



INDIGENT SUPPORT APPLICATION

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"/>
	SPECIAL CIRCUMSTANCES <input type="checkbox"/>
PARTICULARS OF APPLICANT	
Municipal Account number	
Full names	
ID Number	
Property address	
Suburb / Area	
Postal code	
Property value (per Valuation Roll)	
GPS Co-ordinates	
Contact telephone numbers	
Alternative contact 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 <small>(Attach proof of identity such as certified copies of ID and birth certificates)</small>	RELATIONSHIP TO THE APPLICANT	FINANCIAL STATUS <small>(such as employed, pensioner, grantee, student, unemployed etc.)</small>	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?	
ESKOM electricity meter number (<i>where electricity is supplied by ESKOM</i>)	
Name of Account holder	

APPLICANT'S DECLARATION

I..... (FULL NAMES and ID No)

The undersigned hereby declare that all information provided in this application for indigent support, is to the best of my knowledge, true and 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 further consent that the Municipality may convert my water meter into a prepaid meter supply.
6. I accept the terms and conditions as stated in the Water Bylaws and Water Policy and understanding that I will be liable for costs of all water consumed more than 6kl per month until the date of cancellation of this agreement.
7. I accept that any amounts outstanding amounts owing to the Municipality for Rates any Municipal Services, remains an obligation due to the Municipality.
8. Should my monthly consumption of services exceed the approved indigent support received, I am responsible to pay the balance, and the debt will be due and payable Municipal's Credit Control and Debt Collection Policy.
9. I accept that the Municipality may terminate the benefit immediately, should it be found that this application contains incorrect or fraudulent information.
10. 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.
11. I consent to and accept that the Municipality may use a third party, such as Credit Bureau, Department of Employment Labour etc, to conduct vetting to access and confirm my personal information including my financial status.
12. I confirm that I have read and understood the terms and conditions of the Indigent Supply Policy.
13. I declare that the information given is correct and I have declared all information in respect of the status of my household.

.....
SIGNATURE OF APPLICANT

.....
DATE

SOCIAL WORKER / INDIGENT ASSESSMENT OFFICER DECLARATION
NB: Attach Social Status Report / Assessment Report duly stamped and signed by Social Worker

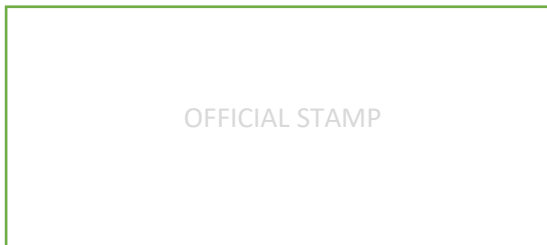
I.....(FULL NAMES AND EMPLOYEE NUMBER)

The 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 confirm that the applicant **is / is not*** indigent and **may / may not*** 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 / INDIGENT ASSESSMENT OFFICER

DATE



FOR OFFICE USE ONLY

RECOMMENDED NOT RECOMMENDED

If not recommended, provide reasons:

Name of Official: _____

Designation: _____

SIGNATURE: _____ DATE: _____

APPROVED NOT APPROVED

If not approved, provide reasons _____

Name of Official: _____

Designation: _____

SIGNATURE: _____ DATE: _____

