered in the name of the deceased and the applicant is the heir to whom the registered property has been bequeathed.
 - (ab) the applicant is the surviving spouse who was married in community of property to the deceased, together with any other heirs, if any, and that the residential property is registered in the name of that deceased; or
 - (ac) that a portion of the residential property is registered in the name of the deceased and that the applicant is the surviving registered owner of the remainder or a portion of the remainder of the property; and
- (g) such other documentation as the Municipality reasonably determines from time to time.

SECTION E

DECLARATION BY APPLICANT

I the undersigned, _____

(full names and surname printed) hereby apply to be registered as a Registered Indigent in order to receive indigent support in terms of the Indigent Policy of the Municipality, and do solemnly hereby declare under oath that:

- (a) All the particulars furnished by me in this form, including the total gross income of myself and all the occupants above the age of 18 years residing on the premises, are to the best of my knowledge true and correct;
- (b) I undertake that if the particulars furnished in this form should change for any reason, I will immediately notify the Municipality in writing thereof;
- (c) I, nor any other occupant residing on the premises, own any other immovable property in the Republic of South Africa, apart from the property indicated on the account for which this application is made;
- (d) I understand that should my monthly consumption exceed the free allocation of water and remain unpaid, my supply may be restricted by a flow control washer or any other method the Municipality may deem fit, and I will then only have access to my free allocation of water; (e) I understand and agree that I may be subjected to restriction measures to only allow for the monthly subsidized municipal services;
- (f) I agree that if I have misrepresented myself in the qualifying criteria in order to benefit from the Municipality's indigent support, I would be committing an offence and all benefits that have been received in terms of the indigent support will be reversed. Any amounts due will be for my account and I will be subject to normal debt collection procedures;
- (g) I am a South African citizen;

- (h) The Municipality may conduct any investigation, internal or external, including credit checks at any credit bureau to confirm any of the information provided by me and I hereby agree to any on-site visit by and municipal official;
- (i) I accept that this application, if successful, will only be valid for 36 (Thirty Six) months from date of approval and the onus will be on me to re-apply, if necessary, the end of the 36 (Thirty Six) month period;
- (j) This application will be subject to the terms and conditions as contained in the Indigent Policy of the Municipality as well as the Credit Control & Debt Collection Policy and Bylaw of the Municipality;
- (k) I agree that the information contained in this document is not confidential. A list of approved applicants (Registered Indigents) will be handed to Councillors, and will be publicly displayed;
- (l) Due to the uncertainty of the availability of funds, the amount of allocation as well as the period of payment cannot be guaranteed by the Municipality.

SIGNATURE/THUMB PRINT OF APPLICANT

DATE

Signed and sworn before me at _____ on this the ____ day of _____ 20____, the deponent having acknowledged that he/she knows and understands the contents of this declaration and that he/she has no objection to the taking of the prescribed oath and that he/she considers it binding on his/her conscience. I certify that the provisions of Regulation R.1258 of 21 July 1972 have been complied with.

COMMISSIONER OF OATHS FULL NAMES

SIGNATURE

@COMMISSIONER OF OATH'S STAMP





Enquiries:

SECTION F

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:



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:

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