

FINANCE: REVENUE DEPARTMENT

RATES REBATE APPLICATION FOR OWNERS DEPENDENT ON PENSION OR SOCIAL GRANTS FOR THE NEW GENERAL VALUATION (GV2022) PERIOD: JULY 2023 - JUNE 2026

SECTION A: PERS	SONAL INFOR	MATION (OF APP	LICANT												
Title	Name															
Surname						Maiden n	ame									
Identity number						Ple	ase at	tach a	сору	of ID	book	/card				
Cell number			Alte	Alternative cell number												
Email address																
Spouse/partner's	personal infor	mation														
Title	Name															
Surname	Maiden name															
Identity number	Please attach a copy of ID book/card															
Cell number					Wh	at is your rel	ations	hip to	the a	pplica	nt?					
SECTION B: ADD	RESS															
Erf number	number Municipal a				l accou	ınt number										
Home address																
Postal address																
SECTION C: FINA	NCIAL INFOR	MATION (COMPU	JLSORY))											
Note: In order to	qualify for a rel	oate the gr	oss mo	nthly ho	usehol	d income mi	ust no	t excee	ed R2	2 000						
Monthly income (indicate if proof is attached \checkmark)						Applicant		Spouse/partner						√		
Full or part-time salary						R		R								
Monthly pension	State pension					R					R					
	Private pension					R					R					
Disability grant					R					R						
Maintenance					R		R									
Rental / lease agreement					R		R									
Interest on invest	ments (bank st	atement to	o be att	ached)												
Name and type of	of investment					R					R					
Name and type of investment					R		R									
Board and lodging (proof/affidavit)					R											
Other						R										
Total income						R		R								

Last amended date: 2022.06.29 L Ref. no. K3539

SECTION D: SUPPORTING DOCUMENTS AND DECLARATION
Please indicate which documents have been submitted with this application form:
Proof of income for the owner and spouse/partner and 3-months' bank statement for all banking accounts from all financial institutions.
Copies of ID (applicant and spouse/partner).
Salary slips (if applicable).
Proof of pension (i.e. private or state pension).
Proof of disability (i.e. medical certificate or letter from your employer).
Proof of investments/dividends.
Copies of lease agreement (if you own additional property).
Proof of usufruct/habitation/executor/administrator or curator.
Proof of trust document and income of all beneficiaries.
If property is registered in multiple owners; copy of ID of applicant (person residing) and proof of income for all owners are required.
If the property is registered in the name of a Close Corporation (CC); copy of ID of applicant (person residing) and proof of income for all other members are required.
Copy of death certificate or copy of will (if applicable).
Declaration
By lodging this application, I hereby give consent to the City of Cape Town (City) to further process my personal information (including special personal information) to conduct a full credit check in order to assess this application. I acknowledge that the Cit may request any other documents it deems necessary to substantiate the application.
I further acknowledge that should it transpire that any information was knowingly/unlawfully/incorrectly recorded/supplied by me, the City of Cape Town has the right to withdraw any rebate granted and recover any such rebate. The City will raise interest on such accounts where such rebates were fraudulently obtained, and reserve the right to take further action against any person/s that provided the false information.
I declare that all the required information have been provided and that all relevant documentation have been attached.
Kindly note: If you are acting on behalf of the owner in any capacity, by signing, you explicitly confirm that you have the written/recorded authority and/or mandate to act on their behalf.
Applicant's name and surname
Date Signature