

ANNEXURE E

INDIVIDUAL REGISTRATION NUMBER		INDIVIDUAL PHDB RESOLUTION NUMBER	
APPLICATION FOR RELOCATION ASSISTANCE			
CREDIT LINKED*			<input type="checkbox"/>
NON-CREDIT LINKED*			<input type="checkbox"/>
PROPERTY IN POSSESSION*		<input type="checkbox"/>	NON-PERFORMING LOAN*
		<input type="checkbox"/>	<input type="checkbox"/>
SPECIFY INSTITUTION RESPONSIBLE FOR ADMINISTRATION OF PAYMENT OF RELOCATION ASSISTANCE:*			
SERVCON*	<input type="checkbox"/>	SOUTH AFRICAN HOUSING TRUST*	<input type="checkbox"/>
	<input type="checkbox"/>	OTHER (Specify)*	<input type="checkbox"/>
THE APPLICATION IS HEREBY RETURNED AS THE FOLLOWING ADDITIONAL INFORMATION IS REQUIRED:			
1.			
2.			
3.			
IN CASE OF INCOMPLETE INFORMATION - CONTACT			
<i>(To be completed by Applicant)</i>			
NAME :			
POSTAL ADDRESS :			
TELEPHONE NUMBER :			

In the application form PHDB means Provincial Housing Development Board.

For office use only

* **Tick (T) whichever is applicable.**

NATIONAL HOUSING CODE: MARCH 2000: PART 3: CHAPTER 7: ANNEXURE E

TABLE 1				
THE FOLLOWING DOCUMENTS MUST BE ATTACHED AND WERE FOUND TO BE PRESENT				OFFICIAL USE T
Certified copy of Marriage certificate				
Certified copy of R.S.A. Bar Coded Identity Document	Self		Spouse	
Certified copy of Divorce Settlement				
Certified copy of Spouse's Death Certificate				
Proof of Disability (Appendix 1)				
Certified copy of Agreement of Sale or Lease of right sized property				
Certified copy of Right Sizing Agreement concluded with Lender				
Written confirmation by lender of credit granted to applicant, where applicable				
Certified copy of 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 Capture			
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/conveyancer notified of PHDB acceptance/non-acceptance			

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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 Name					
Full Names (First Three Only)					
Identity Number					
Gender*	Male*		Female*		
Race*	African*		White*		
	Coloured*		Asian*		
	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			

SECTION C : MONTHLY INCOME DETAILS (To be completed by all applicants)		
	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/Spouse)	R	
Amount of Subsidy Applied For	R	

SECTION D : DETAILS OF CITIZENSHIP (To be completed by all applicants)		
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 PROPERTY TO BE ACQUIRED OR LEASED BY APPLICANT (To be completed by applicant)			
Name of Seller/Developer/Institution ●:			
District:	Municipality		
Township:		Erf (Stand) / Lot Number*	
Township Extension:			
Unit Number:			
Description of Dwelling:	Flat* (name of Building)	House* (Street Address)	
Type of Tenure*:	Ownership	Leasehold	Deed of Grant
	Instalment Sale	Shareblock	Lease
	Other (Specify)		
Type of property being acquired or leased:	New site and building from developer/institution*		Existing property purchased from owner*
	Other (Specify)*		
Price of property	R		
If the property to be acquired/leased forms part of an approved project linked or institutional subsidy project, provide details:			
Name of project:			
Developer's/Institution's name:			
Developer's/Institution's address:			
Telephone Number:	Code		
Facsimile Number:	Code		
Number of sites in project:			
Total Product Price	R		

SECTION E (ii) (To be completed by Provincial Housing Department)	
Subsidy Amount Qualified for	R
Disability Subsidy (Plus)	R
Geotechnical Assistance (Plus)	R
Sub Total	R
Grants Received from State Resources (Minus)	R
Previous capital expenditure (Minus)	R
Total Subsidy Amount Qualified for	R

- **Developer/Institution will be relevant where relocation assistance is provided in terms**

of a project linked or institutional subsidy project.

SECTION F: DETAILS OF CREDIT-LINKED APPLICATIONS (To be completed only by a applicant who has applied for a loan)							
Security for loan:	Mortgage bond*		Other*		If other specify:		None*
If security other than a mortgage bond will be supplied, provide details							
Amount of loan:	R		Monthly repayment	R			

SECTION G: DETAILS OF PREVIOUS HOUSING ASSISTANCE BY THE STATE TO THE APPLICANT OR HIS/HER SPOUSE, IF APPLICABLE (To be completed by applicant)			
NATURE OF HOUSING ASSISTANCE	AWARDED TO		
	APPLICANT	SPOUSE	
First Time Home Ownership Interest Subsidy Scheme *	R	R	
Housing Subsidy Scheme *	R	R	
Other (specify) *	R	R	

SECTION H : DETAILS OF LENDER (Where credit is provided) (To be completed by applicant)		
Name :		
Postal Address :		
Approval Code of PHDB		
Telephone Number	Code	
Facsimile Number	Code	

SECTION I: DETAILS OF THUBELISA HOMES (Where right sizing stock is provided by this Institution)			
Name of contact person:			
Postal Address:			
National Home Builders Registration Council's 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 my estate has not, at date of application, been sequestered or made insolvent.

I further acknowledge :

3. That should the property which I am to acquire/lease not have been transferred to me/not have been occupied by me within three months after the date on which the Provincial Housing Development Board has made the subsidy amount available to me, the Provincial Housing Development Board shall, at its discretion, be entitled to withdraw the relocation assistance.
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.
6. 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 me and 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

Appendix 1

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						

