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Debt Rehabilitation Program Application Form

1. TERMS AND CONDITIONS

1.1 Qualifying criteria:

- Only completed online application forms will be considered.
- Residential, small business, churches and non-profit organizations, Old Age homes, Orphanages and Body Corporate account holders may apply.
- Account holders' account must be in arrears for more than 90 days at the time of submission of the application.
- Applicants must be registered owners of the property, or a person duly appointed by the Master of the High Court where a property is part of a deceased estate.
- 100% of debt above 90 days (about 3 months) to be written off where the applicant is a pensioner or registered indigent customer.
- The combined gross income from all activities of the residential account holder/s/applicant/s and spouse/s must be less than R22 000 per month.
- Where the monthly gross income from both the residential account holder/s/applicant/s and spouse/s is more than twenty-two thousand rand (R22 000.00), only a percentage of the debt above 90 days (about 3 months) shall be written off on condition that the account holder/s settles that account in full.

The scale to be used will be:

Monthly Gross Income	% write-off of debt above 90 days	Surcharges to be reversed
Between R22 000 to R30 000	30%	All interest and penalty charges
Between R30 001 to R40 000	20%	All interest and penalty charges
Between R40 001 to R50 000	10%	All interest and penalty charges
Above R50 001	N/A	All disconnection fees and interest charges

- The market value of the property or combined properties owned by the applicant must not exceed R2 500 000 based on the City's Valuation Roll,
- All small businesses, places of worship and non-profit organization will be required to provide the latest audited annual financial statements with turnover not exceeding R3 000 000- and six-months bank statements at the date of submission of the application.
- If property is registered as mixed use with business and residential, the square meter will be used to determine the square meterage of each unit. The percentage of each unit will be multiplied by total City of Johannesburg evaluation of the property.
- Accounts must be kept up to date for twelve (12) months from date of initial write off.

1.2 Conditions:

- The account holder/owner of the property must sign the debt rehabilitation program agreement.
- The applicant for disaster relief must be accompanied by such proof as the City of Johannesburg may reasonably require in substantiating the application.
- Application done on behalf of the property owner/s by an appointed agent must be accompanied by power of Attorney letter with the certified ID.
- By signing this form the account holder/s gives the City permission to perform a background check through a reputable credit bureau.
- The City reserves the right to conduct a full financial assessment of all income and assets of the applicant.



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- Should the applicant be found to be misrepresenting themselves, the City will re-instate the original debt and institute immediate termination of services.
- Should the property be sold during this period, any remaining debt owing on the property will become due and payable in terms of the normal clearance processes.
- Should the account holder tamper with the City's infrastructure, the original debt will be reinstated, and services terminated:
 - The customer must vend regularly if on prepaid,
 - The customer agrees that this bad debt write-off is a once-off.
- Current account/s must be kept up to date subsequent to the signing of the agreement.
- The account holder/s must sign and agree/adhere to the conditions of the agreement.
- Customer/debtor must allow the City access to the property as and when required.
- Applications must be submitted between **1 March and 30 June 2022.**

1.3 The form should be submitted along with the following documentation:

For residential properties:

- Certified copy of property owner's identity document or proof of permanent residence.
- Copy of latest municipal account.
- Proof of income for the account holder and spouse.
- Certified bank statement, for all accounts, held by the account holder and spouse, for a period of three months before date of application.
- The account holder must complete the application form, in the case of deceased estates, the person in possession of the Letter of Authority from the Master of the Court's office.
- In cases where the property is registered to the deceased person, the current occupier will qualify provided he/she submit the following:
 - Signed affidavit or statements not more than three months old from the lender indicating that he or she is the occupier of the property, or
 - Signed affidavit from all the siblings indicating that he or she is the occupier of the property,
 - These affidavits must be accompanied by the death certificate or a letter of authority from the Master's office in the name of the occupier.
- Account holders must provide pictures of the metering device/s located on the property which clearly identify the following:
 - location of the device,
 - the reading on the device, and
 - meter number.

For Business / Place of Worship / Non-Profit Organization

- Audited Financial Statements.
- Six (6) months Bank Statements.
- Copy of latest municipal account.
- Account holders must provide pictures of the metering device/s located on the property which clearly identify the following:
 - location of the device,
 - the reading on the device, and
 - meter number.

1.4 Application forms can be submitted as follows:

- Online (www.joburg.org.za)
- E-mailed to: debt rehab@joburg.org.za.
- At any City Customer Service Centre.



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SECTION 1: PROPERTY TYPE

This application is for a: (Mark the appropriate box with an 'X')

Residential Property		Place of Worship	
Business Property		Non-profit organization	

SECTION 2: ACCOUNT INFORMATION

CoJ Account No:

SECTION 3: PERSONAL / ORGANISATIONAL INFORMATION

If a residential property

PERSONAL DETAILS OF THE PROPERTY OWNER

Indicate with an 'X':

Male		Female		Single		Married COP		Married ANC		Married Traditional		Divorced		Widowed	
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APPLICANT:

Surname:

First Names:

Date of Birth:

ID Number:

SPOUSE:

Surname:

First Names:

Date of Birth:

ID Number:



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EMPLOYER DETAILS

Employer: -----

Occupation: -----

Employee No.: -----

Contact Person.: ----- Tel No.:-----

Employment start date: -----

Pay Date: ----- Period Employed: -----

ATTACH: Three (3) Months bank Statements

If a Business / Place of Worship / Non-Profit Organization

Registered Name: -----

Registration Number: -----

Applicant Surname: -----

Applicant Name: -----

Applicant Position: -----

ADDRESS:

Street Address: -----

----- Postal Code: -----

Postal Address -----

----- Postal Code: -----

Email: ----- Tel No.: -----

Mobile No.: ----- Fax No.: -----

ATTACH: Audited Financial Statements and six (6) months Bank Statements.



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SECTION 4: DISCLOSURE & CERTIFICATION

1. I/We certify that the information provided in my/our application and any supporting documentation is true and correct as at the date of my/our signature(s) on this application form and that the City of Johannesburg may consider this statement to be true and correct until a written notice of change is given to the City of Johannesburg.
2. I/We furthermore acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties included, but not limited to, a fine or imprisonment or both under the provisions of South African law and liability for monetary damages to the City of Johannesburg, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we may have made on this application.
3. I/We acknowledge that the City of Johannesburg shall be entitled to withdraw debt write - off approval if such a write-off approval was based on incorrect or false information provided by me/us as part of or pursuant to this write - off application. I/we waive any and all claims which I/we may have against the City of Johannesburg, its holding company and/or any of its subsidiaries, which claim arises from the withdrawal of the write - off approval as contemplated in this clause.
4. I/We indemnify City of Johannesburg, its holding company and/or subsidiaries, against any claim brought against any of them in respect of damages suffered pursuant to the withdrawal of a write - off approval as contemplated in 5.3 above.
5. I/We acknowledge that the City of Johannesburg is under no obligation to approve this bad debt write - off application. I/we further acknowledge that the City of Johannesburg shall apply such policies, criteria and internal directives as may apply to me in the consideration of this write off application, and that the application will be approved subject to the write - off application meeting the requirements of such policies, criteria and internal directives.
6. The City of Johannesburg has the right to perform a random check or receive information required from the reputable credit bureau.
7. I/we _____ do hereby declare that I/we truly and lawfully indebted to the City of Johannesburg in an amount of R_____. Outstanding in respect of Rates, refuse, sewer, water, VAT, interest and other sundry charges as **at the time of submission of the application. of 28th February 2022.**
8. Should I/we fail to comply with the Terms and Conditions of this acknowledgement of debt write - off conditions, the City will be entitled to process an immediate block on my/our prepaid vending and process to terminate it.
9. The City of Johannesburg does not claim to be a financial service provider, a debt rehabilitator or a debt councillor. The purpose of this write off is to provide relief and assistance to customers who fall within the above condition and criteria.

I/We the above mentioned, hereby state my/our agreement with my/our signature below

SIGNED: _____ DATE: _____



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SECTION 5: DECLARATION

APPLICANT (or duly authorised hereto by the applicant in the event of a legal entity)

NAME: _____
Applicant (or duly authorised hereto by the applicant in the event of a legal entity)

SIGNED: _____ DATE: _____

NAME: _____
Spouse (or duly authorised hereto by the applicant in the event of a legal entity)

SIGNED: _____ DATE: _____

SPOUSE (or duly authorised hereto by the applicant in the event of a legal entity)

Witness 1

SIGNED: _____ DATE: _____

Witness 2:

SIGNED: _____ DATE: _____

Acceptance of form by Customer Relations Agent (CRA):

CRA NAME: _____

CRA SAP No.: _____

SIGNED: _____ DATE: _____

FOR COMMITTEE USE ONLY:

Allocated Registration number: _____

Application: ☐ Approved ☐ Not Approved

Reasons for not approved:.....

For and on behalf of the committee:

Chairperson of the Committee: _____

Date the Committee met: _____ Does the customer qualify ☐ Yes ☐ No

If not, state reason for customer not qualifying:

