

INDIGENT APPLICATION FORM

Appendix A

Instructions:

1. Please ensure that this form is completed as accurately as possible.
2. Please ensure that you receive a receipt as proof of application.
3. Applications with missing information and or without all the relevant documentation will not be accepted.

IMPORTANT NOTES:

1. Submission of complete application form does not necessarily ensure approval of registration as an indigent person.
2. Payment for services provided by Council is still the responsibility of the account holder.
3. The combined gross monthly household income of all occupants residing in the property must not exceed R 3 780.00, in order to qualify.
4. Once the application has been approved a pre-paid meter will be installed.



SECTION 1: PERSONAL DETAILS OF THE OWNER

(Person who's name appears on the account for municipal services)

Account Number		Ward		ID Number		Age		
Applicant's Surname						Male	Female	
Full Name(s)								
Level of Education								
Residential Address							Postal Code	
Postal Address							Postal Code	
Contact Telephone Numbers	Home			Work				
	Cell No.			Other Contact No.:				
						Postal Code		

SECTION 1.1: PERSONAL DETAILS OF TENANT

OWNER

TENANT (MUNICIPAL PROPERTY)

OCCUPIER

ORHANS / CHILDHEADED

Account Number		Ward		ID Number		Age		
Applicant's Surname						Male	Female	
Full Name(s)								
Level of Education								
Residential Address							Postal Code	
Postal Address							Postal Code	
Contact Telephone Numbers	Home			Work				
	Cell No.			Other Contact No.:				
						Postal Code		

MARITAL STATUS: Please indicate your current marital status by marking the appropriate block

Married		Cohabitation		Divorced	
ANC		ICP		Com Law	
Separated		Widow(er)		Single	
Is the Applicant the:	Tenant		Owner		If Resident, provide owners contact information
Reason why owner is not applicant					
Owner's Name & Surname					
Owner's ID Number				Phone/Cell no.	
Owner's Address					Postal Code:
Is the Applicant the Account holder?	Tenant		Owner		If NO, provide the account holder's contact information
Account holder's Name & Surname					
Account holder's ID Number				Phone/Cell no.	
Do you own any other property?				Yes	No
If Yes, please provide address					Postal Code:

SKILLS AUDIT

Corporate/ Administrative		Technical	
General		Agricultural	
Specialised		None	

SECTION 2: SOCIO-DEMOGRAPHIC PROFILE OF HOUSEHOLD

Type of Household:	Child Headed	Youth Headed	Single-Parent Headed	Pensioner Headed	Unemployed
Type of Household:	Employed	Self Employed	Part-time Employed/ Piece job	Disabled Parent Headed	Both Parents

How many people are in your household (HOUSEHOLD is the number of people residing at the address)
Please record the following information for each person in your household.

Name & Surname					
What is his/her relationship to you?					
Gender:			Male		Female
ID Number:		Highest Qualification:			
Has he/she got any other training?					
What is his/her employment status? (E.g. Permanently/ Piece job/ Self-employed/ Scholar/ Student/ Pensioner/ Disabled/ Unemployed)					
Name of Employer? (Please specify company and if self-employed, the place)					
How much he/she earn per week/month? (Please indicate M = Monthly, W = Weekly)		Weekly	R _____	Monthly	R _____
Other skills					

Name & Surname					
What is his/her relationship to you?					
Gender:			Male		Female
ID Number:		Highest Qualification:			
Has he/she got any other training?					
What is his/her employment status? (E.g. Permanently/ Piece job/ Self-employed/ Scholar/ Student/ Pensioner/ Disabled/ Unemployed)					
Name of Employer? (Please specify company and if self-employed, the place)					

How much he/she earn per week/month? (Please indicate M = Monthly, W = Weekly)		Weekly	R_____	Monthly	R_____
Other skills					
Name & Surname					
What is his/her relationship to you?					
Gender:			Male		Female
ID Number:		Highest Qualification:			
Has he/she got any other training?					
What is his/her employment status? (E.g. Permanently/ Piece job/ Self-employed/ Scholar/ Student/ Pensioner/ Disabled/ Unemployed)					
Name of Employer? (Please specify company and if self-employed, the place)					
How much he/she earn per week/month? (Please indicate M = Monthly, W = Weekly)		Weekly	R_____	Monthly	R_____
Other skills					
Name & Surname					
What is his/her relationship to you?					
Gender:			Male		Female
ID Number:		Highest Qualification:			
Has he/she got any other training?					
What is his/her employment status? (E.g. Permanently/ Piece job/ Self-employed/ Scholar/ Student/ Pensioner/ Disabled/ Unemployed)					
Name of Employer? (Please specify company and if self-employed, the place)					
How much he/she earn per week/month? (Please indicate M = Monthly, W = Weekly)		Weekly	R_____	Monthly	R_____
Other skills					

SECTION 3: INCOME

Total Household Income (Actual figure)		R_____
Source of Income? – Answer Type: Option (Select only one possible answer)		
Type of Income	No. of people per household receiving this type of income	Total
Full time Employed		
Part-time Employed/ Piece job		
Self Employed		
Government Grant (Child, Foster and Old Age grants)		
Maintenance Grant		
Tenants/ Rental		
Other (Any income other than Government grants e.g. RAF and Private funds)		

SECTION 4: SERVICES AND SUPPORT TO HOUSEHOLD

Municipal Services and support received at the Household: - Answer Type: Check Box (Select one or more possible answers)		
Bursary	Yes	No
Indigent Burial	Yes	No
Services Subsidy	Yes	No
Refuse Removal	Yes	No
Sewage	Yes	No
Water	Yes	No
Electricity – ESKOM	Yes	No
Electricity – Municipality	Yes	No
Pre-Paid meter – Electricity	Yes	No

I, _____ (please print name) the undersigned, hereby declare that the information provided above is to the best of my knowledge true and correct and further acknowledge that:

1. The Municipal Manager will grant authority that an electricity prepayment meter may be installed in those properties where the registered owners qualify and are registered for indigent relief so that the debtor cannot consume beyond such debtor's means.
2. Assessments of indigent applicant's include lifestyle audit and ownership of luxurious items.
3. In terms of the Indigent Management Policy, an application will be processed if supported by the following:
 - a. Copy of Municipal account
 - b. Copy of ID
 - c. Confirmation of Pension status – if applicable
 - d. Copy of Proof of Income
 - e. Affidavit
 - f. Copy of Death Certificate, if owner is deceased
 - g. Letter of Authority for Beneficiary
4. I acknowledge that I have received a confirmation of application letter stating my application reference number.
5. I am aware that any false declaration will lead to my immediate disqualification from the programme and may lead to criminal/ civil charges being laid against me, as contained in the Indigent Management Policy of Lesedi Local Municipality.
6. I hereby give consent that all ID details that have been provided will be verified on national databases and bureaus for Indigent reference checks.
7. I adhere to all stipulations outlined in the Lesedi Local Municipalities Indigent Management Policy.

Signed at _____ on this _____ day of _____ 20____.

Signature of Applicant _____ Date _____

Included Mandatory Documents									
Copy of Identity Document	Yes		No		Proof of Income/ Attestation	Yes		No	
Municipal Account	Yes		No		Letter of Authority	Yes		No	
Letter of Executorship	Yes		No		Will	Yes		No	
Other:	Yes		No						
Comments by Indigent Administrator:									

Signature of Official

Date