

Msunduzi Municipality Indigent Application and Pensioner Rebate Application Form
2024/2025



MSUNDUZI MUNICIPALITY

APPLICATION TO BE REGISTERED AS AN INDIGENT / PENSIONER REBATE 2024/2025

INDIGENT REBATE		RATES - PENSIONER REBATE	
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NOTES:

- THE APPLICATION IS TO BE COMPLETED BY THE PERSON RESPONSIBLE FOR THE PAYMENT OF THE ACCOUNT, THE EXECUTOR OF A DECEASED ESTATE, THE LEGAL AUTHORITY.
- IF APPLYING FOR A RATES PENSIONER REBATE, THE APPLICANT MUST BE THE REGISTERED OWNER OF THE PROPERTY AND IN RECEIPT OF AN OLD AGE PENSION / DISABILITY GRANT
- THIS APPLICATION IS ONLY VALID FROM 1 JULY 2024 AND WILL EXPIRE ON 30 JUNE 2025.

1. DATE OF APPLICATION:
2. SURNAME:
3. FIRST NAMES:
4. I.D. NUMBER:
5. SPOUSE I.D. NUMBER:
6. DATE OF BIRTH: (AGE)
7. RESIDENTIAL ADDRESS:
8. OTHER PROPERTY OWNED BY APPLICANT.....
9. TELEPHONE NUMBER: (H) (C)
10. EMAIL ADDRESS:
11. WARD NUMBER No:
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

CONFIDENTIAL

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21. HOUSEHOLD COMPOSITION AND FINANCIAL STATUS:

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

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

FOR OFFICIAL USE ONLY:

APPLICATION SIGNED	PROOF OF INCOME	SUPPORTING DOCUMENTS	SPOUSE DECLARATION COMPLETED	SPOUSE ID NO SUPPLIED
CATEGORY	ACCOUNT NUMBER	ARREAR AMOUNT DUE	AOD	
RATES				
SERVICES				

.....
NAME AND SIGNATURE OF OFFICIAL

.....
DATE

.....
INDIGENT RECEIPT NUMBER

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CONSENT TO THE SOUTH AFRICAN REVENUE SERVICE (SARS) IN TERMS OF SECTION 69(6)(b) OF THE TAX ADMINISTRATION ACT NO 28 OF 2011 (TAA).

I/we*, the undersigned Applicant(s), hereby give consent to SARS to disclose my/our information to the Msunduzi Municipality and the National Department of Cooperative Governance (COGTA) for purposes of verifying the details of my/our income levels that I/we* have disclosed to the Municipality in support of my/our* application for a municipal indigent grant.

Particulars of Indigent Applicant

Municipality Name	
Name and surname (including maiden name, if applicable)	
Identity number	
Date of birth	
Taxpayer reference number	
Marital status	
Spouse's name and surname	
Spouse's identity number	
Spouse's date of birth	
Spouse's taxpayer reference number	
Residential address/ stand number / erf number	
Other property owned by applicant (Pensioner)	

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Particulars of other household member(s) earning an income**

Name and surname	
Identity number	
Date of birth	
Taxpayer reference number	

Name and surname	
Identity number	
Date of birth	
Taxpayer reference number	

Signed by: _____ (Applicant) on this _____ day
of _____ at _____.

[Applicant's signature]

Applicant's household member's name: _____

Signature: _____ [Applicant's household member's signature]

Date: _____

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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 exceed 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 / Section 22 and 23 of the Rates Policy (Rebate on category of owners of property)
AND
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

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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 of 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)
- ❖ 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 Lease Agreement if applicant is the tenant
- ❖ Affidavit if consumer has no electricity or water meter on the property
- ❖ Document(s) must not be older than 3 months old

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 2025