



KWAZULU-NATAL PROVINCE

HUMAN SETTLEMENTS
REPUBLIC OF SOUTH AFRICA



Inkosi Langalibalele
LOCAL MUNICIPALITY - UMKHANDLU WENDAWO

SERVICED SITES PROGRAMME APPLICATION FORM

Applicant	<input type="text"/>
Official Use	<input type="checkbox"/>

	Approved	Declined	
Insert the individuals name and identification number below (For Official Use)			
Name & Surname	<input type="text"/>	ID No.	<input type="text"/>
If the application is declined, state the reason(s) for the decline:			
<input type="text"/>			
<input type="text"/>			

In case of incomplete information, contact: <i>[to be completed by applicant]</i>			
Full Names:		<input type="text"/>	
Residential and Postal Address:		<input type="text"/>	
		Postal Code:	<input type="text"/>
Telephone Home:	[code:]	Work:	[code:]
Cellphone:	[code:]	Fax:	[code:]
Email address:		<input type="text"/>	

DETAILS OF PROPERTY BEING APPLIED FOR: <i>(To be completed by Applicant)</i>			
District:	<input type="text"/>	Municipality:	<input type="text"/>
Township:	<input type="text"/>	Project Name:	<input type="text"/>

OFFICIAL DATE STAMP

TABLE 1: CHECKLIST

All documents must be CERTIFIED COPIES and kept by the Provincial Department (<i>confirm receipt thereof by inserting a ✓ in the applicable box</i>)		APPLICANT	SPOUSE	OFFICIAL USE ONLY
1	R.S.A Bar Coded Identity Document (18 years and older)			
2	Bar Coded Permanent Residence Permit			
3	Marriage Certificate, Civil Union Certificate or Co-habiting Affidavit			
4	Divorce settlement documents, including proof of children custody (where applicable)			
5	Spouse's Death Certificate (where applicable)			
6	Proof of Monthly Income of Applicant and Spouse (combined income of R3501-R40 000)			
7	Proof of Building Loan Pre-approval			
8	Birth Certificate bearing the 13 Digit ID Number/ RSA ID of all financial dependents listed including spouse (where applicable)			
9	Court orders or orders issued by the Commissioner of Child Welfare as proof of guardianship for foster children (where applicable)			
10	Single with Financial Dependents			
11	Searches completed to ensure applicant does not own fixed residential property and has not benefitted from government assistance (Home Affairs, Deeds Office, Persal, UIF, GEPP-where applicable)			

TABLE 2 (i) (for Office use only)

PROCESS RECORD	DATE	SIGNATURE	
		Official	Allocation Committee
1. Application Received			
2. Manual Procedural Check			
3. Application returned for correction			
4. Application returned corrected			
5. Data Captured			
6. Data Verified			
7. Searches Complete	a) Home Affairs		
	b) Deeds Office		
	c) National Housing Database		
	d) PERSAL, where applicable		
	e) UIF		
	f) GEPP, where applicable		
8. Date Subsidy Approved			
9. Date Applicant notified of decision			

SECTION A: PERSONAL DETAILS: (To be completed by all Applicants)

A "Spouse" is defined as a Husband, Wife or Long-Term Partner co-habiting with the Applicant for a period of at least 6 months in succession at the time of application

Marital Status	Period	Marital Status	Period
Married		Habitually Co-habiting with long term partner	
Divorced with dependents		Divorced without dependents	
Single with dependents		Single without dependents	
Widow/Widower with dependents		Widow/Widower without dependents	
DETAILS OF THE APPLICANT(S) SPOUSE (or Deceased Partner)			
Surname:			
Maiden/Former Surname:			
Full Names:			
Gender:	Male	Female	Male Female
Race <i>{for statistical purposes}</i> : if "other" specify:	African	White	African White
	Coloured	Indian	Coloured Indian
	Other		Other
Do you have a disability? <i>Specify</i>			
RSA ID Number:			
Residential Address:			
			Postal Code:
How long have you resided at the above address:			

SECTION B: DETAILS OF ALL DEPENDENTS

Surname	Initials	ID/13-digit Birth Certificate No.	Age	Relationship to Applicant	Gender	
					F	M
					F	M
					F	M
					F	M
					F	M
					F	M

SECTION C: DETAILS OF CITIZENSHIP		
Are you a South African Citizen	YES	NO
If you are not a South African Citizen provide the following:		
• Country of which you are a Citizen		
• South African Permanent Residence Permit Number		
• Date Permit was issued		

SECTION D: MONTHLY INCOME DETAILS <i>(To be completed by Applicant)</i>			
<i>[(*) if "Yes, insert details, e.g Name of Employer if Employed, type of Social Grant, etc.]</i>			
		Applicant	Spouse
Indicate if you are:	Full-time Employed*		
	Part-time Employed*		
	Unemployed*		
	Self Employed*		
	Social Welfare*		
Basic Monthly Income:		R	R
Housing Allowance Payable:		R	R
Social Welfare Grant:		R	R
TOTAL:		R	R
JOINT TOTAL:		R	
Amount of Bond Applied for: <i>(where applicable)</i>		R	

SECTION E: FINANCIAL INSTITUTION WHERE LOAN CAN BE OBTAINED <i>(To be completed by Applicant)</i>	
Name of Financial Institution:	
Postal Address:	
Physical Address:	
Telephone Number:	
Loan Amount:	

**Proof of Bank Pre-approval to be attached*

AFFIDAVIT BY APPLICANT & SPOUSE/PARTNER

Subsidy Conditions: I/We,

_____ (full names)

The undersigned applicant, do hereby solemnly / under oath declare:

1. That all the information contained in this Serviced Sites Application form is true and correct and that all material facts have been disclosed therein
2. That neither I nor my 'Spouse':
 - a. Currently owns or has ever previously owned any residential property in full ownership, leasehold or deed of grant; has ever purchased a State-subsidized residential property of which transfer has not yet been taken;
 - b. has previously received financial assistance from the Government of the Republic of South Africa or Independent development Trust or the former Self Governing Territories or any other State financed subsidies in order to acquire a residential property; and have estates that, at the date of this application, have been sequestrated or made insolvent.
 - c. That the information supplied with regard to dependents, is correct.
3. That all details given in this application form with regard to me/us, income and employment status is true and correct.
4. I/We, further acknowledge:
 - a. That should the property which we are to acquire not have been transferred to us within three months after the date on which the Provincial Department has made the subsidy amount available to us, the Provincial Department shall, at its discretion, be entitled to withdraw the subsidy.
5. That we are aware that if any information supplied by us in this application is incorrect or fraudulent, the Provincial Department may take appropriate legal action against us and may also institute a criminal prosecution.
6. That I have read the Conditions of Subsidy and fully understand the conditions as set out below:
 - a. Only one application per applicant/beneficiary will be allowed.
 - b. The applicant/beneficiary must prove that he/she will be able to sustain ownership
 - c. The applicant must be genuinely in need of housing for residential purposes.
 - d. The applicant must commit to building a habitable dwelling on the site within a period of 5 years. The dwelling must be approved by the municipality and the National Home Builders Registration Council.

e. A building clause will be included in the Deed of Sale and endorsed on the title deed of the property that is, a habitable dwelling must be built within a period of five years.

f. A reversionary clause will be endorsed on the title deed of the property, that if the property has not been developed within 5 years from date of purchase, it will revert to the department at original selling price.

APPLICANT

SPOUSE/PARTNER

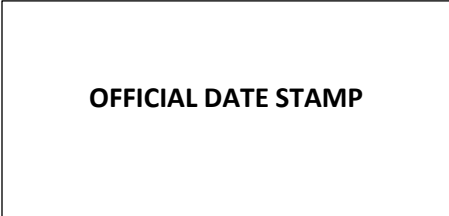
Full names and Surname: _____ Full names and Surname: _____

I.D. Number: _____ I.D. Number: _____

SIGNATURE OF APPLICANT: _____ SIGNATURE OF 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 20



Full names and Surname:

Identity Number.....

Capacity:

Postal Address:

Area:

.....

SIGNATURE OF COMMISSIONER OF OATHS