



INDIGENT APPLICATION FORM

Please note that this application form is to be completed by the owner of the property. Failure to submit the required documents may result in the application being declined. This application must be renewed annually.

CHECK LIST OF SUBMITTED DOCUMENTS

DOCUMENTS	TIK
Title Deed	
Identity Document	
Proof of Income	
Proof of Resident	
Pension/disability Certificate	
Affidavit (if proof of income not provided)	
Certificates or Identity documents of Dependants	

1. MUNICIPAL ACCOUNT NUMBER: _____ WARD NO.: _____
2. FULL NAMES: _____
3. IDENTITY NUMBER: _____ DISABLED/ DECEASED: _____
4. RESIDENTIAL ADDRESS: _____
5. NUMBER OF FAMILY MEMBERS SHARING SERVICES: _____
6. CONTACT DETAILS: _____ E-MAIL ADDRESS: _____
7. LOCAL MUNICIPALITY: _____

NAME OF HEAD AND DEPENDANTS SHARING THE SERVICES	IDENTITY NUMBERS	MONTHLY INCOME	SOURCE OF INCOME

"Service Delivery through Integrity"

I, _____ hereby confirm the truthfulness of the above information and I promise to keep you informed immediately about changes regarding the above family's financial status. I have no obligation to be listed as an indigent on the Credit Bureau.

SIGNATURE OF THE APPLICANT

DATE

SIGNATURE OF COUNCILLOR

DATE

ZDM OFFICIAL'S SIGNATURE

DATE

