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Application form for:

Pensioners Rebate	
Disability Grant Rebate	
Medically Boarded Rebate	

Please mark with an **X** the type of rebate being applied for.
An applicant will qualify for only one of the above rebates.
To be submitted by no later than 30 June of each year

Details

Full Name of Applicant : _____
(Registered Owner)

Identity Number : _____

Rate Number : _____

Electricity Account No : _____

Water Account No : _____

Erf Description : _____
(Primary Property)

Physical Address : _____
(Primary Property)

Postal Address : _____

Cellular Phone Number : _____

Home Telephone Number: _____

Email Address : _____

Domicilium citandi et executandi (service address for legal process)
: _____

Declaration

I, the undersigned, _____, do hereby declare that the above property is my primary property on which I reside permanently, and all the information supplied is to the best of my knowledge, true and correct.

Date : _____ Signature: _____

For Office Use Only

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

Signature of Receiving Official : _____

Details of Other Title holders in the Primary Property

Name	Identity Number	Contact Number

(Attach separate list if space is insufficient)

Details of Applicants ownership in properties other than Primary Property

Erf description	Rate No	Tenant's Name	Water Acc No	Electricity Acc No

(Attach separate list if space is insufficient)

Documents to accompany this application.

Type of Rebate	Certified copy of ID	Letter from Dept of Social Welfare OR District Surgeon
Pensioners	X	
Disability	X	X
Medical Boarding	X	X

Qualifying Criteria

Pensioners

1. Must be sixty years or older.
2. **Must produce certified copy of bar-coded ID with application for rebate.**
3. Must be registered Owner of Primary property.
4. The applicant must reside permanently on property.
5. **Must produce a certified copy of Sassa card or letter from Sassa confirming receipt of grant.**
6. **For those receiving retirement pension other than the Sassa grant, must produce a letter confirming receipt of pension.**
7. Application to be submitted by 30 June preceding the start of the new financial year for which relief is sought.

Disability Grantees / Medically Boarded Persons

1. The value of the primary property must not exceed a value as determined by a Council resolution at its annual budget
2. Must produce certified copy of bar-coded ID.
3. Must be registered Owner of Primary property.
4. The applicant must reside permanently on the primary property.
5. Applicant must be in possession of a letter issued by the Department of Social Welfare confirming receipt of a disability grant **OR** provide confirmation of medical disability and inability to work from the District Surgeon.

Notes

1. The information provided on this application will be updated as your contact details.
2. All accounts will be consolidated in terms of Councils Policy
3. Completed forms must be submitted to the Chief Financial Officer of this Municipality.
4. The Municipality reserves the right to prosecute anyone who willfully provides false information with the intention to benefit unlawfully from the rebates awarded. If Rebates are granted on false information provided by the Applicant, then the Municipality shall reverse all rebates immediately, which shall become due, owing and payable with interest.
5. The rebate granted will be determined by a Council resolution at the adoption of its annual budget.