

APPLICATION FOR REBATE

SENIOR CITIZENS, DISABILITY GRANTEES & MEDICALLY BOARDED

Ethekwini Revenue Florence Mkhize Building 251 Anton Lembede Street Durban 4001

Tel: 031 324 5000 Fax: 031 324 5112 E-Mail:<u>ratesrebates@durban.gov.za</u> Website: http://www.durban.gov.za

TO BE SUBMITTED BY 30 APRIL EACH YEAR			
PLEASE MA	ARK WITH AN X THE TYPE OF REBATE BEING APPLIED FOR		
PENSIONERS REBATE	DISABILITY GRANTEE REBATE		
MEDICALLY BOARDED REBATE			
	APPLICANT DETAILS		
TITLE	DATE OF BIRTH		
FULL NAME & SURNAME (Applicant)			
FULL NAME OF REGISTERED OWNER			
RELATIONSHIP TO APPLICANT			
IDENTITY NUMBER			
RATE NUMBER	WATER ACC NO		
ELECTRICITY ACC NO			
ERF DESCRIPTION			
STREET NUMBER			
SUBURB			
CITY / TOWN			
POSTAL ADDRESS			
(Preferred) E-MAIL ADDRESS			
DOMICILIUM CITANDI ET EXECUTANDI (Service address for legal process)			
	POSTAL CODE		

DECLARATION

I, the undersigned, ______, do hereby declare that the information supplied is to the best of my knowledge, true and correct. I acknowledge that the Municipality reserves the right to prosecute anyone who willfully provides false information with the intention to benefit unlawfully from the rebates awarded.

DATE

-2-

DOCUMENTS TO ACCOMPANY THIS APPLICATION

TYPE OF REBATE	CERTIFIED COPY OF ID	COPY OF W & L AND RATES ACC.	CONFIRMATION OF MEDICAL BOARDING OR RECEIPT OF DISABILITY FROM DEPT OF SOCIAL SERVICES	CERTIFIED COPY OF MARRIAGE CERTIFICATE OR AFFIDAVIT	CERTIFIED COPY OF TITLE DEED
PENSIONERS	Х	<u>X</u>		Х	Х
DISABILITY	Х	Х	X	X	Х
MEDICALLY BOARDED	X	Х	X	X	Х

DETAILS OF OTHER TITLE HOLDERS IN THE PRIMARY PROPERTY

NAME	IDENTITY NUMBER	CONTACT NUMBER	RELATIONSHIP TO APPLICANT

(attach a separate list if this space is insufficient)

DETAILS OF APPLICANTS OWNERSHIP IN PROPERTIES OTHER THAN PRIMARY PROPERTY

ERF DESCRIPTION	RATE NO.	TENANTS NAME	WATER ACC NO.	ELECTRICITY ACC NO

(attach a separate list if this space is insufficient)

QUALIFYING CRITERIA FOR ALL APPLICANTS

PENSIONERS:

- The applicant must be sixty (60) years or older 1
- The applicant must produce a certified copy of his / her South African bar coded Identity Document 2.
- 3. The applicant must be the registered owner of the primary property. This includes co-owners who are married to each other or property owned solely by either spouse
- 4. In the case of joint ownership, all owners must meet the qualifying criteria
- The applicant must reside permanently on property 5
- The value of the primary property must not exceed a value as determined by a Council resolution at its annual budget 6.
- In the case of a Trust, the Trustee must meet all of the above criteria. A copy of the Title Deed must be produced 7
- 8 Executors / Administrators of deceased estates, Liquidators and Trustees are excluded from the rebates.

DISABILITY GRANTEES / MEDICALLY BOARDED PERSONS:

- Disability Grantees: the applicant must be in possession of a letter, issued by the Department of Social Welfare, confirming receipt of a disability grant, OR a 1 specialist medical practitioner confirming disability and inability to work.
- 2. Medically boarded persons: the applicant must produce a letter from the Applicant's relevant ex-employer or the underwriter for the employer confirming medical boarding.
- The applicant must produce a South African bar coded Identity Document. 3
- The applicant must reside permanently on the primary property. 4
- The applicant must be the registered owner of the primary property. This includes co-owners who are married to each other or property owned solely by either 5. spouse.
- 6. The water, electricity and rates accounts must be consolidated into the name of the applicant.
- 7
- In the case of a Trust, the Trustee must meet all of the above criteria. A copy of the Title deed must be produced. Executors / Administrators of deceased estates, Liquidators and Trustees of Insolvent Estates and temporary disability grantees are excluded from the rebates. 8

	FOR OFFICE USE ONLY
Date received by Council:	_ Name of Receiving Official:
Signature of Receiving Official:	