



**EMFULENI  
LOCAL MUNICIPALITY**

Vaal River City, the Cradle of Human Rights

**2018/2019 Financial Year**

**APPLICATION FOR A REBATE ON RATES IN TERMS OF COUNCILS APPROVED  
PROPERTY RATES POLICY**

**Special rebates to registered owners of residential properties who are senior citizens, disabled and/or medically unfit persons qualifying according to gross monthly household income of all persons normally residing on that property.**

Kindly complete this form as accurately as possible and return as soon as possible to:

MUNICIPAL MANAGER  
P O BOX 3  
**VANDERBIJLPARK**  
1900

Att: Chief Financial Officer

**A. POINTS 1 TO 12 MUST BE COMPLETED BY THE REGISTERED OWNER OF THE PROPERTY**

1. Name and Surname (Mr/Mrs/Miss): .....
2. Postal Address: .....
3. Erf number: ..... Township: .....
4. Municipal account number .....
5. Street Address: .....
6. Total monthly gross income of household (including pension, interest on investments and any other income)  
R.....per month  
R..... per annum
7. Age: .....
8. Date of Birth: .....
9. Identification number: .....
10. Telephone number: .....
11. Cell phone number: .....
12. E-mail address:.....

|  |
|--|
| <b>For office use only</b>                                 |
| Check that applicant qualifies in terms of Councils policy |
| Approved by supervisor                                     |
| .....  |
| Signature  |
| .....  |
| Date   |
| % Rebate.....  |

**B. ALL DOCUMENTATION AS REQUIRED IN TERMS OF THE PROPERTY RATES POLICY MUST BE ATTACHED TO THIS APPLICATION**

Submission of following the documentation as proof:

- Copy of Identification document;
- Copy of pension card;
- Bank statements for last three months or other official financial proof of income as may be requested and
- Pay-slip for the last three months;
- Documentation that applicant has been declared unfit together with supporting evidence from two registered medical physician;

Note: That applicant that cannot read and write will be assisted by administrative staff from the rates section.

Applications must be done annually.

Signature:..... Date:.....

**C. COMMISSIONER OF OATH**

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration. The deponent utters the following words:

"I swear that the contents of the declaration are true, so help me God"

"I truly affirm that the contents of the declaration are true"

.....  
**Commissioner of Oath/Justice of the Peace**

Full first names and surname:.....

Designation (rank).....Ex Officio Republic of South Africa

Street Address of Institution.....

.....

Date:..... Place:.....

**The Municipality reserves the right to refuse or reverse a rebate if the details supplied in the application incomplete, incorrect or false**