



FINANCE CLUSTER

REVENUE MANAGEMENT UNIT

Ground Floor, Florence Mkhize building,

251 Anton Lembede Street,

PO Box 828,

Durban, 4001

Tel: 031 324 5000

Website: [http://: www.durban.gov.za](http://www.durban.gov.za)

Queries: <http://correspondence.durban.gov.za:200/>

INDIGENT SUPPORT APPLICATION FORM

APPLICATION TYPE (tick):

EMPLOYED		SELF-EMPLOYED	
UNEMPLOYED		CHILD-HEADED HOUSEHOLD	
EMPLOYED BY ORGAN OF STATE		GRANTEE (e.g. Disability, Pensioner etc.)	

SECTION A PERSONAL DETAILS

THIS APPLICATION MUST BE COMPLETED BY THE ACCOUNT HOLDER AND THE SUPPORT IS ONLY VALID FOR 24 MONTHS FROM THE DATE OF APPROVAL

1. SURNAME:

3. FULL NAMES:.....

4. I.D. NUMBER:.....

5. DATE OF BIRTH:

6. RESIDENTIAL ADDRESS:.....

.....

7. TELEPHONE NUMBER: (C)..... (Alternative)

8. EMAIL ADDRESS:.....

9. MARITAL STATUS.....

9. NATIONALITY:.....

10. WARD NUMBER

**SECTION B
HOUSEHOLD COMPOSITION AND FINANCIAL STATUS**

INITIAL & SURNAME (Attach proof of identity such as certified copies of ID and birth certificates)	RELATIONSHIP TO THE APPLICANT	FINANCIAL STATUS (such as employed, pensioner, grantee, student, unemployed etc.)	MONTHLY INCOME
TOTAL INCOME			R

**SECTION C
CUSTOMER ACCOUNT DETAILS**

Rates Account number	
Service Account number (in case of consolidated account)	
Water meter number	
Is water supply connected or disconnected?	
Electricity meter number	
Is electricity supply connected or disconnected?	
Type of account (e.g. residential, business / commercial account)	
Name of Property Owner (if applicant not the owner of property)	

13. Details of Main Switch	Voltage (V)	Current (A)	Fault Rating (kA)	Protection Device
Existing entire site				
Proposed entire site				
Existing for this application				
Proposed for this application				

14. I accept that:

- (a) I am bound to conform with the Legislation and policies in force from time to time relating to Electricity Supply and undertake to pay any fees levied in terms of such Legislation, and
- (b) I authorise eThekwini Electricity to use drilling equipment on the building structure to secure the service connection and equipment referred to in (c) and (d)
- (c) The cost of the connection will allow for a maximum length of 10 metres of cable from the connection point on the building to the electricity dispenser, which must be placed inside the building on an outside wall.
- (d) Indemnify eThekwini Electricity against any damage, structural or otherwise that might be caused whilst installing or maintaining the service cable, service connection, metering and associated equipment on the property described above.

Signature: _____

Date: _____

For office use only:				Assisted by:																	
Accepted by:		S No.:						Area:		NW/ NW CC/ CW/ SS/ SWI MS/ SL											
Ward No.:		Date:		CT Ratio:				VT Ratio.													
Property Key:		Notes:																			
Land Use:																					

**SECTION E
APPLICATION FOR DOMESTIC WATER SUPPLY**

FOR OFFICE USE ONLY

Please tick correct box below

APPLICATION NO.

NEW EXISTING

APPROVED BUILDING/SITE PLAN ATTACHED YES NO

WATER INSURANCE YES NO

MAIN SIZE		TYPE	
MAP NAME			

LOCATION CODE				
FLOW LIMITOR				
SERVICE LEVEL				

CONNECTION TYPE					
DOMESTIC		NON-DOMESTIC		SPRINKLER	

IMPORTANT INFORMATION

1. No person who is not contractor/plumber registered with the Council in terms of section IV/2 shall - do installation work for which approval in terms of section 111/1 (l),
2. No person shall install or use a pipe or water fitting in a water installation within the council's area of jurisdiction unless it is included in the schedule of accepted pipes and water fittings. This schedule is available at the Water services centre.
3. The overflow pipe from the water-closer cistern must discharge to the outside of the building so that the discharge of water from there is readily visible.
4. The installation, maintenance, replacement of fixed water heating to comply with SANS 10254:2004.

APPLICANT'S DECLARATION

I hereby accept the terms and conditions as stated in the Water Bylaws and Water Policy and understanding that I/We are liable for costs of all water consumed until the date of cancellation of this agreement.

.....
SIGNATURE OF APPLICANT

.....
DATE

**SECTION F
APPLICANT DECLARATION**

I.....(FULL NAMES)

The undersigned hereby declare that all information provided in this application for indigent support, is to the best of my knowledge, true correct. I further acknowledge that:

1. I accept that any amounts outstanding amounts owing to the Municipality for Rates any Municipal Services, remains an obligation due to the Municipality.
2. Should my monthly consumption exceeds the approved indigent support received, I am responsible to pay the balance and the debt is collectable as contemplated in the Credit Control and Debt Collection Policy.
3. I accept that the Municipality may terminate the benefit immediately, should it be found that this application contains fraudulent information.
4. I accept that my personal information may be shared with other State organisation such as Provincial and National spheres of government, for statistical and other purposes.
5. I consent to and accept that the Municipality may use a third party, such as Credit Bureau, Department of Labour etc, to conduct vetting to access and confirm my personal information including my financial status.
6. I confirm that I have read and understood the terms and conditions of the Indigent Policy.
7. I declare that the information given is correct and I have declared all information in respect of the status of my spouse and all occupants of my household.

.....
SIGNATURE OF APPLICANT

.....
DATE

FOR OFFICIAL USE ONLY

SECTION G

OFFICIAL USE ONLY

APPLICATION SIGNED

SUPPORTING DOCUMENTS

PROOF OF INCOME

OPERATION SUKUMA SAKHE (OSS) OFFICIAL DECLARATION

I..... (FULL NAMES AND EMPLOYEE NUMBER)

The representative of Operation Sukuma Sakhe, undersigned hereby declare as follows:

1. All information provided in this application for indigent support, was confirmed by myself to be true, to the best of my knowledge.
2. Confirm that I have satisfied myself that the applicant qualifies to be included in the indigent register, after I have conducted all due diligence, included visiting the residence of the applicant.
3. I understand that any false information provided in this application with my knowledge may lead to disqualification of the application and criminal case reported to relevant law enforcement.

SIGNATURE OF OSS OFFICIAL

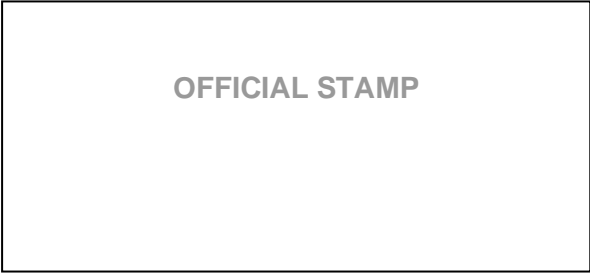
AUTHORISING OFFICIAL

SIGNATURE

SIGNATURE

DATE

DATE



SECTION H

SOCIAL WORKER DECLARATION

NB: Attach Social Status Report / Assessment Report duly stamped and signed by Social Worker

I..... **(FULL NAMES AND PERSAL NUMBER)**

The representative of Operation Sukuma Sakhe, undersigned hereby declare as follows:

1. All information provided in this application for indigent support, was confirmed by myself to be true, to the best of my knowledge.
2. I have conducted an assessment and evaluation on the social status of the Applicant, including but not limited to Applicant's home visit.
3. I satisfied myself that the applicant is indigent and may be included in the Municipal Indigent Register.

- 4. I understand that any false information provided in this application with my knowledge may lead to disqualification of the application and criminal case reported to relevant law enforcement.

NAME OF SOCIAL WORKER

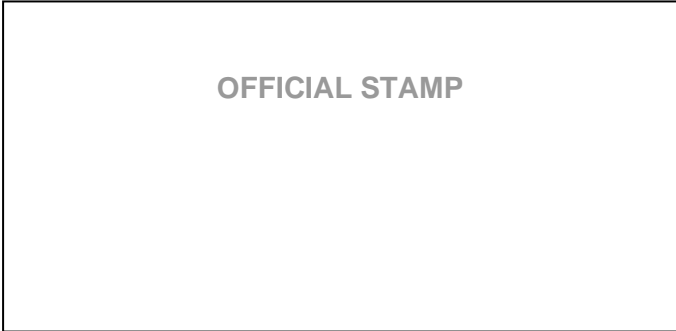
NAME OF WITNESS

SIGNATER OF SOCIAL WORKER

SIGNATURE OF WITNESS

DATE

DATE



**SECTION I
CONDITIONS**

- 1. Incomplete application and applications that have no required documents will not be process.
- 2. Incorrect information supplied to the application will lead to disqualification.
- 3. False, misleading and fraudulent information on the application will lead to disqualification and may be reported to law enforcement for further investigation and prosecution.
- 4. All require signature and official stamps must be endorsed in the application form before submission.

REQUIRED DOCUMENTS

Child-headed households

- ✓ Certified copy of older minor birth certificate where applicable identity document
- ✓ Death certificate of both parents
- ✓ Valid identity document of the appointed legal guardian
- ✓ Report from social welfare officer confirming status child-headed household
- ✓ Medical certificate where one parent is alive but unable to provide support due to a disability.
- ✓ Proof of any disability grants
- ✓ Letter from Ward/PR Councillor confirming applicant's residence and indigent status

Deceased estate

- ✓ Certified copy of Identity document/ smart card of the living spouse
- ✓ Certified copy of marriage certificate
- ✓ Death certificate of spouse
- ✓ Proof of the reporting of deceased estate to the Master of High Court.
- ✓ Report from social welfare officer confirming the indigent status
- ✓ Letter from Ward/PR Councillor confirming applicant's residence and indigent status

Employed

- ✓ Proof of income (such as payslip)
- ✓ Letter from employer
- ✓ Valid current UIF card / confirmation letter
- ✓ Three months bank statements
- ✓ Certified copy of identity document/ smart card
- ✓ Report from social welfare officer confirming indigent status
- ✓ Letter from Ward/PR Councillor confirming applicant's residence and indigent status

Unemployed

- ✓ Letter from department of labour certifying unemployment
- ✓ Certified identify document copy
- ✓ Report from social welfare officer confirming indigent status
- ✓ Letter from Ward/PR Councillor confirming applicant's residence and indigent status

Senior citizen/ life right scheme

- ✓ Certified identity document copy
- ✓ Letter from Ward/PR Councillor supporting applicant's residence and indigent status
- ✓ Proof of income (such SASSA card number or 3 months Bank Statements where possible)

Occupier of the Property, other than the Property Owner

- ✓ Proof of legal occupancy such as lease agreement or an affidavit signed by the Property Owner confirming legal occupancy of the Property)