

Msunduzi Municipality Indigent Application Form

APPLICATION TO BE REGISTERED AS AN INDIGENT

NOTE:

1. **THIS APPLICATION IS TO BE COMPLETED BY THE PERSON RESPONSIBLE FOR THE PAYMENT OF THE ACCOUNT**
2. **COPIES OF MUNICIPAL ACCOUNT, IDENTIFICATION DOCUMENTS, PENSION CERTIFICATES AND PROOF OF INCOME MUST BE ATTACHED TO THE APPLICATION FORM.**

1. **DATE OF APPLICATION:**
2. **SURNAME:**
3. **FIRST NAMES**
4. **I.D. NUMBER**
5. **RESIDENTIAL ADDRESS**
- SECTION & HOUSE NUMBER
- TELEPHONE NUMBER: (H)..... (W).....
- (C)
- WARD NUMBER:
- MUNICIPAL ACCOUNT NUMBER:

6. **GENDER** MALE FEMALE

7. **AGE**
- | | | | | | |
|-------|--|-------|--|-------|--|
| 20-25 | | 41-45 | | 60-65 | |
| 26-30 | | 46-50 | | 66-70 | |
| 31-35 | | 51-55 | | 71+ | |
| 36-40 | | 56-60 | | | |

8. **MARITAL STATUS:**
- | | |
|----------|--------------------|
| MARRIED | CUSTOMARY MARRIAGE |
| SINGLE | WIDOWED |
| DIVORCED | LIVING TOGETHER |

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9. HOUSEHOLD COMPOSITION AND FINANCIAL STATUS

9.1 Number of people in the household and personal details

	RELATIONSHIP	SURNAME & INITIALS	GENDER	BIRTH DATE/ AGE	CURRENT STATUS OF EMPLOYMENT	EMPLOYER / SCHOOL	MONTHLY INCOME **	EDUCATION LEVEL/ SKILL	* DISABLED
1.	APPLICANT								
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

**** Provide details of income each person in Section 9.2**

*** Mark disabled and blind members with a X and provide details in Section 12 of the form**

9.2 Income of household per month

Indicate monthly income for each person in the household-proof must be supplied (eg payslip)

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	ACCOUNT HOLDER	OTHER	OTHER	OTHER
	Name	Name	Name	Name
OLD AGE PENSION (GOV)				
DISABILITY PENSION				
PENSION FROM PREVIOUS WORK				
BUSINESS FROM HOME SPAZA/SHEBEEN ETC				
RENTING PART OF HOUSE				
RENTING OF OTHER PROPERTY (
UIF				
OTHER: SPECIFY				
TOTAL INCOME PER PERSON (TRANSFER TO SECTION 9.1)				

9.3 SPECIFY EXPENDITURE PER HOUSEHOLD PER MONTH

BOND PAYMENT	R
RENTAL	R
ELECTRICITY	R
WATER	R
FOOD	R
TRANSPORT	R
EDUCATION	R
MEDICAL EXPENSES	R

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OTHER: SPECIFY	R
	R
	R
	R
	R

OFFICIAL USE: FINANCIAL ASSESSMENT

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Policy on Indigent Support

10. HOUSE

APPLICANT	OWNER	TENANT WITH ABSENTEE LANDLORD	OTHER (Specify)
TYPE OF HOUSE	SHACK	BRICK WITH CORRUGATED IRON ROOM	BRICK WITH TILED ROOF
NUMBER OF ROOMS IN HOUSE			
NUMBER OF OUTSIDE SHACK/ROOMS			

11. SERVICES

Meter Numbers if applicable

ELECTRICITY **WATER**

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Do you use electricity for any of the following?

Cooking		Lights	
TV		Geyser	
Radio		Heaters	
Vacuumping		Washing machine	

12. HEALTH

Poor	Good	Excellent
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Give details if poor:

.....

YES	
NO	

Do you have any physical or mental defect?
If yes, give details

.....

Please also provide details of disabilities of other household members:

NAME	DISABILITY	DETAILS

DECLARATION

I,

The undersigned, hereby declare that the information provided above, is to the best of my knowledge true and correct and further acknowledge that:

1. This application for resignation is subject to Council approval and /or whosoever is authorised to do so.
2. I acknowledge outstanding amounts owing to the Council on account number and accept that it remains an obligation from my side.
3. Should my monthly account exceeds the subsidy received, I am responsible to pay the balance and if I to pay, the normal Credit Policy measures will be applicable to me.
4. This information is public and will be given to all interested parties both in the private and public sector including the provincial and national government as well as the Credit bureau.

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SIGNATURE OF INTERVIEWER

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SIGNATURE OF APPLICANT

.....
DATE

.....
WITNESS

.....
SIGNATURE OF SOCIAL WORKER

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SIGNATURE OF PM REVENUE

VERIFICATION BY ABM ZONE LEADER / WARD COMMITTEE / SECTION 80 COMMITTEE

.....
SIGNATURE
ABM ZONE LEADER / WARD COMMITTEE

.....
SIGNATURE
SECTION 80 COMMITTEE