



INDIGENT APPLICATION FORM

Instructions:

- 1) This application can only be completed for the person who is responsible for the payment of the Municipal account
- 2) Copies of municipal account, identification documents, and proof of income (where applicable) must be attached to the application form
- 3) Attach any other supporting documents that may be relevant for the application
- 4) The application form must be duly signed by the relevant Ward Councillor or any other delegated Councillor
- 5) Please ensure that this form is completed accurately as possible.
- 6) Please ensure that you receive a receipt as proof of application.
- 7) Applications with missing information and/or without all the relevant documentation will not be accepted.
- 8) The Indigent status is only valid for a period of 24 Months

NOTE:

Submission of complete application form does not necessarily ensure approval of registration as an Indigent person. Payment for services provided by Council is still the responsibility of the account holder.

SECTION 1: ACCOUNT INFORMATION

Account Number	Stand Number	Ward number
Electricity Meter Number	Water Meter Number	

SECTION 2: PERSONAL DETAILS OF APPLICANT

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

ID Number	Age	Gender:	Male	Female
Surname				
Full Name(s)				
Residential Address	Postal Address			
	Postal Code			
CONTACT TELEPHONE NUMBERS				
Home		Work		
Cell number		Alternative contact number		
MARITAL STATUS: Please indicate your current marital status by marking the appropriate block				
Married	Separated	Divorced	Widow	Single
Husband			Wife	Cohabiter
ID Number			ID Number	
Pension number (Where applicable)				
Highest Level of Education				
Is the Applicant the	Owner	Resident (If Resident, provide owner's contact information)		
Reason why owner is not the applicant				
Owner's Name & Surname				
Owner's ID Number		Phone/Cell Number		
Owner's Address				

Is the Applicant the Account Holder?		Yes	No (If No, provide the account holder's contact information)
Account Holder's Name & Surname			
Account Holder's ID Number		Phone/Cell Number	
Account Holder's Address			
Do you own any other property?			
If Yes, please provide address			

SECTION 3: SOCIO-DEMOGRAPHIC PROFILE OF HOUSEHOLD

Type of Household					
Pensioner	Disabled	Unemployed	Employed	Child-headed	

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 with you?	Gender (M = Male) (F = Female)	Date of Birth	Highest Qualification	Has he/she completed any other training	His/her current employment status? E.g. Permanent/piece job/Self-employed/Scholar/Student/Pensioner/Disabled/Unemployed	Name of Employer? (Please specify company & if self-employed - details)	How much does he/she earn? (Please indicate M=monthly W= weekly)
								R
								R
								R
								R
								R
								R
								R
								R

SECTION 4: INCOME

Total No. of Dependents in the household:		Type of Household				
Details of Gross Monthly Income per Household		Husband	Wife	Children living with parents	Other	TOTAL
a) Salary / Wages	Employer	R	R	R	R	R
b) Pension :	Disability	R	R	R	R	R
	Old Age	R	R	R	R	R
c) Boarding / Rental		R	R	R	R	R
d) Child support		R	R	R	R	R
e) Informal / Casual work		R	R	R	R	R
f) Other		R	R	R	R	R

Total Gross Monthly Income	R	R	R	R
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SECTION 5: SERVICES AND SUPPORT TO HOUSEHOLD

Question	Answer
5.1 Does the household receive material support from an external source? (Select only one possible answer)	
	Yes
	No
	N/A
If YES, please indicate the type of material relief that is being received: (Service Provider/Type of material relief/Frequency) - Answer Type: Text Box (Enter a text Value)	
5.2 Does the household receive any material support from a government source? - Answer Type: Option (Select only one possible answer)	
	Yes
	No
	N/A
If YES, please indicate the type of material relief that is being received: (Type of support/Period/Frequency) - Answer Type: Text Box (Enter a text Value)	
5.3 Municipal Services received at the household: - Answer Type: Check Box (Select one or more possible answers)	
Bursary	
Indigent Burial	
Services Subsidy	
Refuse Removal	
Sewage	
Pre-Paid meter - Water	
Water	
Electricity - ESKOM	
Electricity – Municipality	
Pre-paid Meter - Electricity	

SECTION 6: SKILLS AUDIT

Name & Surname	Highest School Qualification	Other Training/Skills	Training Needs

DECLARATION

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. This application for Indigent Registration is subject to Council approval or whoever is authorized to do so.
2. I acknowledge outstanding amounts owing to the Council on account number _____ and accept that it remains an obligation from my side.
3. I must pay all future service consumption rendered by the Council to me and if I fail to pay, the normal credit control policy measures will be applicable to me.
4. This information is public and Public Sector includes the Provincial and National Government as well as the Credit Bureau.
5. I acknowledge that the Council will install a water restriction device and/or electricity prepaid meter if approved as Indigent.
6. 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
7. I acknowledge that I have received a confirmation of application letter stating my application reference number.
8. I am aware that any false declaration will lead to my immediate disqualification from the system.

Signed at _____ on this _____ day of _____ 20_____

Signature of Applicant

Date

Name of Ward Councillor

Signature of Ward Councillor

Date

Documentation

Copy of Identity Document

Proof of Income/Affidavit

Municipal Account

Yes	No
Yes	No
Yes	No

FOR OFFICE USE ONLY

APPROVED		DECLINED	
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COMMENTS: EVALUATION/VERIFICATION BY SCREENING COMMITTEE

NAME OF SCREENING COMMITTEE MEMBER

SIGNATURE OF SCREENING COMMITTEE MEMBER

DATE

DATE

SIGNATURE OF CHAIRPERSON

SIGNATURE OF DEPARTMENTAL HEAD

DATE

DATE