



CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

APPLICATION FOR CONDITIONAL SOCIAL HOUSING PERFORMANCE PARTNERSHIP

This form is for completion by Social Housing Institutions that are presently Conditionally Accredited by the SHRA. The application must be signed by the Chair of the Board of the accredited SHI.

1. COMPANY IDENTIFYING INFORMATION

Name of SHI: _____

Company registration No: _____

Physical Address of SHI: _____

2. CONTACT PERSON IN SHI

Name: _____

Title: _____

Contact Information: _____

Email contact: _____

Office telephone: _____

Cell phone: _____

Fax number _____

3. ACCREDITATION STATUS

Conditionally Accredited by the SHRA: **yes**

Date received: _____

(NB: Please attach certified copy of SHRA Accreditation Letter 2017 that informs of conditional Accreditation)

4. PRESENT SOCIAL HOUSING PORTFOLIO UNDER MANAGEMENT

If the SHI is Conditionally Accredited but has Social Housing units under management please fill in the Table below

PROJECT	CITY	NO. OF UNITS	UNDER MANAGEMENT SINCE? (YEAR)

5. ADDITIONAL VERIFICATION

Please confirm the following:

- a. Are you conditionally accredited by the SHRA: Yes No

If yes please attach a certified copy of your 2017 accreditation letter received from the SHRA

- b. The board of directors of this SHI have adopted and adhere to a conflict of interest policy. Yes No

Date of passing of conflict of interest policy by the Board: _____

(If yes please attach a copy of your conflict of interest policy to this application.)

- c. The board of directors has a diverse range of skills on the board.

TECHNICAL SKILLS ON BOARD
a.
b.
c.
d.
e.
f.
g.

7. CONFIRMATION AND SIGNATURE

I confirm that all the information contained in this Application is true and correct at the date of signature. I understand that if any of the information is not true this application or any agreements entered into on the basis of it will be considered nullified.

Signed on the _____ 2017 at _____.

SIGNED: _____
Chair of Board

Date of Signature: _____

Witness 1 Signature : _____

Full Name: _____

Witness 2 Signature : _____

Full Name: _____