

ANNEXURE D

INDIVIDUAL REGISTRATION NUMBER		INDIVIDUAL PHDB RESOLUTION NUMBER	
APPLICATION FOR A GRANT TO AGED OR DISABLED PERSON IN RESPECT OF PROPERTY IN POSSESSION OR A NON PERFORMING LOAN			
PROPERTY IN POSSESSION*		NON-PERFORMING LOAN*	
AGED*		DISABLED*	
APPLICATION FOR GRANT AND ADMINISTRATION OF PAYMENT THEREOF ATTENDED BY:*			
SERVCON*		SOUTH AFRICAN HOUSING TRUST*	OTHER (Specify)*
THE APPLICATION IS HEREBY RETURNED AS THE FOLLOWING ADDITIONAL INFORMATION IS REQUIRED:			
1.			
2.			
3.			
IN CASE OF INCOMPLETE INFORMATION - CONTACT (To be completed by Applicant)			
NAME :			
POSTAL ADDRESS :			
TELEPHONE NUMBER :			

In the application form PHDB means Provincial Housing Development Board.

For office use only

* **Tick (T) whichever is applicable.**

TABLE 1				
THE FOLLOWING DOCUMENTS MUST BE ATTACHED AND WERE FOUND TO BE PRESENT				OFFICIAL USE
				T
Certified copy of Marriage certificate				
Certified copy of R.S.A. Bar Coded Identity Document	Self		Spouse	
Certified copy of Divorce Settlement				
Certified copy of Spouse's Death Certificate				
Certified copy of Proof of Monthly Income				
Certified copy of Permanent Residence Permit (Bar Coded Permit)				

TABLE 2 (For official use only)				
STEP	PROCESS RECORD	DATE	SIGNATURE	
			Official	Supervisor
1	Application Received			
2	Procedural Check			
3	Application Returned for Correction			
4	Application Returned Corrected			
5	Data Capture			
6	Data Verified			
7	Searches Completed a) Internal Affairs b) Deeds Office c) National Housing Data Base			
8	Filed			
9	Date Subsidy Approved by PHDB			
10	Date applicant/conveyancer notified of PHDB acceptance/non-acceptance			

SECTION A: PERSONAL DETAILS (To be completed by all applicants)					
A "Spouse" is defined as a Husband, Wife or Long Term Partner					
Married, living with long term partner or single with dependants					
	Period		Period		Period
Married*		Habitually Co-habiting with long term partner*		Widow/Widower with dependants*	
Divorced with dependants*		Single with dependants*			
	APPLICANT			SPOUSE (or Deceased Partner)	
Surname					
Maiden or Former Name					
Full Names (First Three Only)					
Identity Number					
Gender*	Male*		Female*		
Race*	African*		White*		
	Coloured*		Asian*		
	Other*				
If "other" specify					
Residential Address :					

SECTION B : DETAILS OF DEPENDANTS (Information on only 2 dependants to be supplied by applicant)			
Surname	Initials	Relationship to Applicant	Age
Gender	Male*		Female*
If more than two dependants, provide total number of dependants			

SECTION C : INCOME DETAILS (To be completed by all applicants)		
	Applicant	Spouse
Retirement or disability benefits	R	R
Other remuneration or income received from any source	R	R
TOTAL	R	R

JOINT TOTAL (Applicant/Spouse)	R
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SECTION D : DETAILS OF CITIZENSHIP (To be completed by all applicants)		
Are you a South African Citizen	YES *	NO *
If you are not a South African Citizen supply the following :		
Country of which you are a Citizen		
South African Permanent Residence Permit Number		
Date Permit was Issued		

SECTION E: DETAILS OF PROPERTY (To be completed by applicant)			
Description of Property:			
Town:			
Street address, if available			
Erf (Stand) / Lot / Unit Number*		Township:	
Type of Tenure*:	Ownership	Leasehold	Deed of Grant

SECTION F: FINANCIAL ARRANGEMENTS: (Aged/Disabled Applicants) (To be completed by applicant)	
1. Total amount owed to lender in terms of sale or rescheduling agreement (Adjusted loan balance)	R
2. Monthly instalments on existing loan(Item 1)	R
3. Loan which applicant is able to afford	R
4. Monthly instalment which applicant is able to afford(Item 3)	R
5. Amount for which the applicant qualifies in terms of relocation assistance	R
6. Grant required to make sale or rescheduling agreement affordable to applicant (Item 1 minus Item 3)	R
7. Amount owed to lender after deduction of grant	R

SECTION G: DETAILS OF PREVIOUS HOUSING ASSISTANCE BY THE STATE TO THE APPLICANT OR HIS/HER SPOUSE, IF APPLICABLE (To be completed by applicant)			
NATURE OF HOUSING ASSISTANCE		AWARDED TO	
		APPLICANT	SPOUSE
First Time Home Ownership Interest Subsidy Scheme *		R	R
Housing Subsidy Scheme *		R	R
Other (specify) *		R	R

SECTION H : DETAILS OF LENDER		
Name :		
Postal Address :		
Approval Code of PHDB		
Telephone Number	Code	
Facsimile Number	Code	

AFFIDAVIT BY APPLICANT & SPOUSE / PARTNER*

APPLICANT

I, the undersigned applicant, do hereby solemnly / under oath* declare :

1. That all the information contained in this application form is true and correct and that all material facts have been disclosed therein.
2. That my estate has not, at date of application, been sequestrated or made insolvent.

I further acknowledge that I am aware that if any information supplied by me in this application is incorrect or fraudulent, the Provincial Housing Development Board may take appropriate legal action against me and may also institute a criminal prosecution.

.....
SIGNATURE OF APPLICANT

SPOUSE/PARTNER*

I, the undersigned spouse/partner* solemnly / under oath declare that:

1. I am married to the applicant. / I habitually cohabit with the applicant as if we are husband and wife.*
2. All details given in this application form including details of me and my income and employment status, are true and correct.
3. I am aware that I could be prosecuted if any of the details given in this application form are incorrect or fraudulent.

.....
SIGNATURE SPOUSE/PARTNER*

COMMISSIONER OF OATHS

I CERTIFY that the Deponent/s has/have acknowledged that he/she/they* know and understand the contents of their affidavit's, which was/were signed and sworn to/affirmed* before me at on this day of of the year

OFFICIAL DATED STAMP

Full names and Surname:

.....

Identity Number:

Capacity:

Postal Address:

Area :

.....
SIGNATURE OF COMMISSIONER OF OATHS

Appendix 1

MEDICAL CERTIFICATE IN RESPECT OF DISABLED PERSONS AS REQUIRED IN THE HOUSING SUBSIDY SCHEME OF THE GOVERNMENT OF SOUTH AFRICA (To be completed by district surgeon/medical practitioner and submitted with Housing Subsidy Application Form)							
1. Name of subsidy applicant:							
2. Postal Address:							
3. Identity No							
4. Name of disabled person							
5. Relation of disabled person to applicant, if not applicant:							
Husband*		Wife*		Long term partner*		Child*	
6. Nature of Disability*							
CATEGORY	NATURE	DEGREE					
A	Walking	Walking aids					
B	Walking	Wheel chair - partial usage					
C	Walking	Wheel chair - full time usage					
D	Hearing	Partially/profound deaf					
7. Special Requirement*							
7.1	Access to house - 12 square metres of paving and ramp at doorway - Groups A, B & C						
7.2	Kick plates to doors - Groups A, B & C						
7.3	Grab rails and lever action taps in bathroom - Groups A, B & C						
7.4	Visual door bell indicators - Group D						
8. Particulars of district surgeon/medical practitioner							
8.1	Surname:						
8.2	Full Names:						
8.3	Postal Address:						
8.4	Registration Number with the Medical and Dental Council:						
8.5	Telephone Number: ()						
8.6	Facsimile Number: ()						

I certify that the above details are true and correct.

Signature:

.....
MEDICAL PRACTITIONER/

Date:

* Tick (T) whichever is applicable.