



MSUNDUZI MUNICIPALITY

APPLICATION TO BE REGISTERED AS AN INDIGENT 2019/2020

NOTES:

- THIS APPLICATION IS TO BE COMPLETED BY THE PERSON RESPONSIBLE FOR THE PAYMENT OF THE ACCOUNT, THE EXECUTOR OF A DECEASED ESTATE, THE LEGAL AUTHORITY.
- THIS APPLICATION IS ONLY VALID FROM 1 JULY 2019 AND WILL EXPIRE ON 30 JUNE 2020.

1. DATE OF APPLICATION:
2. SURNAME:
3. FIRST NAMES:
4. I.D. NUMBER:
5. DATE OF BIRTH: (AGE)
6. RESIDENTIAL ADDRESS:
7. TELEPHONE NUMBER: (H) (C)
8. EMAIL ADDRESS:
9. WARD NUMBER No:
10. MUNICIPAL RATES ACCOUNT NUMBER:
11. NAME OF RATES ACCOUNT HOLDER:
12. MUNICIPAL SERVICES ACCOUNT NUMBER:
13. NAME OF SERVICES ACCOUNT HOLDER:
14. MSUNDUZI MUNICIPALITY POST PAID METER NUMBER:
15. MSUNDUZI MUNICIPALITY PREPAID METER NUMBER:
16. ESKOM SUPPLIED METER NUMBER:
17. ESKOM ACCOUNT NUMBER: (for Eskom electricity users)

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18. APPLICANT STATUS:

PENSIONER		GRANTEE	
EMPLOYED		UNEMPLOYED	
CHILD HEADED HOUSEHOLD		EMPLOYED BY THE STATE OR MUNICIPALITY	

19. MARITAL STATUS:

MARRIED		CUSTOMARY MARRIAGE	
SINGLE		WIDOWED	
DIVORCED		LIVING TOGETHER	
SEPERATED AND LIVING APART FROM SPOUSE			

20. DIRECTORSHIPS *(Indicate the name of the company and the status and or any activity of company)*

NAME OF ENTITY/COMPANY	COMMENT

21. HOUSEHOLD COMPOSITION AND FINANCIAL STATUS:

** All members living in the household, including the occupant*

	INITIALS & SURNAME <small>COPIES OF ID & BIRTH CERTIFICATES MUST BE ATTACHED</small>	RELATIONSHIP <small>(i.e. Applicant, Spouse, Child, Granchild)</small>	AGE	STATUS OF SOCIAL ASSISTANCE / EMPLOYEMENT/ SCHOOLING <small>PROOF (SASSA PENSION/GRANT, GEPP PENSION, ANY INVESTMENTS) MUST BE ATTACHED</small>	MONTHLY INCOME
1.					
2.					
3.					
4.					
5.					
6.					
TOTAL HOUSEHOLD INCOME					R

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DECLARATION

I

The undersigned hereby declare that the information provided in this application for indigent registration, is to the best of my knowledge true and correct and I further acknowledge that:

1. I accept that any amounts outstanding amounts owing to the Msunduzi Municipality on Rates account number and Services account number, remains an obligation due to the Msunduzi Municipality.
2. Should my monthly account exceeds the approved indigent subsidy received, I am responsible to pay the balance and if I fail to do so, the normal Credit Control and Debt Collection Policy measures will be applicable.
3. I accept that should it be found, that this application contains fraudulent information, the benefits will be suspended and I cannot apply for indigent status, until the next financial year.
4. This information is public and may be given to all interested parties both in the private and public sector including the provincial and national government.
5. I consent to and accept that Msunduzi Municipality will use a third party (i.e. Credit Bureau) to conduct vetting to access my application and I have read and understand the conditions of the Indigent Policy.
6. I declare that the information given is correct and I have declared all information in respect of the status of my spouse and all occupants of my household.

.....
SIGNATURE OF APPLICANT

.....
DATE

FOR OFFICIAL USE ONLY:

APPLICATION SIGNED	PROOF OF INCOME	SUPPORTING DOCUMENTS	
CATERGORY	ACCOUNT NUMBER	ARREAR AMOUNT DUE	AOD
SERVICES			
RATES			

.....
NAME AND SIGNATURE OF OFFICIAL

.....
DATE

.....
INDIGENT RECIEPT NUMBER

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1. This application must be completed in full and **CERTIFIED COPIES** or **ORIGINAL DOCUMENTS** of the following documents must be attached:

- ❖ Identity document(s), birth certificate(s) copies all members of the household, including all children
 - ❖ In a case where owner is deceased, please supply copies of one of the following:
 - Copy of last will
 - Letter of executorship
 - Letter of Authority
 - Copy of death certificate and affidavit (if related)
 - Copy of marriage certificate and copy of death certificate (if where married to the deceased)
 - ❖ Power of attorney and owner's ID copy (if the owner does not reside by the property)
 - ❖ Copy of school report and proof of registration for current year
 - ❖ Proof of SASSA Income (Pension/Grant) – from 390 Pietermaritz street or Civic Centre Northdale
 - ❖ Proof of Pension or Income
 - ❖ Proof of all additional household income
 - ❖ 3 Months Current Bank Statements (if applicant does not have proof of income)
 - ❖ Proof of unemployment from Department of Labour for all unemployed household members
 - ❖ Copy of Municipal Services Account
 - ❖ Copy of prepaid token for prepaid users (including Eskom consumers)
 - ❖ Copy of Lease Agreement if applicant is the tenant
 - ❖ Affidavit if consumer has no electricity or water meter on the property
2. Rebates will be only implemented after 30 days following the date of receipt all correct documentation. Applications are only valid for a period of one year and the rebate shall lapse if no new application is received and normal tariffs will be due and payable for any period where an application is not renewed.
3. The rebate is subject to the following conditions:
- I. Applicant(s) must be the owner or occupier of the premises
 - II. The total income of the applicants, spouse and occupants – from all sources must not exceed the amount approved by Msunduzi Municipality per month.
 - III. Applicants may not own more than one property (including vacant land)
 - IV. The BUDGET AND TREASURY OFFICE must be notified immediately of any CHANGE IN CIRCUMSTANCES.
 - V. All other conditions in respect of Council Policies will apply

THIS APPLICATION EXPIRES ON 30 JUNE 2020