



INDIGENT SUPPORT APPLICATION

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

PLEASE COMPLETE IN BLOCK LETTERS	
APPLICATION TYPE (tick)	
EMPLOYED <input type="checkbox"/>	UNEMPLOYED <input type="checkbox"/>
SELF-EMPLOYED <input type="checkbox"/>	CHILD-HEADED HOUSEHOLD <input type="checkbox"/>
EMPLOYED BY STATE <input type="checkbox"/>	GRANTEE (e.g. Disability, Pensioner etc.) <input type="checkbox"/>
PARTICULARS OF APPLICANT	
Municipal Account number	
Full names	
ID Number	
Property address	
Postal code	
GPS Co-ordinates	
Contact telephone numbers	
Email address	
Are you registered with E-Services?	(tick) Yes <input type="checkbox"/> No <input type="checkbox"/>
Ward Number	

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

CUSTOMER ACCOUNT DETAILS	
Water meter number	
Is water supply connected or disconnected?	
Electricity meter number	
Is electricity supply connected or disconnected?	
Name of Property Owner (if applicant not the owner of property)	

ELECTRICITY AND WATER SUPPLY			
FOR OFFICE USE ONLY			
Please tick correct box below			
NEW	<input type="checkbox"/>		
EXISTING	<input type="checkbox"/>		
APPROVED BUILDING/SITE PLAN ATTACHED	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		
ELECTRICAL CONNECTION NO.	<input type="text" value="E"/>		
ASSISTED BY _____	ACCEPTED BY _____		
SERVICE NUMBER _____	AREA _____		
PROPERTY KEY _____	NOTES _____		

ELECTRICAL REPRESENTATIVE														
Postal Address										Postal Code				
Land Line							Email							
Cell phone							Registration No.							
Preferred Connection Type			Overhead			Underground			Meter Type			Prepaid 20 Amps		
For changes to existing connection														
Reason for Change		Indigent support					Tariff change			Date supply required		YYYY MM DD		
Existing Meter No.					Existing Connection No.					E				
Type of supply		Unmetered Temporary Period (< 14 days): YYYY MM DD - YYYY MM DD					Requested Demand (kVA)			Requested Power (kW)				
Tariff		Residential												
Tariff Scale		3	4	8	9	RTOU	1	10	11					
Details of Main switch		Voltage (V)			Current (A)			Fault Rating (kA)			Protection Device			
Existing entire site														
Existing for this application														

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 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 understand and consent to the Municipality to convert my existing electricity meter supply into a prepayment meter at the size of 20 Amps.
2. I authorise eThekweni Electricity to use drilling equipment on the building structure to secure the service connection and equipment.
3. I indemnify the eThekweni 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.
4. I understand that my monthly water supply will be restricted to 6kl and that should the installed flow limiter becomes faulty, I will report such fault to the Municipality.
5. I accept the terms and conditions as stated in the Water Bylaws and Water Policy and understanding that I will liable for costs of all water consumed in excess of 6kl per month until the date of cancellation of this agreement.
6. I accept that any amounts outstanding amounts owing to the Municipality for Rates any Municipal Services, remains an obligation due to the Municipality.
7. Should my monthly consumption exceed 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.
8. I accept that the Municipality may terminate the benefit immediately, should it be found that this application contains fraudulent information.
9. 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.
10. 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.
11. I confirm that I have read and understood the terms and conditions of the Indigent Policy.
12. 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

OPERATION SUKUMA SAKHE 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.

_____ (sign)

CO-ORINATOR

_____ (sign)

AUTHORISING OFFICIAL

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. I have conducted an assessment and evaluation on the social status of the Applicant, including but not limited to Applicant's home visit.
2. All information I provided in my attached report for the application for indigent support, was compiled by myself and it is true, to the best of my knowledge.
3. I recommend 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.

SIGNATURE OF SOCIAL WORKER

DATE

