



MOHOKARE  
LOCAL MUNICIPALITY



INITIALS & SURNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ELECTRICITY SERVICE PROVIDER: \_\_\_\_\_

PRE-PAID METER NUMBER: \_\_\_\_\_

TEL/CELL NUMBER: \_\_\_\_\_

#### APPLICATION FOR HOUSEHOLD INDIGENT SUBSIDY

In an effort to assist the needy population of Mohokare Local Municipality in the payment of municipal services, the municipality has agreed to a subsidy scheme whereby household(s) earning less than twice the old age grant per month would have certain services fully or partially subsidised.

If you fill that you do qualify you must complete the details of all occupants over the age of 18 years old as from the date of this application together with their respective gross monthly income on this form.

#### THE FOLLOWING DOCUMENTS NEED TO ACCOMPANY THE FORM:

- Certified copy of the identity document of the applicant
- Proof of income AND/OR affidavit if unemployed
- Copy of municipal account
- Death certificate(s) in case the owner(s) of the property is/are deceased
- Certified document(s) not to be older than three (3) months during the application date



MOHOKARE  
LOCAL MUNICIPALITY

P. O. Box 20, Zastraal, 9950

Tel: 051 673 9600

Fax: 051 673 1550

E-mail: info@mohokare.gov.za

www.mohokare.gov.za

#### DECLARATION BY APPLICANT

I, the undersigned, who resides at the address indicated above, hereby apply for a household indigent subsidy determined in relation to the Municipal Indigent Policy, and solemnly declare that -

1. All particulars furnished in this form, including the gross monthly income of myself and all occupants of the premises are to the best of my knowledge and belief true and correct.
2. If the particulars furnished in this form should change for any reason, I will immediately notify council.
3. I agree that council officials may conduct an on-site audit to verify the information supplied on this declaration.
4. I am aware that any false declaration on this form is punishable by law and will result in the disqualification of the subsidy.
5. I agree that the supply of water to my premises may be restricted by a flow washer AND/OR any other method council may deem fit.
6. I agree that a pre-paid water meter AND/OR pre-paid electricity meter may be installed on my premises, and

I do hereby ACKNOWLEDGE that the debts in respect of the arrears (together with interest accrued) on the account number indicated above remains payable by me unless council resolves otherwise.

\_\_\_\_\_  
SIGNATURE/THUMBPRINT OF APPLICANT

\_\_\_\_\_  
DATE

#### FOR OFFICE USE ONLY

Council Attesting Official

Consequences of the above declaration made by the applicant were explained to him/her and he/she indicated that: -

- The contents of the declaration were understood, and
- That if found to be untrue, he/she would automatically be disqualified from receiving any subsidy, and
- That he/she will be liable for the immediate repayment of any subsidy received and may have criminal proceedings instituted against him/her as council deem fit.

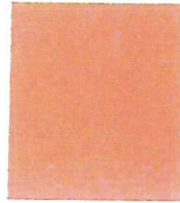
INITIALS & SURNAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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[www.mohokare.gov.za](http://www.mohokare.gov.za)

EVALUATION/ANALYSIS AND/OR COMMENTS BY WARD COUNCILLOR


\_\_\_\_\_  
SIGNATURE OF WARD COUNCILLOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPROVAL BY MUNICIPAL/UNIT MANAGER

\_\_\_\_\_  
DATE



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EMPLOYMENT INFORMATION OF OTHER HOUSEHOLD MEMBERS OVE THE AGE OF 18 YEARS

	Occupant 1	Occupant 2	Occupant 3	Occupant 4
Surname				
Initials				
Relationship				
ID No.				
Name/Address & Tel/Cell No. of Employer				
Salary per w/m				
Permanent				
Seasonal				
Unemployed				

## ADDENDUM

### CONSENT TO THE SOUTH AFRICAN REVENUE SERVICE (SARS) IN TERMS OF SECTION 69(6) (b) OF THE TAX ADMINISTRATION ACT NO 28 OF 2011 (TAA).

I/we\*, the undersigned Applicant(s), hereby give consent to SARS to disclose my/our information to the Municipality [*name of municipality*] and the National Department of Cooperative Governance (COGTA) for purposes of verifying the details of my/our income levels that I/we\* have disclosed to the Municipality in support of my/our\* application for a municipal indigent grant.

#### Particulars of Indigent Applicant

Municipality Name	
Name and surname (including maiden name, if applicable)	
Identity number	
Date of birth	
Taxpayer reference number	
Marital status	
Spouse's name and surname	
Spouse's identity number	
Spouse's date of birth	
Spouse's taxpayer reference number	
Residential address/ stand number / erf number	

Particulars of other household member(s) earning an income\*\*

Name and surname	
Identity number	
Date of birth	
Taxpayer reference number	

Name and surname	
Identity number	
Date of birth	
Taxpayer reference number	

Signed by: \_\_\_\_\_ [Applicant's name] on this  
\_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
[Applicant's signature]

Applicant's household member's name: \_\_\_\_\_

Signature: \_\_\_\_\_ [Applicant's household member's signature]

Date: \_\_\_\_\_

\* Delete whichever is not applicable

\*\* Insert details of additional household members on separate sheet

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[Insert section entitled "For official purposes only"]