

ANNEXURE C

INDIVIDUAL REGISTRATION NUMBER		INDIVIDUAL PHDB RESOLUTION NUMBER	
<h2>APPLICATION FOR A CONSOLIDATION HOUSING SUBSIDY</h2>			
PROJECT UNDERTAKEN BY DEVELOPER*			
PROJECT UNDERTAKEN THROUGH PEOPLE'S HOUSING PROCESS FOR OWNERS*			
APPLICATION FOR INDIVIDUAL CONSOLIDATION SUBSIDIES *			
PROVIDE PROJECT DETAILS (TO BE COMPLETED BY DEVELOPER/SUPPORT ORGANISATION)			
Project Application Registration Number		Project Application PHDB Resolution Number	
Project Description			
Name of Developer / Support organisation (SO)			
THE APPLICATION IS HEREBY RETURNED AS THE FOLLOWING ADDITIONAL INFORMATION IS REQUIRED:			
1.			
2.			
3.			
IN CASE OF INCOMPLETE INFORMATION - CONTACT: (To be completed by Applicant)			
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 R.S.A. Bar Coded Identity Document	Self		Spouse	
Proof of Disability (Appendix 1)				
Proof of loan granted by lender				
Certified copy of Agreement with Account Administrator				
Certified copy of Authorised Building Contract and Plan				
Bill of Building Material (Costed)				
Certified copy of House Building Support Agreement i.r.o People's Housing Process (PHP)				
Certified copy of Deed of Transfer				
Certified copy of Proof of Monthly Income)				

TABLE 2 (FOR OFFICIAL USE ONLY)				
	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: <ul style="list-style-type: none"> a) Internal Affairs b) Deeds Office c) National Housing Data Base 			
8.	Filed			
9.	Date Subsidy Approved by PHDB			
10.	Date applicant/developer/CBP 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
Commission Received (12 months average)		
Regular financial obligations met by employer on behalf of applicant/spouse	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 : DETAILS OF SITE (To be completed by applicant)			
District		Municipality	
Township:		Erf*/Stand* or Allotment Number*	
Township Extension:			
Unit Number:			
Vacant serviced site*		Improved serviced site*	
Details of registration in applicant's name:			

Deed of Transfer Number		
Date of Transfer:		
SECTION F (i): FUNDING DETAILS IN RESPECT OF PURCHASE OF PROPERTY (To be completed by applicant)		
TOTAL PRODUCT COSTS		
a)	Amount of Home Loan, if applicable	R
b)	Employer's Contribution, if any	R
c)	Own Cash Contribution, if any	R
d)	Own Building Material Contribution	R
TOTAL		R

SECTION F(ii) (For official use only)		
f)	Subsidy Amount Qualified for	R
g)	Disability Subsidy (Plus)	R
h)	Geotechnical Assistance (Plus)	R
Total Subsidy Amount		R

SECTION G: DETAILS OF DEVELOPER (To be completed by developer)			
Name:			
Postal Address:			
National Home Builders Registration Council's (NHBRC) Registration Number:			
Telephone Number	Code		
Facsimile Number	Code		

SECTION H: DETAILS OF SUPPORT ORGANISATION (To be completed i.r.o. People's Housing Process by Support Organisation)			
Name:			
Postal Address:			
Description of Project			
Telephone Number	Code		
Facsimile Number	Code		

Full description of legal status and registration number, if applicable_____

SECTION I: DETAILS OF BUILDER/CONTRACTOR: IN THE CASE OF INDIVIDUAL CONSOLIDATION SUBSIDY

Name:

Postal Address:

NHBRC Registration number

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 never 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.
3. That the 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. That should the property which I am to acquire not have been transferred to me within three months after the date on which the Provincial Housing Development Board has made the subsidy amount available to me, or the Support Organisation fails to comply with any of its obligations in terms of the Agreement, the Housing Board shall, at its discretion, be entitled to withdraw the subsidy.
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 a 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 OF 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.