

APPENDIX

INDIVIDUAL REGISTRATION NUMBER		INDIVIDUAL RESOLUTION NUMBER	MEC	
APPLICATION FOR A HOUSING SUBSIDY				
INDIVIDUAL	Credit linked *			
	Non-credit linked *			
PROJECT-LINKED *				
PEOPLE'S HOUSING PROCESS* a) Non owners (fully serviced sites)* <input type="checkbox"/> b) Non owners (upgrade of serviced stands)* <input type="checkbox"/> c) Occupants and landless people* <input type="checkbox"/>				
PROVIDE PROJECT DETAILS **				
Project Application Registration Number		Project Application Resolution Number		
Project Description				
Name of Developer / Community Based Organisation(CBO)				
THE APPLICATION IS HEREBY RETURNED AS THE FOLLOWING ADDITIONAL INFORMATION IS REQUIRED: 1..... 2..... 3.....				
IN CASE OF INCOMPLETE INFORMATION - CONTACT (To be completed by Applicant)				
NAME:				
POSTAL ADDRESS:				

For office use only

- * Tick whichever is applicable
- ** To be completed by developer/CBO
- *** To be completed by conveyancer/builder/contractor
- **** To be completed by lender

TABLE 1

THE FOLLOWING DOCUMENTS WERE FOUND TO BE PRESENT					✓
Certified copy of Marriage Certificate					
Certified copy of Divorce Settlement					
Certified copy of R.S.A. Identity Document	Self		Spouse		
Certified copy of Death Certificate					
Proof of Disability (See Section "A" as well as Annexure A)					
Proof of loan granted by lender					
Certified Copy of Agreement of Sale / Proof of occupation of four years i.r.o. institutional subsidies option to purchase					
Social Compact Agreement (where necessary)					
Agreement with Conveyancer					
Authorised Building Contract and Plan					
Bill of Building Material (costed)					
House Building Support Agreement i.r.o People's Housing Process (PHP)					
Agreement with Support Organisation (SO) via PHP					
Title Deed of Non-Owner for PHP if SO is not a Provincial or Local Government					
Deed of Sale for the Land					
Deed of Transfer					
Proof of Monthly Income					
Certified copy of Permanent Residence Permit					
Signed Affidavit					

TABLE 2

	PROCESS RECORD	DATE	SIGNATURE OfficialSupervisor	
1.	Application Received			
2.	Procedural Check			
3.	Application Returned for Correction			
4.	Application Returned Corrected			
5.	Data Captured			
6.	Data Verified			
7.	Searches Completed: a) Internal Affairs b) Deeds Office c) National Housing Data Base			
8.	Filed			
9.	Date Subsidy Approved			
10.	Date applicant/developer/CBO notified of acceptance/non-acceptance			

SECTION A: PERSONAL DETAILS (To be completed by all applicants)									
A "Spouse" is defined as a husband, Wife or Long Term Partner									
Marital Status: Married* or Habitually Co-habiting* Single*/Divorced*/Widowed (with Dependants)*								Period	
Number of spouses		APPLICANT				SPOUSE (or Deceased Partner)			
Surname									
Maiden or Former Surname									
Full Names (First Three Only)									
Identity Number									
Gender		Male*		Female*		Male*		Female*	
Race		African*		White*		African*		White*	
		Coloured*		Indian*		Coloured*		Indian*	
		Other*				Other*			
If "other" specify: Residential Address:.....									
Disabled		Yes*		No*					
If you or any of your dependants are disabled, please attach original medical form, duly completed and signed by your District Surgeon/Medical Practitioner, registered with the Medical and Dental Council. (See Annexure A)									

SECTION B: DETAILS OF DEPENDANTS (Information on only 2 dependants to be supplied by applicant)				
Surname	Initials	Relationship to Applicant		Age
Gender		Male*	Female*	
If more than two dependants, provide total number of dependants				

SECTION C: MONTHLY INCOME DETAILS (To be completed by applicant)		
	Applicant	Spouse
Indicate if you are:	Unemployed	
	Employed	
	Self Employed	
	Pensioner	
Basic Monthly Income	R	R
Regular Periodic Allowances	R	R
Housing Allowance Received	R	R
Housing Allowance to be Received	R	R
Commission Received (12 months average)	R	R
Pension or Disability Grant	R	R
TOTAL	R	R
JOINT TOTAL (Applicant and Spouse)	R	
Amount of Subsidy Applied For	R	

This indicates an allowance to be received once you have acquired ownership of a property.

SECTION D: DETAILS OF CITIZENSHIP (To be completed by applicant)		
Are you a South African Citizen	YES *	NO *
If you are not a South African Citizen supply the following:		
Country of which you are a Citizen		
South African Permanent Residence Permit Number		
Date Permit was Issued		

SECTION E: DETAILS OF PROPERTY TO BE PURCHASED WITH SUBSIDY (To be completed by applicant)			
Name of Seller:			
District:	Municipality		
Township:	Erf*/Stand* or Allotment* Number		
Township Extension:			
Unit Number:			
Description of Dwelling *	Flat (Name of Building)	House (Street Address)	
Type of Tenure*	Ownership	Leasehold	Deed of Grant
	Other: Specify		
Deed of Transfer number:	Installment Sale	Sectional Title	Share Block

SECTION F(i): FUNDING DETAILS IN RESPECT OF PURCHASE OF PROPERTY (To be completed by applicant)			
TOTAL ESTIMATED COSTS/SELLING PRICE			R
a) Amount of Home Loan, if applicable	R		
a) (i) Source of Home Loan, if applicable	Financial Institution*	Non-Traditional lender*	Other: Submit details*
a) (ii) Monthly Repayment on Home Loan	R		
b) Employer's Contribution	R		
c) Own Cash Contribution	R		
d) Own Building Material Contribution	R		
TOTAL	R		
SECTION F(ii) (To be completed by Provincial Housing Department)			
e) Disability Subsidy	R		
f) Geotechnical Assistance	R		
g) Grants Received (Minus)	R		
h) Previous subsidies received (Minus)	R		
Qualifying Subsidy Amount	R		

SECTION G: DETAILS OF CONVEYANCER***		
Name:		
Postal Address:		
Registration fee: R		
Approval Code of PHB		
Telephone Number	Code	
Facsimile Number	Code	

SECTION H: DETAILS OF LENDER FOR CREDIT-LINKED APPLICATION****		
Name:		
Postal Address:		
Approval Code of PHB		
Telephone Number	Code	
Facsimile Number	Code	

SECTION I: DETAILS OF CONTRACTOR/BUILDER***		
Name:		
Postal Address:		
National Home Builders Registration Council's Registration Number:		
Telephone Number	Code	
Facsimile Number	Code	

SECTION J: DETAILS OF SUPPORT ORGANISATION** (To be completed i.r.o. People's Housing Process)		
Name:		
Physical Address of Service:		
Telephone Number	Code	
Facsimile Number	Code	

AFFIDAVIT BY APPLICANT & SPOUSE/PARTNER *

APPLICANT

I, the undersigned applicant, do hereby solemnly / under oath* declare:

1. That all the information contained on this application form is true and correct and that all material facts have been disclosed therein.
2. That neither I nor my 'Spouse' (as defined in Section A of this form)
 - now owns or has ever previously owned any residential property in full ownership, leasehold or deed of grant;
 - has never purchased a State-subsidised residential property of which transfer has not yet been taken;
 - has previously received financial assistance from the Government of the Republic of South Africa or Independent Development Trust or the former Self Governing Territories or TBVC States or any other State financed subsidies in order to acquire a residential property; and
 - that my estate has not, at the date of this application, been sequestrated or made insolvent.
3. That the information supplied with regard to dependants, is correct.
4. That all details given in this application form with regard to myself, my income and employment status are true and correct.

I, further acknowledge:

5. That should the property which I am to acquire not have been transferred to me within three months after the date on which the Provincial Housing Board has made the subsidy amount available to me, or the Support Organisation fails to comply with any of its obligations in terms of the Agreement, the Housing Board shall, at its discretion, be entitled to withdraw the subsidy.
6. That I am aware that if any information supplied by me in this application is incorrect or fraudulent, the Provincial Housing Board may take appropriate legal action against me and may also institute a criminal prosecution.

.....
SIGNATURE OF APPLICANT

SPOUSE/PARTNER*

I, the undersigned spouse/partner* solemnly/under oath declare that:

1. I am married to the applicant.* / I habitually cohabit with the applicant as if we are husband and wife.*
2. All details given in this application form including details of myself, my income and employment status are true and correct.
3. I am aware that I could be prosecuted if any of the details given in this application form are incorrect or fraudulent.

.....
SIGNATURE SPOUSE/PARTNER*

COMMISSIONER OF OATH

I CERTIFY that the Deponent's have/has acknowledged that he/she/they* know and understand the contents of their affidavit's, which was/were signed and sworn to/affirmed* before me at
on this day of of the year

OFFICIAL DATED STAMP

Full names and Surname:

.....

Identity Number

Capacity:

Postal Address:

Area:

.....
SIGNATURE OF COMMISSIONER
OF OATH