



# UMDONI MUNICIPALITY

The J.E.W.E.L of the South Coast

Postal Address:

PO Box 19  
Scottburgh  
4180

Physical Address:

Cnr Bram Fischer & Williamson Street  
Scottburgh  
4180

Tel : 039 - 976 1202

Fax: 039 - 976 2194

## APPLICATION FOR PENSION/INDIGENT SUPPORT 2018/2019

**QUALIFYING CRITERIA:** In order to qualify for a reduction of R295 000 on market value (residential properties only), an indigent person, a pensioner, or a disabled person must be the sole owner of the property or own the property jointly with his or her spouse; be living permanently on the property; not own any other property; and have a combined household gross income not exceeding R6 000 per month for pensioners and not exceeding two welfare (SASSA grants) pensions for indigents. Indigents will also receive a refuse rebate. Late applications will be processed on a pro-rata basis. **Indigent applicants also need to complete a Free Basic Electricity form.**

1. Indigent means a household with a monthly income equal to two welfare pensions. Applicants shall need to re-apply for the assistance every two and a half years (2½ years) or part thereof.
2. Pensioner means a person who receives a social pension; OR a person over the age of 60 years; OR a person who has retired prematurely from employment due to medical reasons. Applicant must apply every year to qualify.

RATES ACCOUNT NUMBER

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### ERF DETAILS

ERF NUMBER: \_\_\_\_\_

PORTION: \_\_\_\_\_

SECTION: \_\_\_\_\_

SUBURB/AREA: \_\_\_\_\_

SECTIONAL TITLE/COMPLEX NAME: SS

STREET NAME AND NUMBER: \_\_\_\_\_

### APPLICANT DETAILS

TITLE: \_\_\_\_\_ INITIALS: \_\_\_\_\_ DATE OF BIRTH (DD/MM/YYYY): \_\_\_\_\_

FULL NAME OF APPLICANT: \_\_\_\_\_

ID NUMBER:

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

\_\_\_\_\_ CODE: \_\_\_\_\_

CELL NO \_\_\_\_\_ HOME NO: \_\_\_\_\_ OTHER(specify): \_\_\_\_\_

E-MAIL (print clearly): \_\_\_\_\_

PHYSICAL ADDRESS FOR LEGAL PROCESS (Domicilium Citandi Et Executandi) (Compulsory):

\_\_\_\_\_ CODE: \_\_\_\_\_

EMPLOYER/SOURCE OF INCOME (E.g: SASSA grant / Pension)	GROSS INCOME
	R
	R
	R
<b>TOTAL</b>	R

### 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 wilfully provides false information with the intention to benefit unlawfully from the rebates awarded.

\_\_\_\_\_  
SIGNATURE / THUMB PRINT

\_\_\_\_\_  
COMMISSIONER OF OATHS STAMP:

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

### QUALIFYING CRITERIA:

1. The applicant must be the registered owner of the property. This includes co-owners who are married to each other or property owned solely by either spouse;
2. the applicant must reside permanently on the property;
3. not own any other property; and
4. have a combined household gross income not exceeding R6 000 per month for pensioners and not exceeding two welfare pensions (SASSA grants) for indigents

### DOCUMENTS REQUIRED:

1. The owner(s) must produce a **CERTIFIED** copy of his/her South African Identity Document(s)
2. Proof of household income: **3 month bank statement**/pay slip or IT3a/IRP certificate/copy of SASSA card
3. Affidavit for those that do not have a bank account, or amounts which do not appear on bank statements and for those that do not have a pay slip
4. If the application is based on disability, a medical certificate is required.
5. The application must be certified by a commissioner of oaths

### FOR OFFICE USE ONLY

Date received: \_\_\_\_\_ Name/signature of receiving official: \_\_\_\_\_

ACCEPTED? ☐

PENSION REBATE? ☐

REJECTED? ☐

OR  
INDIGENT REBATE ☐

Tick Applicable Box

COMMENTS: \_\_\_\_\_

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

**CLOSING DATE FOR APPLICATIONS 06 JULY 2018**



**UMDONI MUNICIPALITY**  
**APPLICATION FOR FREE BASIC ELECTRICITY**  
**PO BOX 19, SCOTTBURGH, 4180**  
**Tel: 039 976 1202**

- \* Electricity users of 20 amps are exempted from applying; all other users are required to complete an application form.
- \* Applicants shall need to re-apply for the assistance every two and a half years (2½ years) or part thereof.
- \* Assistance will not be granted in circumstances where persons own more than one property and who will therefore not be classified as indigent.
- \* Any false declarations will be dealt with as fraud.

**1.** I, \_\_\_\_\_ (full name)  
IDENTITY NO: \_\_\_\_\_  
POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE NO: \_\_\_\_\_ CELL NO: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

being a resident of Umdoni Municipality hereby apply for financial assistance with regards to my municipal accounts, in terms of Council's Indigent Policy, as per the Council's resolution as amended from time to time.

ESKOM ACCOUNT NO: \_\_\_\_\_  
METER/COUPON NO: \_\_\_\_\_ TYPE OF METER: \_\_\_\_\_  
UMDONI ACCOUNT NO: \_\_\_\_\_  
SUBURB (eg: Scottburgh; Malengeni): \_\_\_\_\_  
ERF/LOT NO: \_\_\_\_\_ PORTION: \_\_\_\_\_  
SECTIONAL SCHEME NAME (if applicable): SS \_\_\_\_\_ SECTION: \_\_\_\_\_

**2.** I certify that the gross monthly household income for the property is not more than 2 (two) State Pensions per month (R2 440) as detailed below and attach relevant proof thereof.

EMPLOYER/SOURCE OF INCOME	GROSS INCOME
	R
	R
	R
	R
<b>TOTAL HOUSEHOLD INCOME:</b>	R

- 3.** I agree to abide by the rules and regulations of the policy and accept that the amount of the financial assistance is not guaranteed.
- 4.** I undertake monthly to pay the difference between my monthly account and the financial assistance granted as per this application, failing which I understand that services will be discontinued without further notice until such time as full payment of arrears and other relevant charges has been made, and the financial assistance will be withdrawn with immediate effect.

- 5.** The approval of this application vests with the Umdoni Municipality and if approved, shall be valid for a period of two and a half ( $2\frac{1}{2}$ ) years from the month of approval, where after a fresh application and documentation will have to be resubmitted. Failure to submit a fresh application within the specified period will result in the financial assistance being withdrawn automatically after 12 months.
- 6.** Should the circumstances of the household change within one (1) year, then the applicant must notify this office of these changes within 21 days thereof.
- 7.** I hereby certify that all information given in respect of this application is true and correct and that should it be found that false or misleading information has been submitted, it will automatically disqualify the household from further participation in the assistance scheme and I will be liable to immediately repay all the subsidies received in this regard. I also understand that the Council has the right to institute criminal proceedings against me for the provision of false information. Any costs incurred in recovering financial assistance obtained unlawfully will be for my account.

I understand the contents of the application and confirm that it has been explained to me in full.

SIGNED AT \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

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

**SIGNED BEFORE: COMMISSIONER OF OATHS**

### **PLEASE ATTACH DOCUMENTS OF PROOF**

#### **DOCUMENTATION REQUIRED:**

- 1.** Certified copies of identity documents for all members of the household or birth certificates for members below the age of 18 years;
- 2.** In the case where the owner is deceased, the household beneficiary must provide proof of legitimacy to the benefits of the scheme: Certified copy of Death Certificate/Marriage certificate/Sworn affidavit;
- 3.** Proof of income in the form of at least one OR a combination of the following documents for each member of the household:
  - a. A letter from an employer / three (3) month bank statement;
  - b. A pension card;
  - c. A stamped UIF card;
  - d. A sworn affidavit in the case of unemployment
- 4.** An original ESKOM statement/used coupon or pre-paid receipt not older than three (3) months (certified copies to be used in the case where original documents are not provided).



## Umdoni Municipality

**NB:** This registration must be completed by the legal occupier of the dwelling, and must be an existing Eskom customer who has a legal Eskom electricity supply. The identity number and document must belong to the applicant.

**ATTACH USED TOKEN  
HERE  
or  
ELECTRICITY STATEMENT**

### Customer Details:

1. Title: ..... 2. Initials: .....

3. Surname: .....

4. First Name: .....

5. Identity Number:

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6. Ward No. ....

7. Area: .....

8. Pole number: ..... Acc. No. ....

10 Meter number:

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10. Vending station where FBE token will be collected: .....

11. Street Address: .....

Postal Code: .....

12. Tel. No: H ( ) ..... W ( ) ..... Cell: .....

**Terms and conditions:** This registration is only valid subject the approval and availability of funds as provided by the Umdoni Municipality. Eskom may upon request from the Umdoni Municipality or on the event of the Umdoni Municipality defaulting on the payment of the provision of the EBSST service, terminate the provision of the FBE as per registration. The amount of kWh provided as FBE will be subject to the amount determined by HCM and this amount will be revised from time to time. Eskom may terminate this registration should the installation or meter be found to be tampered with in any way. Eskom may recalibrate the meter supply size should this be part of the agreed principles between Eskom and HCM. In the Event that the meter should be recalibrated upon the termination of this registration, the customer will be liable for the cost thereof. Save as provided herein, the parties' reciprocal rights and obligations in terms of the main agreement referred to above remain unaffected.

Signature: .....

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

### For office use

Existing Tariff: .....

New Tariff: .....

Project Code:

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Meter change out required (If proprietary)

YES NO

Trf / Pole number: .....

Feeder Name: .....

Date updated on CDX:

YES

NO

By whom: .....

Signature: .....

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

