

APPLICATION FOR INDIGENT SUBSIDY (ASSISTANCE TO THE POOR)

ACCOUNT NUMBER:

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DATE: _____

APPLICANT DETAILS:

Name		Prepaid Meter No	
Address			
ID No.		CRM no. (Internal)	
Home no.		Cell Phone no.	

DECLARATION BY APPLICANT:

I, (OWNER/ EXECUTOR), HEREBY DISCLOSE THE FOLLOWING INFORMATION.

PART A- General Information

- Is the owner of this property Deceased? Yes No
 If Yes, who is the Executor?
- Is the owner of this property Absconded? Yes No
 If Yes, provide the SAPS Case number and Proof:
- Is the owner of this property Divorced? Yes No
 If Yes, Attach the divorce settlement stating ownership of property.
- Is any part of the property used for Business? Yes No
 If Yes, what business is being operated?

Signature.....

PART B- OWNER AND SPOUSE INFORMATION

- Is the total income of the property owner/s and Spouse less than 2 state pensions? Yes No

Provide income details of the owners living on the property below:

ID NUMBER	INITIAL	SURNAME	GROSS INCOME	SOURCE OF INCOME	DPSA	CIPC

- Do you, or any of the owners, receive a Private pension, payments from a previous employer or a Pension Fund? Yes No

If Yes, provide proof of all Income:

Name	Amount

- Do any occupants of the property pay you rental? Yes No

If Yes, how much are you paid:

Name	Rental Paid

PART C – Expenses

Do you, or any of the occupants listed above, have expenses? i.e. Medical Aid, Levies, Clothing or Appliance Accounts, Cellphone, Funeral policy’s etc.

- Yes No

If Yes, please provide proof of payments

Supplier or Insurer Name	Amount Paid	Supplier or Insurer Name	Amount Paid

Signature.....

PART D – Property Information

- Does this property have a Bond? i.e. Paid to a Bank Yes No

If Yes, provide the Bond Holder, Monthly payment and 3 Months Bond Statement:

Bond Holder	Monthly Payment

- Do you own another property within the Metro? Yes No

If Yes, provide the address of this property:

Name	Address of property

PART E – Business Interests

- Are you, your spouse or any of the owners of this property, an Active Member, Director, Partner, Corporate entity in a Business? Do you, or any of the occupants derive any income from Shares, Tenders or Business interests? Yes No

If Yes, provide the following Details:

Name of Business, Firm, Partnership or Entity	Registration Number	Income

If NO, please provide proof of resignation, termination or closure of such Business or Partnership.

Name of Business, Firm, Partnership or Entity	Date of Resignation

Signature.....

PART F – Declaration and Agreement to Terms

Declaration By Applicant:

- a) All particulars furnished in this form, including the total income of myself, and any co-owners living on premises are, to the best of my knowledge and belief, **true and correct**;
- b) Should all or some of the particulars furnished in this form **change** for any reason, I undertake to immediately inform the Municipality. Failure to do so, may lead to me being disqualified from the ATTP Subsidy Scheme for 12 months;
- c) Apart from the **property** indicated on this application form, neither I, my Spouse nor any co-owners living on premises owns any property within the NMBM metro;
- d) I agree that municipal officials may conduct an **on-site audit** to verify the information supplied in this application form. Should the official visiting my property find no adult person to sign the verification form, the official will leave a note to inform me (the applicant) of the unsuccessful visit. After three unsuccessful visits, I will be disqualified from the ATTP Subsidy Scheme;
- e) I am fully aware that supplying **false information** on this form is punishable by law and that if I am disqualified due to fraudulent acts in respect of the ATTP Subsidy Scheme, I will be reported to the South African Police Services and be liable for all associated legal costs;
- f) I accept and agree that the supply of **water** to my premises may be restricted by a flow-control washer device and/or any other method the Municipality may deem fit. In the event of a water leakage, I will report it to telephone number 0800 20 50 50;
- g) I further agree that the credit electricity meter will be replaced by a **pre-paid meter** at council's expense;
- h) I confirm that I am fully aware of the policy and conditions pertaining to the ATTP Subsidy Scheme, as detailed in this form;
- i) **Disqualification** and full reversal of ATTP subsidy granted will be implemented in the event of the following:
- property being sold within three years of ATTP having been granted
 - property being used for any business purposes
 - non-disclosure of tenants rental income
- j) I agree and accept that if I am disqualified from the ATTP Subsidy Scheme for any of the above reasons; it will result in a waiting period of **12 months** before I am eligible to re-apply.
- k) In Terms of the Protection of Personal Information Act.No4 of 2013, I hereby give the Nelson Mandela Bay Municipality my consent to obtain or verify any personal and financial information of myself and all occupants living on my property or mentioned on this application form. The Credit Check Fee will be debited to my account if I am disqualified from ATTP due to non-Disclosure of information.

Verklaring Deur Aansoeker:

- a) Alle besonderhede wat op dié vorm verstrekk word, insluitend die totale inkomste van myself en mede eienaar is na die beste van my wete en oortuiging, **juis en korrek**;
- b) Sou al of van die besonderhede wat op dié vorm verstrekk is om enige rede **verander**, onderneem ek om die Munisipaliteit onmiddellik in kennis te stel. Versuim om dit te doen, kan daartoe lei dat ek vir 12 maande van die Hulp-aan-die-Armes-subsidieskema gediskwalifiseer word;
- c) Benewens die eiendom wat op dié aansoekvorm aangedui word, besit nóg ek, my eggenoot nóg mede eienaar enige eiendom in die NMBM;
- d) Ek stem in dat munisipale beamptes 'n **perseeloudit** mag doen om die inligting wat op dié aansoekvorm verstrekk word, te verifieer. Indien die beampte wat my eiendom besoek, geen volwasse persoon aantref om die verifiëringsvorm te onderteken nie, sal die beampte 'n kennisgewing laat om my (die aansoeker) van die onsuksesvolle besoek te verwittig. Na drie onsuksesvolle besoeke sal ek van die Hulp-aan-die-Armes-subsidieskema gediskwalifiseer word;
- e) Ek is ten volle daarvan bewus dat die verskaffing van **onjuiste inligting** op dié vorm regtens strafbaar is en dat, indien ek weens bedrieglike handelings ten opsigte van die Hulp-aan-die-Armes-subsidieskema gediskwalifiseer word, ek by die Suid-Afrikaanse Polisie diens aangemeld sal word en vir al die regskoste aanspreeklik sal wees;
- f) Ek aanvaar en stem in dat die **watertoevoer** na my perseel met 'n vloei-beheer-wastertoestel beperk mag word en/of enige ander metode wat die Munisipaliteit goed mag dink. In die geval van 'n waterlekkasie, sal ek dit by telefoonnommer 0800 20 50 50 aanmeld;
- g) Ek stem verder in dat die kredietelektreitsmeter deur 'n **vooruitbetaal-meter** vervang sal word;
- h) Ek bevestig dat ek ten volle bewus is van die beleid en voorwaardes van toepassing op die Hulp-aan-die-Armes-subsidieskema, soos op dié vorm uiteengesit word;
- i) **Diskwalifikasie** en volle omswaaiing van die Hulp-aan-die-Armes-subsidie wat toegestaan is, sal in die geval van die volgende geïmplementeer word:
- verkoop van eiendom binne drie jaar nadat die Hulp-aan-die-Armes-subsidie toegestaan is
 - gebruik van eiendom wat vir enige besigheidsdoeleindes
 - nie-bekendmaking van huurders se besonderhede
- j) Ek stem in en aanvaar dat, indien ek om enigeen van bogemelde redes van die Hulp-aan-die-Armes-subsidieskema gediskwalifiseer word, dit 'n wagtydperk van **12 maande** tot gevolg sal hê voordat ek in aanmerking kan kom om heraansoek te doen.
- k) Hiermee gee ek NMBM die magtiging om enige persoonlike en finansiële inligting van myself en alle bewoners op die perseel te bevestig en te bekom wat deur ons verskaf was. Ons gee op ons reg op die POPPI ACT sodat NMBM die nodige dokumente kan bekom

Ingxelo Ehyanziwa Ngumcei:

- a) Zonke iinkcukacha ezinikezelwe kule fomu, kuquka ezo mminimzi kunye nomlingane wakhe okanye abaliswiweyo abanelungelo lendlu
- b) Ukuba kuthe kwenzeka zonke okanye ezinye zezi nkukacha zinikezelwe apha kule fomu **zitshintshe**, ngenxa yaso nasiphi na isizathu, ndiya kuqinisekisa ukuba ndazisa uMasipala. Ukungenzi njalo kungakhokelela ekubeni ndikhutshwe kuluhlu lwabaxhamla kwi-ATTP iinyanga ezili-12;
- c) Ngaphandle kwale **ndlu** ichazwe kule fomu yesicelo, mna okanye omnye, Iqabane one lungelo akanayo enye indlu kwingingqi yalo Masipala umbaxa;
- d) Ndiyavuma ukuba amagosa kaMasipala **angeza azokwenza uhlolo** ngenjongo yokunqinisisa ulwazi olunikezelwe apha. Ukuba amagosa afike kungekho mntu mkhulu unokutyikitya izihlandlo ezi-3, igosa elo liya kushiya imbalelwano echaza ukuba belifikile, isihlandlo ngasinye kwaye loo mntu ufake isicelo uya kukhutshwa kuluhlu lwabaxhamla kwi-ATTP;
- e) Ndiyayazi ukuba ukunikezela **ngolwazi olungeyonyaniso** kule fomu kuchasene nomthetho kwaye kuyohlwayelwa. Ukuba ndithe ndakhutshwa kuluhlu lwe-ATTP ngenxa yezenzo ezigwenxa, ndiya kumangalelwa emapoliseni kwaye iindleko iya kuba zezam;
- f) Ndiyakwamkela kwaye ndiyakuvuma ukuba **amanzi** anikezelwa kwindlu yam angacuthwa ukuphuma kwawo ngesixhobo sokulawula amanzi ahambayo kunye/okanye nayiphi na indlela uMasipala ayibona ilungile. Xa kukho ukuvuza kwamanzi, ndiya kuyichaza ngokutsalela ku: 0800 20 50 50;
- g) Ndiyakwamkela ukuba imitha yombane ohlawulwa mva iya kutshintshelwa **kweyombane wekhadi**
- h) Ndiyangqina ukuba ndiyawazi umthetho nemiqathango ngokungqamene ne-ATTP njengoko kuchaziwe kule fomu;
- i) **Ukukhutshwa kwi-ATTP** kunye nokubuyiselwa ngokupheleleyo kwe-ATTP enikezelweyo kuya kuzalisekiswa:
- ukuba indlu ithengiswe kwisithuba seminyaka emi-3 emva kokunikezelwa kwe-ATTP
 - ukuba indlu isetyenziselwa ishishini
 - ukungachazwa ukuba kuko abantu abarentayo kungabangela ungasifumani isibonelelo
- j) Ndiyavuma kwaye ndiyakwamkela okokuba xa ndithe ndakhutshwa kwi-ATTP ngenxa yesinye sezizathu ezichazwe ngasentla; ndiya kulindiswa **iinyanga ezili-12** phambi kokuba ndivumeleke ukuba ndifake isicelo kwakhona.
- k) Ndinikezela imvume kuMasipala ukuba aphande nge nkukacha zam kunye naye wonke umntu ohlala kwindawo yam malunga nenkcukacha ebesenzinikezele. Sinikezela imvume kwi POPPI ACT ukuba uMasipala aphengulule ezo mpepha.

I hereby agree to the Terms of the declaration, as stated above and as set out in the Nelson Mandela Bay Municipality Assistance to the Poor Policy.

INFORMATION SUPPLIED BY:
FULL NAME SIGNATURE DATE

PART G – Commissioner Stamp

(Should this application not be completed by a representative of the Nelson Mandela Bay Municipality; a Commissioner needs to certify the information provided.)

I certify that the deponent has acknowledged that he/she knows and understands the contents of this Affidavit which was signed and sworn to before me at

On this day of 20

Commissioner of Oath Stamp



.....
COMMISSIONER OF OATH`S FULL NAMES

.....
SIGNATURE

FOR OFFICE USE ONLY:

The applicant was assisted by:
 FULL NAME *SIGNATURE* *DATE*

OFFICE SUPERVISOR:

The Application was checked by:
 FULL NAME *SIGNATURE* *DATE*

Application completed at:Office

PART H – Submission of Application and Required Documents

In order for this application to be considered, the following documents must accompany the application. Failure to submit the required documents will render the application incomplete and a Re-application may be required.

Deceased Estates:

- Letter of Authority/Executorship from the Master's Office; or
- A Will registered and accepted by the Master's Office.

Absconded Cases:

- Proof from SAPS with a valid Missing person's case number

Divorce Cases:

- Proof of the Divorce settlement

Owner, Spouse, and any Co-owner's Details:

- All details of Owner, Spouse and any Co-owners or their whereabouts are required.

Owner and Spouse details If you are employed:

- Proof of Identity (such as your ID book)
- Latest salary/wage payslip, or a letter from an employer confirming you income.
- If you are self-employed, a sworn Affidavit stating how much you earn per month.
- Proof from SASSA that you receive a Disability Grant or Pension,
- A bank statement for the last three months

Owner and Spouse details If you are unemployed:

- Proof of Identity (such as your ID book)
- Proof of Employment or Contract Termination.
- A sworn Affidavit confirming:
That you are unemployed,
How you Survive, and
Any source of income you have
- If applicable, a bank statement for the last three months

Business Interests:

- 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 provided in Part E
- Provide proof that such business has been deregistered and is no longer active.

Submission of Application:

Completed ATTP applications must be certified by a Commissioner of Oaths and may be submitted at any Customer Care Center within the Metro. Electronic copies may also be submitted to customercare@mandelametro.gov.za