

SUNDAYS RIVER VALLEY MUNICIPALITY P.O. Box 47 KIRKWOOD 6120		<b>APPLICATION FOR INDIGENT SUPPORT</b> Part A: Registration as a municipal customer Part B: Household Economic Profile Part C: Individual Skills Registration	Unique Number
--	--	---	---------------

**PART A: REGISTRATION AS A MUNICIPAL INDIGENT CUSTOMER**

PROPERTY DETAILS						
Type of stand	Res. with Bus. <small>primarily residence</small>	Bus. with Res. <small>primarily business</small>	Only Residence	Only Business	Institution <small>e.g. school, clinic, church</small>	Vacant
	-1-	-2-	-3-	-4-	-5-	-6-
Township/Village/Suburb name				Ward		
Section				Ward Cllr		
House/Stand number & Street name						
Number of rented units in backyard			Total number of occupants in rented units			

Occupant status (responsible for municipal account)	Owner	-1-	Tenant	-2-	Child-headed	-3-
---	-------	-----	--------	-----	--------------	-----

Municipal Services Received / Taxed	Elec Prepaid Meter No	Elec Meter No	Refuse	Sewerage	Rates	Alternate Fuel (Y/N)	Alternate Fuel Type
Water	Open source	Water Tanker	Public Standpipe	Yard connection (authorised)	Yard connection (unauthorised)	House (Connection)	Own Supply Borehole, well

Eskom Pre-Paid Electricity Meter No	
-------------------------------------	--

Account number	
Erf Number	
GPS Co-Ordinates	

CUSTOMER DETAILS	
Title and Initials (Prof/Dr/Mr/Mrs/Ms)	
Surname	
ID number (fill all blocks below) (Attach copy of ID to this page)	
Preferred language	
Postal address	
Postal code	
Telephone (home)	( )
Telephone (work)	( )
Fax number	( )
Cell phone number	
Gender and Race	M      F

DETAILS OF PERSONS OLDER THAN 18 YEARS	
1	Name and Surname
2	Name and Surname
3	Name and Surname
4	Name and Surname
5	Name and Surname
6	Name and Surname
	B      W      C      I      A

<b>CONDITIONS &amp; DECLARATION:</b>	<p>I, hereby declare that I am the registered owner/lessee of the above erf and that the said property is inhabited and controlled by me. I further declare that I fully realise that should any of the above information be found to be incorrect or false, I shall be responsible for the payment of any allocation received plus interest, as well as any debt written off, and I acknowledge that legal steps for the fraudulent declaration, could be instituted against me. I accept and understand that due to the uncertainty of the availability of funds, the amount of allocation as well as the period of payment cannot be guaranteed by the ..... Municipality.</p> <p><b>I hereby apply to the Council to be registered as an indigent consumer household.</b></p>								
	<table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">Signature _____</td> <td style="width:20%; border: none;">Date of Application _____ / ____ 20</td> <td style="width:20%; border: none;">ID of Applicant _____</td> <td style="width:30%; border: none;">Name _____</td> </tr> <tr> <td style="border: none;">Signature: CDW</td> <td style="border: none;">Date _____ / ____ 20</td> <td style="border: none;">Signature: Ward Cllr _____</td> <td style="border: none;">Date _____ / ____ 20</td> </tr> </table>	Signature _____	Date of Application _____ / ____ 20	ID of Applicant _____	Name _____	Signature: CDW	Date _____ / ____ 20	Signature: Ward Cllr _____	Date _____ / ____ 20
Signature _____	Date of Application _____ / ____ 20	ID of Applicant _____	Name _____						
Signature: CDW	Date _____ / ____ 20	Signature: Ward Cllr _____	Date _____ / ____ 20						

Office use only:	Name & Surname	Date
Completed by:		
Captured by:		

**PART B: HOUSEHOLD ECONOMIC PROFILE****PROPERTY DETAILS**

Township/Village/Suburb name			
Section		Ward	
House/Stand number & Street name			

**INCOME PROFILE**

Please estimate the total income for your household per income type in the <u>past month</u> ....:	Income from employment (full, self, informal)	Income from all government grants (including pensions)	Cash from relatives	Rental income	Other (specify)	(Office use) TOTAL
Customer:	R	R	R	R	R	R
Person No: (refer to Part A)	R	R	R	R	R	R
Person No: (refer to Part A)	R	R	R	R	R	R
Person No: (refer to Part A)	R	R	R	R	R	R

**HOUSEHOLD PROFILE**

Number of persons older than 18 years who are ....:	Full-time employed	Self employed	Pensioner	In an informal job	Student	Unemployed		
Number of persons 18 years and younger who are in ....:	Primary/Secondary	Pre-school/Crèche	At home	Other				
Number of persons receiving the following government grants .....	Pension	Adult disability	Child disability	War veterans	Foster child	Child support	Grant in aid	Social relief
Number of persons who are frail/in need of special care due to <u>illness or disability</u>								
Total monthly <u>household</u> income <small>including pensions, regular family support and all government support grants</small>	R980 or less		Between R981 and R1940		More than R1940	No income		
	-1-		-2-		-3-	-4-		
Total number of persons in this <u>household</u> ? (excluding backyard tenants)	Who is the head of this household? (Name & Surname)							

**EXPENDITURE PROFILE**

Please estimate your household total expenses in the past month for the following items ....:	Cost of accommodation (bond, rent)	Food, groceries, clothing	Health (clinic, medicine), Education	Other including, municipal services (water, refuse, rates)	Transport and commuting	TOTAL
Customer:	R	R	R	R	R	R
Person No: (refer to Part A)	R	R	R	R	R	R
Person No: (refer to Part A)	R	R	R	R	R	R
Person No: (refer to Part A)	R	R	R	R	R	R

**ASSET PROFILE OF THE CUSTOMER**

In respect of your property, please indicate the following:	Property (stand number)	Number of garages	Number of rooms	Type of walls (mud, block, brick)	Type of roofing (thatch, zinc, tile)	Number of rented rooms
	1:					
	2:					
In respect of other assets, please indicate the following:	Number of vehicles (cars, trucks, taxis)	Do you own any agricultural implements?	Number of livestock cattle, pigs, sheep?	Number of cellphones	Do you have DSTV?	
		-y-    -n-			-y-    -n-	

I hereby apply to the Council to be registered as an indigent consumer household.

Signature \_\_\_\_\_ / \_\_\_\_\_ 20      ID of Applicant \_\_\_\_\_      Name \_\_\_\_\_  
 Signature: CDW      Date \_\_\_\_\_ 20      Signature: Ward Cllr \_\_\_\_\_      Date \_\_\_\_\_ 20

Office use only:	Name & Surname	Date
Completed by:		
Captured by:		

**PART C: INDIVIDUAL SKILLS REGISTRATION**

Please complete only for household members who have a recognised skill or trade

**PROPERTY DETAILS**

Township/Village/Suburb name			
Section		Ward	
House/Stand number & Street name			

**EDUCATIONAL PROFILE**

Highest level of education?	None	Only primary	Junior secondary	Grade 11/ Std 9	Grade 12/ Std 10	NTC1 - 3	Diploma/ certificate with Std 9 or less	Diploma/ certificate with Std 10	Degree and higher
	-1-	-2-	-3-	-4-	-5-	-6-	-7-	-8-	-9-
Customer:									
Person No:									
Person No:									
Person No:									

**EMPLOYMENT PROFILE**

Industry in which you were last employed?	Never employed/ N/A	Agriculture	Mining & quarry	Manufacturing	Electricity, gas, water supply	Construction	Services: retail, hospitality	Transport, storage, communication	Financial, business services	servicesCommunity, social, personal	Other
	-1-	-2-	-3-	-4-	-5-	-6-	-7-	-8-	-9-	-10-	-11-
Customer:											
Person No: (refer to Part A)											
Person No: (refer to Part A)											
Person No: (refer to Part A)											

**SKILLS PROFILE**

Customer: What skills do you have?	Skill 1		Skill 2		Skill 3		Skill 4		Skill 5	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Did you receive any training in these skills	-1-	-2-	-1-	-2-	-1-	-2-	-1-	-2-	-1-	-2-
Person No: (refer to Part A) What skills do you have?	Skill 1		Skill 2		Skill 3		Skill 4		Skill 5	
Did you receive any training in these skills	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Person No: (refer to Part A) What skills do you have?	-1-	-2-	-1-	-2-	-1-	-2-	-1-	-2-	-1-	-2-
Person No: (refer to Part A) What skills do you have?	Skill 1		Skill 2		Skill 3		Skill 4		Skill 5	
Did you receive any training in these skills	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Person No: (refer to Part A) What skills do you have?	-1-	-2-	-1-	-2-	-1-	-2-	-1-	-2-	-1-	-2-
Person No: (refer to Part A) What skills do you have?	Skill 1		Skill 2		Skill 3		Skill 4		Skill 5	
Did you receive any training in these skills	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Person No: (refer to Part A) What skills do you have?	-1-	-2-	-1-	-2-	-1-	-2-	-1-	-2-	-1-	-2-

<b>Office use only:</b>	Name & Surname	Date
Completed by:		
Captured by:		