

LESEDI LOCAL MUNICIPALITY



Appendix E

INDIGENT SITE INSPECTION FORM

PART A: APPLICANT / ACCOUNT HOLDER / OWNER INFORMATION													
Municipal Account No.		Stand No.		Ward No.									
Physical Address													
								Postal Code					
Applicant's Surname								Male		Female			
Applicant's Name													
Applicant's ID Number					Age			Phone/Cell no.					
Is the Applicant the?	Occupier/Tenant				Owner				If not the owner, provide owners contact information				
Owner's Name & Surname													
Owner's ID Number								Phone/Cell no.					
Owner's Address													
								Postal Code					
PART B: MUNICIPALITY SERVICES													
Electricity Supply								Yes		No			
Electricity Supplier: Local Municipality													
Meter Type:	Conventional		Meter number:				Meter reading:						
	Pre-prepaid		Meter number:				Meter reading:						
	Meter type												
Electricity Supplier: Eskom Account number													
Meter Type:	Conventional		Meter number:				Meter Reading						
	Pre-prepaid		Meter number:				Meter Reading						
	Meter type												
Water Supply:								Yes		No			
Water:	House connection		Conventional				Meter number:						
	Yard connection		Meter Reading:										
	Communal												
Toilet Facility:								Yes		No			
Toilet:	Water Bourne (Flush)						Pit latrine						
	Septic Tank						Bucket						

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PART C: FINANCIAL OVERVIEW										
Employed		Unemployed		Pension		Child Headed				
Household Income in (R)				Proof provided:	Yes		No			
Personal particulars of all occupants over 18 years living on the property										
	ID number (Attach a copy)	Surname and Initials	Employed		Gross monthly income	Source of income				
1			YES	NO						
2			YES	NO						
3			YES	NO						
4			YES	NO						
5			YES	NO						
6			YES	NO						
Is there any business activity on these premises e.g. Spaza shop, Tavern?							Yes		No	
If Yes, Describe:										
Are there rental units / tenants on the property?							Yes		No	
If Yes, Describe: (Total monthly rental received)										

PART D: DECLARATION BY APPLICANT
<p>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:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 1. Copy of Municipal account 2. Copy of ID 3. Confirmation of Pension status – if applicable 4. Copy of Proof of Income 5. Affidavit 6. Copy of Death Certificate, if owner is deceased 7. 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. 8. Applications with missing information and or without all the relevant documentation will not be accepted.

Verification Officer Remarks & Recommendation:			
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Applicant Name: _____	Signature: _____	Date: _____	Time: _____
Inspected by: _____	Signature: _____	Date: _____	Time: _____