



THEEWATERSKLOOF MUNICIPALITY

P.O. BOX 24 CALEDON 7230 (TEL: 028 - 214 3307 / 214 3309 / 214 3316 / 214 3317)



MR/MRS/MISS.

ACCOUNT NUMBER:

PREPAID ELECTRICITY METER NO:

TELEPHONE NUMBER:

CELLPHONE NUMBER:

APPLICATION FOR HOUSEHOLD INDIGENT SUBSIDY

In an effort to assist the needy population of Theewaterskloof Municipality with the payment of municipal services, the Theewaterskloof Municipality has agreed to a subsidy scheme whereby households earning less than twice the old aged grant payment (**currently at R1, 880.00 X 2 = R3 760.00**) per month would have certain services fully or partially subsidised.

If you feel that you do qualify you must complete the details of all occupants over the age of 18 years old as from the date of this application together with their respective gross monthly income on this form.

DECLARATION BY APPLICANT

The undersigned, who resides at the address indicated above, hereby apply for a Household Indigent Subsidy determined in relation to the income indicated above, **and solemnly declare that -**

1. All particulars furnished in this form, including the total gross income of myself and all occupants of the premises, are to the best of my knowledge and belief, true and correct; ☐
2. If the particulars furnished in this form should change for any reason, I will immediately notify Council; ☐
3. I or any other occupant do not own any other property in the Republic of South Africa, apart from the property indicated on the account for which this application is made; ☐
4. I agree that Council Officials may conduct an on-site audit to verify the information supplied on this declaration; ☐

Subsidy Application

5. I am aware that any false declaration on this form, is punishable by law and will result in disqualification of the subsidy.

☐

6. I agree that the supply of water to my premises may be restricted by a flow-control washer and/or any other method Council may deem fit.

☐

7. I confirm that I have furnished all the required documentation.

☐

8. I agree that a smart / prepaid water meter AND/OR prepaid electricity meter may be installed on my premises, and

☐

I do hereby ACKNOWLEDGE that the Debts in respect of the arrears (together with interest accrued and equal to the prime overdraft rate of Council's Bankers) on the account number indicated above remains payable by me unless council resolves otherwise.

☐

DATE

SIGNATURE/THUMB PRINT OF APPLICANT

THEEWATERSKLOOF MUNICIPALITY

OCCUPANT 1	OCCUPANT 2	OCCUPANT 3	OCCUPANT 4	OCCUPANT 5	OCCUPANT 6
SURNAME					
NAME					
RELATIONSHIP					
ID NO.					
NAME & ADDRESS OF EMPLOYER					
SALARY					
PM					
PW					
PERMANENT					
SEASONAL					
UNEMPLOYED					

HOW LONG UNEMPLOYED

0 - 6 mnts					
6 - 12 mnts					
1 yr - 2 yr					
2 yr - 3 yr					
3 yrs +					

TOTAL INHABITANTS OF MAIN DWELLING

Total additional dwellings on erf

Total inhabitants of additional dwellings

FOR OFFICE USE ONLY

Council Attesting Official

Consequences of the above declaration made by the applicant was explained to him/her and he/she indicated that: -

1. the contents of the declaration was understood, and

2. that if found to be untrue, he/she would automatically be disqualified from receiving any subsidy. He/She will be liable for the immediate repayment of any subsidy received and may have criminal proceedings instituted against him/her as Council may deem fit.

DOCUMENTS ATTACHED:

IDENTITY DOCUMENTS / BIRTH CERTIFICATES

CONFIRMATION OF INCOME

UNEMPLOYMENT AFFIDAVITS / GRANT CONFIRMATION LETTERS

MARRIAGE CERTIFICATE / DIVORCE ORDER (Surname differs)

DEATH CERTIFICATE/S IF PROPERTY OWNER/S DECEASED

AFFIDAVIT BY CHILDREN / HEIRS OF DECEASED

TWK LEASE AGREEMENT FORM (MUNICIPAL PROPERTY)

APPLICATION FOR SERVICES FORM - T67 (COPY TO BE ATTACHED)

OWNERS CONSENT FORM - TENANT -T67

I confirm that this application has been completed in terms of the Municipality's Indigent Policy and I have ensured that all the required documents are attached.

Completed by:

Checked by:

1

(Official Full Name)

2

(Supervisor Full Name)

(Signature of Official)

(Supervisor Signature)

(Date)

(Date)

(Signature)

THEEWATERSKLOOF MUNICIPALITY (TOWN MANAGER)

Subsidy Application