



APPLICATION FOR REBATE
CHILD HEADED HOUSEHOLDS
2010 / 2011

TO BE SUBMITTED BY 30 APRIL EACH YEAR
PLEASE COMPLETE IN BLOCK LETTERS

APPLICANT DETAILS

TITLE INITIALS DATE OF BIRTH

FULL NAME & SURNAME (Applicant)

CAPACITY OF APPLICANT

IDENTITY NUMBER GENDER MALE FEMALE

RATE NUMBER WATER ACC NO

ELECTRICITY ACC NO

ERF DESCRIPTION

STREET NUMBER STREET NAME

SUBURB

CITY / TOWN POSTAL CODE

POSTAL ADDRESS

POSTAL CODE

CELLULAR PHONE NUMBER (Preferred) HOME NO

E-MAIL ADDRESS

DOMICILIUM CITANDI ET EXECUTANDI (Service address for legal process)

POSTAL CODE

DECLARATION

I, the undersigned, _____, do hereby declare that the information supplied is to the best of my knowledge, true and correct. I acknowledge that the Municipality reserves the right to prosecute anyone who willfully provides false information with the intention to benefit unlawfully from the rebates awarded.

SIGNATURE

DATE

DOCUMENTS TO ACCOMPANY THIS APPLICATION

1. Certified Copy of Identity Document or Birth Certificates of children residing on the property
2. Copies of all Municipal accounts, i.e. Rates, Water & Electricity, not older than 3 months
3. Confirmation in writing from the Department of Social Development confirming that the household has been investigated and is confirmed to be child headed
4. If the parent is deceased:
 - a. A copy of the letter of Executorship or Administration of the Deceased Estate
 - b. A copy of the Liquidation and Distribution Account showing transfer of the property to the minors
 - c. The death certificate of the parent
5. If the parent is terminally ill, a certified copy of the Medical Report confirming his / her status

QUALIFYING CRITERIA

- a) The terminally ill parent, the child or the deceased estate of the parent as aforesaid must be the owner of the property;
- b) The minors must reside permanently on the property;
- c) The value of the applicants property must not exceed a value as determined by a resolution of Council at its annual budget;
- d) Applications must be renewed annually by the Department of Social Welfare
- e) Late applications may be reinstated with effect from the next practical billing cycle.

FOR OFFICE USE ONLY

Date received by Council: _____ Name of Receiving Official: _____

Signature of Receiving Official: _____