

APPENDIX 2

INDIVIDUAL APPLI- CATION REGIS- TRATION NUMBER		PHB APPLICATION APPROVAL NUMBER	
<p>APPLICATION FOR A RURAL HOUSING SUBSIDY: INFORMAL LAND RIGHTS</p>			
Project Approval No			
Project Description			
Name of Implementa- tion Agent/Support Organisation*			
Name of Financial Agent/Account Admini- strator*			
Approval Code			
<p>THE APPLICATION IS HEREBY RETURNED AS THE FOLLOWING ADDITIONAL INFORMATION IS REQUIRED:</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>4.....</p> <p>5.....</p>			
<p>IN CASE OF INCOMPLETE INFORMATION - CONTACT (To be completed by Applicant)</p>			
NAME :			
POSTAL ADDRESS :			

In the application form, the following glossary of terms is applicable:



For office use only

* Where the people's housing process applies.

TABLE 1

THE FOLLOWING DOCUMENTS WERE FOUND TO BE PRESENT	T
Certified copy of bar coded R.S.A. Identity Document - (self and spouse/spouses*)	
Certified copy of Divorce Settlement	
Certified copy Permanent Residence Permit (if applicable)	
Proof of Disability	
Authorised Building Contract and Plan	
Bill of Material {costed}	
Proof of Monthly Income	
Certificate by leader of community confirming the right to occupy state land by virtue of the laws and customs of the tribe	
Documentary proof of registered quitrent tenure right or registered right/permission to occupy	
Documentary proof of right to occupy land by virtue of administrative practice such as unregistered quitrent tenure right or unregistered right/permission to occupy If documentary proof of unregistered quitrent tenure right or unregistered right/permission to occupy has been lost:	
- Affidavit of applicant that he or she has lost the documentary proof in respect of the abovementioned rights and has occupied the land for at least 5 years;	
- Affidavits by all the members of the households occupying the allotment that the applicant's right to occupy is uncontested;	
- Certificate of registered owner of land, that there are no competing claims in respect of allotment.	
The Minister of Land Affairs' approval of the proposed development, where person has access to land and has been identified in the development approval	
Signed Affidavit	

TABLE 2

STEP	PROCESS RECORD	DATE	SIGNATURE
1	Application Received		
2	Procedural Check		
3	Application Returned for Correction		
4	Application Returned Corrected		
5	Data Capture		
6	Data Verified		
7	Searches Completed		
8	Filed		
9	Date Subsidy Approved by PHDB		

SECTION A : PERSONAL DETAILS (Please mark with X where required)									
A "Spouse" is defined as a Husband, Wife or Long Term Partner.									
Marital Status									
Married		Habitually Co-habiting		Period of co-habiting					
Divorced		Widow		Widower		Number of financial dependants			
◆	Number of spouses	APPLICANT				SPOUSE (or deceased partner)			
Surname									
Maiden or Former Name									
Full first Names									
Identity Number									
Gender		Male		Female		Male		Female	
Race		African		White		African		White	
		Coloured		Indian		Coloured		Indian	
		Other				Other			
If other specify									
Residential Address :					Postal Address :				
" Disabled		Yes		No					
◆ In the case where the applicant has more than one spouse and wish to apply for a separate Rural Subsidy in respect of each spouse, a separate application form (Section A - G and affidavit) for each qualifying spouse is required.									
" If you or any of your dependants are disabled and the variation of the subsidy amount is required, please attach original medical form, duly completed and signed by your District Surgeon / Medical Practitioner, who must be registered with the Medical and Dental Council.									

SECTION B : DETAILS OF DEPENDANTS (If more than two dependants, only the information of 2 dependants are required)			
Surname	Initials	Relationship to Applicant	Age
Total number of dependants			

SECTION C : MONTHLY INCOME DETAILS		
	Applicant	Spouse
Indicate if you are		
- Unemployed		
- Employed		
- Self Employed		
- Pensioner		
Basic Monthly Income	R	R
Regular Periodic Allowances	R	R
Housing Allowance From Employer	R	R
Future Housing Allowance From Employer	R	R
Commission (12 months average)	R	R
Pension or Disability Grant	R	R
TOTAL	R	R
COMBINED TOTAL OF BOTH INCOMES	R	
Amount of Subsidy Applied For	R	

This indicates an allowance to be received once you have acquired ownership of a property.

SECTION D : DETAILS OF CITIZENSHIP		
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		
Community/Tribal membership:	•	
• Supply name of Tribe		
• Supply name of Chief/Headman		

SECTION E : DETAILS OF PROPERTY					
Name of owner					
District		Municipality			
Township Township Extension		Stand or Allotment No.			
Unit No.					
Description of Dwelling *	Flat			House	
Type of Tenure *	Registered quitrent tenure right or registered right/permis- sion to occupy		Unregistered quitrent tenure right or registered right/permis- sion to occupy	Other Rights in respect of State Land in terms of Interim Protection Act	
	Other: Specify.....				

SECTION F : FUNDING DETAILS IN RESPECT OF PURCHASE OF PROPERTY			
TOTAL ESTIMATED COSTS	R		
a) Amount of Home Loan, if applicable	R		
a) (i) Source of Home Loan, if applicable	Financial institution	Non- traditional lender	Other: submit details
a) (ii) Monthly Repayment on Home Loan	R		
b) Employer's Contribution	R		
c) Own Cash Contribution	R		
d) Own Building Material Contribution	R		
e) Disability Variation Subsidy	R		
f) Geotechnical Variation Assistance	R		
g) Subsidy Amount	R		
TOTAL	R		

SECTION G : DETAILS OF IMPLEMENTATION AGENT ***		
Name :		
Address :		
Approval Code of PHDB		
Telephone No.	Code	
Fax No.	Code	

SECTION H : DETAILS OF FINANCIAL AGENT ***		
Name :		
Address :		
Approval Code of PHB		
Telephone No.	Code	
Fax No.	Code	

SECTION I: UNDERTAKING BY APPLICANT WHO HAVE CONTRACTED A POLYGAMOUS MARRIAGE	
I, the undersigned applicant do hereby confirm that I have contracted a polygamous marriage and undertakes the following:	
<ul style="list-style-type: none"> • Not to evict my spouse(s) or any financial dependants of that spouse(s) from the property/properties in respect of which the subsidy/subsidies has been granted for any reason whatsoever; • That should I breach this undertaking, I shall refund the subsidy/subsidies granted to me in respect of the relevant property/properties, together with interest on that subsidy/subsidies, calculated at a rate equal to the prime overdraft lending rate charged from time to time by First National Bank Limited of South Africa to its most favoured customers, which interest will be calculated and compounded annually in arrears with effect from the date upon which the final payment(s) of the subsidy/subsidies is/are made up to and including the date upon which I caused the spouse(s) and/or the financial dependants to be evicted from the property/properties concerned. 	
..... SIGNATURE OF APPLICANT	DATE:.....

AFFIDAVIT BY APPLICANT & SPOUSE / PARTNER *

APPLICANT

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

1. That all the information contained on this application form including Appendix 2A attached hereto is true and correct and that all material facts have been disclosed therein.
2. That neither I nor my 'Spouse(s)' (as defined in Section E 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.
3. That information supplied with regard to dependants, is correct.
4. That all details given in this application form with regard to myself and my income are true and correct.
5. That the disabled person referred to in the medical certificate (Appendix 2A) is either myself, my spouse (as defined in the application form), my child or my financial dependant.

I further acknowledge :

6. That I am aware that if any information supplied by me in this application is incorrect or fraudulent, the Housing Board may take appropriate civil action against me and may also institute criminal proceedings.

.....
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 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*

I CERTIFY that the Deponent's have/has 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:
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.