



**NEW APPLICATION FOR THE CITY'S BASKET
 OF BENEFITS - RATES REBATE AND INDIGENT RELIEF**

DECLARATION BY OWNER(S) OR APPLICANT(S)

| FULL NAMES AND SURNAMES | IDENTIFICATION NUMBERS |
|--------------------------------|-------------------------------|
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|---|--|
| Municipal account number for the property | |
| Cell number (approval is hereby granted to be added to E-Billing in order to receive monthly invoices electronically) | |
| Email address (approval is hereby granted to be added to E-Billing in order to receive monthly invoices electronically) | |
| Physical address | |

PLEASE INDICATE HERE IF YOU ARE APPLYING FOR THE RATES REBATE OR INDIGENT RELIEF:

Applicants with a monthly income of R7 500 or less per month may qualify for additional benefits as listed in Table A below. However, if your monthly income is R27 000 or less and you are dependent on a social grant; or are 60 years of age or older and dependent on a pension, you may qualify for rates relief benefits as listed in Table B below.

| TABLE A - INDIGENT RELIEF | | | |
|---|--------------------------|--|---------------------------|
| List of indigent relief benefits | Income criteria | Indicate here which rebate you are applying for | |
| <ul style="list-style-type: none"> • 100% rates relief • 100% refuse relief • 15kl free water • 10.5kl free sewerage removal • Once-off write-off of arrears • Prepaid electricity meter will be installed free of charge • Free units = 25 kWh if electricity received is between 250kWh and 450kWh per month | Income of R7 500 or less | | Please complete Section A |

| | | | |
|--|--|--|--|
| <ul style="list-style-type: none"> Free units = 60 kWh if electricity received does not exceed 250 kWh per month <p>Please note: Should the electricity received exceed 450 kWh per month, the free electricity portion will no longer be made available to the household.</p> | | | |
|--|--|--|--|

| Table B - Rates Rebate (Owners dependent on Pension or Social Grant) | | | |
|---|--|--|---|
| Only rates relief | Income criteria | Indicate here which rebate you are applying for | |
| From 10% up to 100% depending on income bracket | R0 to R27 000, dependent on a social grant; or 60 years of age or older, dependent on a pension. | | Please complete Section B and Section C |

SECTION A (INDIGENT RELIEF)

If you are receiving an electricity supply from the City of Cape Town and you do NOT have a prepayment meter installed, you must apply for the installation of a prepayment meter.

All the people whose names are listed above must now answer all the questions in Table C of this form. At least one person must answer 'Yes' to at least one question in Table C below, or you may not continue with this indigent application.

| Table C | | | |
|----------------|--|------------|-----------|
| No | Question | Yes | No |
| 1.1 | Are you the registered owner of the property? | | |
| 1.2 | Are you living in a child-headed household registered in the name of your deceased parent(s)? (Certified copy of the death certificate of the parent(s) to be provided in addition to the other required documents) | | |
| 1.3 | Are you a purchaser of a residential property from any department of Government on a delayed transfer basis? | | |
| 1.4 | Did you get the property out of a divorce by a court order? (Certified copy of the court order to be provided in addition to the other required documents) | | |
| 1.5 | Do you live on a property where a deceased estate has not been wound up? (Certified copies of the death certificate, letter of executorship/authority, next of kin affidavit and will to be provided in addition to the other required documents) If you are, then answer the following questions: | | |

| | | | |
|------|---|--|--|
| 1.5a | Was the property left to you after someone died? | | |
| 1.5b | If you were married in community of property, are you the sole heir to a property registered in both your name and that of your deceased spouse? | | |
| 1.5c | If you were married in community of property, are you one of the heirs to a property registered in the name of your deceased spouse? | | |
| 1.5d | If only a portion of a property is registered in the name of the deceased, are you the surviving registered owner, together with other heirs? | | |
| 1.5e | If only a portion of a property is registered in the name of the deceased, are you one of the surviving registered owners, together with other heirs? | | |
| 2 | If the residential property is registered in the name of a trust, are you currently a member of the trust? (Certified copy of the trust document to be provided in addition to the other required documents) | | |
| 3 | Were you granted the right to use the property for the rest of your life, in other words are you a usufructuary or have a right of habitatio (right of habitation) of this property? (Certified copy of proof to be provided in addition to the other required documents) | | |
| 4 | Are you the spouse or minor child of the registered owner, who cannot occupy the property due to no fault of his or her own? (Certified copy of proof to be provided in addition to the other required documents) | | |

| Table D - Business interests | | | |
|--|---|--|--|
| 1 | Are you married or living with a partner? | | |
| 2 | Are you or your spouse or partner a member, director and/or partner in any, inter alia, business organisation, corporate entity, partnership or firm? | | |
| 3 | Do you or your spouse or partner have any shares, securities and/or other financial interests in any business undertakings? | | |
| 4 | Are you or your spouse or partner a sole proprietor, partner, member, shareholder or director in any business undertaking? | | |
| | If you replied 'Yes' to Question 2 and /or 3 and/or 4, please complete the next row | | |
| Name of the business organisation, corporate entity, partnership or firm | | | |
| Registration number | | | |

- You must submit a certified copy of the registration documents of the business organisation, corporate entity, partnership or firm with this application
- Provide any income derived from the business organisation, corporate entity, partnership or firm in the table immediately below:

Details of the applicant/owner of the property for which this application is being made, as well as his/her spouse or partner:

| Table E - gross monthly household income | | | | | | | | |
|--|--------------------------------|-----------|------------------------|------------------|----------|----|-----------------|----|
| Initials and surname | Relationship to account holder | ID number | Gross monthly income R | Source of income | Employed | | Proof of income | |
| | | | | | Yes | No | Yes | No |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total of gross monthly household income | | | | | | | | |

(This income refers to the monthly household income before any deductions, of both the owner and spouse or partner including any party in a cohabitation relationship from all sources, including but not limited to salaries, wages, dividends, pensions, grants, rentals, board and lodging, interest received, and any investment income)

You must submit certified copies of the following documents with this application:

If you are employed:

- Proof of identity (such as your ID card)
- Latest salary/wage payslip, or a letter from an employer confirming your income
- If you are self-employed, a declaration stating how much you earn per month
- Proof that you receive a disability grant or pension
- A bond statement for the last three months or a declaration confirming that you do not have a bond account
- A bank statement for the last three months or a declaration confirming that you do not have a bank account

If you are unemployed:

- Proof of identity (such as your ID card)
- A declaration confirming that you are unemployed
- A declaration that you have no other source of income
- A bank statement for the last three months or a declaration confirming that you do not have a bank account
- A bond statement for the last three months or a declaration confirming that you do not have a bond account

Deceased estates: please provide the following certified documents:

- Letter of executorship/authority from the Master's Office; or
- A will registered and accepted by the Master's Office; or
- A next-of-kin affidavit from the Master's Office.

Please note: Council may conduct an investigation to verify any information provided with any person or organisation, and may include an on-site visit by a municipal official.

This application must be signed by: the owner(s) as well as their spouse or partner, or the applicant(s)

SECTION B (Rates rebate - Owners dependent on pension or social grant)

| Table F – Financial information (compulsory) (Indicate ✓ if proof is attached) | | |
|---|-------------------------|---------------|
| | PROOF ATTACHED ✓ | AMOUNT |
| Full or part-time salary | | |
| Monthly pension <ul style="list-style-type: none"> • State pension • Private pension • Disability grant | | |
| Maintenance | | |
| Rental/Lease agreement | | |
| Interest on investments | | |
| Name and type of investment | | |
| Board and lodging (proof or a declaration) | | |
| Other | | |
| TOTAL INCOME | | |

SECTION C: 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 the names of 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 City 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/relief granted and recover any such rebate/relief. The City will raise interest on such accounts where such rebates/relief were fraudulently obtained, and reserves the right to take further action against any person/s that provided the false information.

I declare that all the required information has been provided and that all relevant documentation has 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 | |



DECLARATION FORM

I/We hereby declare that the information supplied on this document is both true and correct.

I/We further declare that if any information provided by me/us was knowingly, unlawfully, and/or incorrectly recorded in this document, the City reserves the right to withdraw and revoke any rebate, benefit, reduction, write-off, etc., in its entirety.

Self-employed: Yes No Income

Bank account: Yes No

Bond: Yes No

SASSA income: Yes No Amount

Unemployed: Yes No

Next of kin declaration (in support of J192/J170): I hereby confirm that I/we do not have the financial resources to attend to the transfer of the immovable property. The estate has also not been finalised by the Master's Office.

Applicant(s)' names (next of kin):

Other:

Detail and signature of applicant:

Name

Surname ID number

Address Postal code

Contact number Date

Signature

Responsible official:

Print name and surname Signature Date