

DOCUMENTS TO ACCOMPANY THIS APPLICATION

TYPE OF REBATE	CERTIFIED COPY OF ID	COPY OF W & L AND RATES ACC.	CONFIRMATION OF MEDICAL BOARDING OR RECEIPT OF DISABILITY FROM DEPT OF SOCIAL SERVICES	CERTIFIED COPY OF MARRIAGE CERTIFICATE OR AFFIDAVIT	CERTIFIED COPY OF TITLE DEED
PENSIONERS	X	X		X	X
DISABILITY	X	X	X	X	X
MEDICALLY BOARDED	X	X	X	X	X

DETAILS OF OTHER TITLE HOLDERS IN THE PRIMARY PROPERTY

NAME	IDENTITY NUMBER	CONTACT NUMBER	RELATIONSHIP TO APPLICANT

(attach a separate list if this space is insufficient)

DETAILS OF APPLICANT'S OWNERSHIP IN PROPERTIES OTHER THAN PRIMARY PROPERTY

ERF DESCRIPTION	RATE NO.	TENANTS NAME	WATER ACC NO.	ELECTRICITY ACC NO

(attach a separate list if this space is insufficient)

QUALIFYING CRITERIA FOR ALL APPLICANTS

SENIOR CITIZENS:

1. The applicant must be sixty (60) years or older.
2. The applicant must produce a certified copy of his / her South African bar coded Identity Document.
3. The applicant must be the registered owner of the primary residential property. This includes co-owners who are married to each other or property owned solely by either spouse, a copy of the marriage certificate must be produced. In terms of the Rates Policy, a primary property means 'the residential property on which the owner permanently resides for at least 9 (nine) months in a year'.
4. In the case of joint ownership, all owners must meet the qualifying criteria.
5. The applicant must reside permanently on the primary property as specified in 3 above.
6. The value of the primary property must not exceed a value as determined by a Council resolution at its annual budget.
7. In the case of a Trust, the Trustee must meet all of the above criteria. A copy of the Title Deed must be produced.
8. Executors / Administrators of deceased estates, Liquidators and Trustees are excluded from the rebates.

DISABILITY GRANTEES / MEDICALLY BOARDED PERSONS:

1. Disability Grantees: the applicant must be in possession of a letter, issued either by the Department of Social Welfare, confirming receipt of a disability grant, OR by a specialist medical practitioner confirming disability and inability to work.
2. Medically boarded persons: the applicant must produce a letter from the Applicant's relevant ex-employer or the underwriter for the employer confirming medical boarding.
3. The applicant must produce a South African bar coded Identity Document.
4. The applicant must reside permanently on the primary property.
5. The applicant must be the registered owner of the primary property. This includes co-owners who are married to each other or property owned solely by either spouse.
6. The water, electricity and rates accounts must be consolidated into the name of the applicant.
7. In the case of a Trust, the Trustee must meet all of the above criteria. A copy of the Title deed must be produced.
8. Executors / Administrators of deceased estates, Liquidators and Trustees of Insolvent Estates and temporary disability grantees are excluded from the rebates.



**APPLICATION FOR REBATE
SENIOR CITIZENS, DISABILITY GRANTEES &
MEDICALLY BOARDED PERSONS**

Tel: 031 324 5000
Fax: 031 324 5500
E-Mail: revline@durban.gov.za
Website: http://www.durban.gov.za

DECLARATION

I/WE the undersigned, _____, do hereby declare that the information supplied is to the best of my knowledge, true and correct.

I/WE acknowledge that the Municipality reserves the right to prosecute anyone who willfully provides false information with the intention to benefit unlawfully from the rebates awarded.

I/We agree that incorrect information would affect the consideration of my application/rebate renewal and that the Municipality has a right to cancel my rebate at any stage.

I /WE acknowledge that I will be liable for any fee the Municipality may charge or any appropriate legal action as a result of incorrect information relied upon on this application/rebate renewal.

Undertake to furnish additional documentary proof, if requested.

Consent to the processing of the Information, for all purposes associated with the Application hereby made and/or any other purpose compatible with the purpose for which it was initially provided and/or necessary for the legitimate and justifiable interests of the Municipality.
AND

Acknowledge that if I wilfully give information which is false in any material respect, I shall be guilty of an offence

SIGNATURE

DATE

FOR OFFICE USE ONLY

Date received by Council: _____ Name of Receiving Official: _____

Signature of Receiving Official: _____

PLEASE COMPLETE IN BLOCK LETTERS