



**CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD**

Date stamp when received

*This form may not be sold or bought.
It is free from the City of Cape Town*

APPLICATION FOR HOUSING ASSISTANCE / ACCOMMODATION

FOR OFFICE USE ONLY

Date application form was received	Year		Month		Day	
Receiving Housing official's name						
Receiving housing office's name						
Registration number allocated on the database						
Existing application date	Year		Month		Day	

APPLICANT'S PERSONAL DETAILS (please attach copy of identity book)

Surname													
First names													
Identity number (ID Number must be given)													
Date of birth	Year		Month		Day								

SPOUSE OR PARTNER'S PERSONAL DETAILS (i.e. wife/husband, not children) (please attach copy of id book)

Surname													
First names													
Identity number (ID Number must be given)													
Date of birth	Year		Month		Day								

RESIDENTIAL DETAILS (Address where you actually live)

	YOUR RESIDENTIAL ADDRESS												
Room/Flat number and name/block or Structure number													
Street number and street name													
Suburb													
Postal code													

If yes, please give address details	
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DECLARATION:

I declare that all the information given by me above is to the best of my knowledge complete and correct. If any false declaration is made it will render this application null and void and you will forfeit a housing opportunity.

Applicant's signature		Date	
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NOTE: Please include copies of your id book and your spouse/partners id book and marriage or death certificates.