

ANNEXURE A

INDIVIDUAL REGISTRATION NUMBER		INDIVIDUAL PHDB RESOLUTION NUMBER	
<h2>APPLICATION BY INDIVIDUAL FOR PARTICIPATION IN INSTITUTIONAL SUBSIDY SCHEME</h2>			
PROJECT UNDERTAKEN BY INSTITUTION THROUGH CONVENTIONAL PROCESS (NOT PEOPLE'S HOUSING PROCESS)*			
PROJECT UNDERTAKEN THROUGH PEOPLE'S HOUSING PROCESS*			
PROVIDE PROJECT DETAILS (To be completed by institution)			
Project Application Registration Number			
Project Application PHDB Resolution Number			
Project Description			
Name of Institution			
i) Company (Incorporated in terms of the Companies Act)*			
ii) Company (Incorporated in terms of the Shareblock Control Act)*			
iii) Co-operative (Incorporated in terms of the Co-operatives Act)*			
iv) Communal Property Association (In terms of Communal Property Associations Act)*			
THE APPLICATION IS HEREBY RETURNED AS THE FOLLOWING ADDITIONAL INFORMATION IS REQUESTED:			
1.			
2.			
3.			
<p align="center">IN CASE OF INCOMPLETE INFORMATION - CONTACT (To be completed by Applicant)</p>			
NAME :			
POSTAL ADDRESS :			
TELEPHONE NUMBER:			

In the application form PHDB means Provincial Housing Development Board

For office use only

Tick (T) whichever is applicable.

TABLE 1				
THE FOLLOWING DOCUMENTS MUST BE ATTACHED AND WERE FOUND TO BE PRESENT				OFFICIAL USE X
Certified copy of Marriage Certificate				
Certified copy of R.S.A. Bar Coded Identity Document (s)	Self		Spouse	
Certified copy of Divorce Settlement				
Certified copy of Spouse's Death Certificate				
Proof of Disability (See Appendix 1)				
Certified copy of Instalment Sale Agreement, where applicable including Housebuilding Support Agreement where Institution is a Support Organisation in terms of People's Housing Process				
Certified copy of Shareblock Agreement, where applicable including Housebuilding Support Agreement in case of People's Housing Process				
Certified copy of Lease Agreement, where applicable including Housebuilding Support Agreement in the case of People's Housing Process				
Certified copy of agreement in respect of other tenure forms not mentioned above and approved by PHDB, where applicable including Housebuilding Support Agreement in case of People's Housing Process				
Proof of Monthly Income				
Certified copy of Permanent Residence Permit (Bar Coded Permit)				

TABLE 2 (FOR OFFICIAL USE ONLY)					
STEP	PROCESS RECORD		DATE	SIGNATURE	
				Official	Supervisor
1	Application Received				
2	Procedural Check				
3	Application Returned for Correction				
4	Application Returned Corrected				
5	Data Captured				
6	Data Verified				
7	Searches Completed	a) Internal Affairs b) Deeds Office c) National Housing Data Base			
8	Filed				
9	Date Subsidy Approved by PHDB				
10	Date Applicant/Institution notified of PHDB acceptance/non-acceptance				

SECTION A: PERSONAL DETAILS (To be completed by all applicants)					
A "Spouse" is defined as a Husband, Wife or Long Term Partner					
Married, living with long term partner or single with dependants					
	Period		Period		Period
Married*		Habitually Co-habiting with long term partner*		Widow/Widower with dependants*	
Divorced with dependants*		Single with dependants*			
	APPLICANT			SPOUSE (or Deceased Partner)	
Surname					
Maiden or Former Surname					
Full Names (First three only)					
Identity Number					
Gender	Male*		Female*		
Race	African*		White*		
	Coloured*		Indian*		
	Other*		Other*		
If "other" specify:					
Residential Address :					
Disabled	Yes*		No*		
If you or any of your dependants are disabled and you are applying for additional subsidy, please attach original medical form (Appendix 1), duly completed and signed by your District Surgeon/Medical Practitioner, registered with the Medical and Dental Council.					

SECTION B : DETAILS OF DEPENDANTS (Information on only 2 dependants to be supplied by applicant)				
Surname	Initials	Relationship to Applicant		Age
Gender		Male*	Female*	

If more than two dependants, provide total number of dependants	
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SECTION C : MONTHLY INCOME DETAILS (To be completed by applicant)

	Applicant	Spouse
Indicate if you are:		
Unemployed *		
Employed *		
Self Employed *		
Pensioner *		
Basic Monthly Income	R	R
Regular Periodic Allowances	R	R
Housing Allowance Payable (Loan interest subsidy)	R	R
Regular financial obligations met by employer on behalf of applicant and spouse	R	R
Commission Received (12 months average)	R	R
Pension or Disability Grant	R	R
TOTAL	R	R
JOINT TOTAL (Applicant and Spouse)	R	
Amount of Subsidy applied for	R	

SECTION D : DETAILS OF CITIZENSHIP (To be completed by applicant)

Are you a South African Citizen	YES *	NO *
If you are not a South African Citizen supply the following :		
Country of which you are a Citizen		
South African Permanent Residence Permit Number		
Date Permit was Issued		

SECTION E (i): DETAILS OF UNIT TO BE OCCUPIED BY APPLICANT (To be completed by applicant)				
1.	Description of unit			
2.	Type of tenure*:	Lease	Sale by Instalment	Sectional Title
		Share Block	Other (Specify)	
3.	Product price of unit:	R		
4.	Composition of <u>pro rata</u> capital cost of unit	4.1	Subsidy	R
		4.2	Cash contribution by applicant, if any	R
		4.3	Cash contribution, if any by another party (name the party)	R
		4.4	Pro rata share of loan raised by Institution	
		4.5	Other Specify:	R
		4.6	Total	R
5.	Estimated monthly charges at date which agreement between institution and occupant was signed	5.1	Tenant's rent/purchasers levy (including amount needed to service loan, management costs and costs of maintenance of common property)	R
		5.2	Electricity	R
		5.3	Other municipal services charges:	
		5.4	Total consideration payable by tenant/purchaser	R

SECTION E (ii):(For official use only)	
Subsidy amount qualified for	
Disability Subsidy, if applicable (Plus)	R
Geotechnical Assistance (Plus)	R
SUB TOTAL	R
Previous/other subsidies received (Minus)	R
Total Subsidy Amount	R

SECTION F: DETAILS OF INSTITUTION (To be completed by institution)
Name of Institution:
Address:

Telephone Number	Code		
Facsimile Number	Code		

AFFIDAVIT BY APPLICANT & SPOUSE / PARTNER *

APPLICANT

I, the undersigned applicant, do hereby solemnly / under oath* declare :

1. That all the information contained in this application form (including Appendix 1) is true and correct and that all material facts have been disclosed therein.
2. That neither I nor my 'Spouse' (as defined in Section A of this form)
 - now owns or has ever previously owned any residential property in full ownership, leasehold or deed of grant;
 - has ever purchased a State-subsidised residential property of which transfer has not yet been taken;
 - 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 TBVC States or any other State financed subsidies in order to acquire a residential property; and
 - that my estate has not, at the date of this application, been sequestrated or made insolvent.
 - is presently the legal occupant of a residential property in terms of the Institutional Subsidy Scheme.
3. That information supplied with regard to dependants, is correct.
4. That all details given in this application form with regard to myself, my income and employment status are true and correct.
5. That the disabled person referred to in the medical certificate (Appendix 1) is either myself, my spouse (as defined in the application form), my child or my financial dependant.

I, further acknowledge :

6. The Provincial Housing Development Board shall, at its discretion, be entitled to withdraw the subsidy granted to the institution/Support Organisation in the event of undue delay in compliance with the conditions of grant thereof.
7. That I am aware that if any information supplied by me in this application is incorrect or fraudulent, the Provincial Housing Development Board may take appropriate legal action against me and may also institute criminal prosecution.

.....
SIGNATURE OF APPLICANT

SPOUSE/PARTNER*

I, the undersigned spouse/partner* solemnly / under oath declare that:

1. I am married to the applicant*/ I habitually cohabit with the applicant as if we are husband and wife*.
2. All details given in this application form including details of myself, my income and employment status, are true and correct.
3. I am aware that I could be prosecuted if any of the details given in this application form are incorrect or fraudulent.

.....
SIGNATURE 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

OFFICIAL DATED STAMP

Full names and Surname:

.....

Identity Number:

Capacity:

Postal Address:

Area :

.....
SIGNATURE OF COMMISSIONER OF OATHS

MEDICAL CERTIFICATE IN RESPECT OF DISABLED PERSONS AS REQUIRED IN THE HOUSING SUBSIDY SCHEME OF THE GOVERNMENT OF SOUTH AFRICA (To be completed by district surgeon/medical practitioner and submitted with Housing Subsidy Application Form)								
1. Name of subsidy applicant:								
2. Postal Address:								
3. Identity No								
4. Name of disabled person								
5. Relation of disabled person to applicant, if not applicant:								
Husband*		Wife*		Long term partner*		Child*	Financial dependant*	
6. Nature of Disability*								
CATEGORY	NATURE			DEGREE				
A	Walking			Walking aids				
B	Walking			Wheel chair - partial usage				
C	Walking			Wheel chair - full time usage				
D	Hearing			Partially/profound deaf				
7. Special Requirement*								
7.1	Access to house - 12 square metres of paving and ramp at doorway - Groups A, B & C							
7.2	Kick plates to doors - Groups A, B & C							
7.3	Grab rails and lever action taps in bathroom - Groups A, B & C							
7.4	Visual door bell indicators - Group D							
8. Particulars of district surgeon/medical practitioner								
8.1	Surname:							
8.2	Full Names:							
8.3	Postal Address:							
8.4	Registration Number with the Medical and Dental Council:							
8.5	Telephone Number: ()							
8.6	Facsimile Number: ()							
I certify that the above details are true and correct.								
Signature:				Date:				
MEDICAL PRACTITIONER/								

- Tick (T) whichever is applicable.