



BA-PHALABORWA MUNICIPALITY

INDIGENT SUPPORT APPLICATION FORM

APPLICATIONS MUST BE ACCOMPANIED BY:

- Certified Copy of ID (Registered Owner)
- Copy of Payslip
- Bank Statement (where applicable)
- Affidavit (where applicable)
- Water & light Account (Where applicable)
- Eskom Token Plus Pole Number

Section A: Account Information

Account No.	Residential Area/Suburb Name:
Meter (water):	Pole Number:
Meter (electricity)	Ward Number:

Section B: Applicant Information

Surname:	Names in Full:		
ID Number:			
Date of Birth:			
Pension Number:			
Residential Address/ Stand No.	Postal Address:		
Home Telephone:			
Work Telephone:			
Cellular phone:	Marital Status (Mark with an X):		
	Married	Unmarried	Divorced

Section C: Employment Information

Type of employment:

Name of employer:

Contact Person:

Contact Telephone Number:

Address of employer:

Number of years employed:

Gross monthly salary:

Section D: Household Information

(People living in the house/stand)

Number of income earning individuals in the household: _____

NO.	SURNAME AND INITIALS	EMPLOYMENT STATUS	EMPLOYER	GROSS MONTHLY INCOME
1				
2				
3				
4				
5				
6				
7				
8				

Section E: Additional information to be completed by the Applicant

(Tick the appropriate block and give details where applicable)

NO.	QUESTIONNAIRE	NO	IF YES, GIVE DETAILS
1	Do you own a motor vehicle? If yes, how is it financed?		
2	Do you own a cell phone / Telkom phone?		
3	How many rooms does your house have?		
4	Do you have any additional income from either a business or tenants in your home?		
5	Do you use prepaid or conventional meter?		
6	Do you subscribe to M-Net or DSTV?		
7	Do you have any other property? If yes, provide the addresses		
8	Which schools do your children attend? How is their education funded?		
9	At which shops do you normally do your shopping?		

Section F: Declaration

I, hereby declare that I am the registered owner/lessee of the above mentioned property and fully and truly declare that the information that is furnished above is correct and true. Should any of the information be false or fraudulent, I will accept any legal consequence and repercussions. I confirm that I also understand the terms and conditions included in this document (e.g. Indigent subsidy policy)

Signed at _____ on the ____ day of _____ 20__

Applicant

Witness

For Office use only

Councillor / CDW

Finance

APPLICATION APPROVED

NOT APPROVED

Reasons for disapproval:

1. The applicant does not meet the requirements to be considered as an indigent.
2. The application is incomplete and some of the documents could be missing.
3. Other: _____

Destitute Indigent

Normal Indigent

Date Stamp