

MAKHUDUTHAMAGA LOCAL MUNICIPALITY INDIGENT

 MAKHUDUTHAMAGA LOCAL MUNICIPALITY	APPLICATION FOR INDIGENT 2024/2025	 MAKHUDUTHAMAGA LOCAL MUNICIPALITY
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SECTION A: PARTICULARS OF APPLICANT																															
OWNERS'S SURNAME														DATE OF OWNERSHIP																	
														DD		MM		Y		Y											
														TITLE										GENDER							
OWNER'S FULL NAME														Mr		Mrs		Ms		F		M									
														MARITAL STATUS(TICK WITH an X)																	
PASSPORT /SA IDENTITY No.														SINGLE		MARRIED		DIVORCED		WIDOWED											
CELL No.														TELL No.																	
RESIDENTIAL ADDRESS														WARD No.																	
STAND NUMBER																															
VILLAGE																															
POSTAL ADDRESS														POSTAL CODE																	
ARE YOU EMPLOYED														YES		NO		IF YES,STATE THE NAME OF EMPLOYER BELOW													
CELL NO														TELEPHONE NO																	

SECTION B : OTHER MEMBERS OF THE HOUSEHOLD									
SURNAME & INITIALS		GENDER		ID NO	RELATIONSHIP WITH APPLICANT	GRANT NAME/OCCUPATION	MONTHLY INCOME		
		F	M				R	C	
TOTAL HOUSEHOLD INCOME/ GRANTS PER MONTH									

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SECTION D : DECLARATION

IThe undersigned, do hereby declare that the information provided above is to the best of my knowledge true and correct, and furthermore acknowledge that:

- a) The Municipality reserves the right to not to register me as an indigent.
- b) This application is subject to verification and council approval before registration.
- c) This information is public and will be published, made available to interested parties in both private and public sector including credit bureau.

Signed at.....on.....day of.....20.....

.....
Applicant (Signature)

.....
Witness 1

.....
Witness

NB. Please attach the following supporting documents.

1. Certified ID Copy of Applicant/s
2. Proof of Total household income
3. Affidavit if no income
4. Electricity token receipt
5. Section D, declaration part must be stamped with the police commissioner's stamp.
6. Proof of residence
7. Certified ID copies of household members.

SECTION E: FOR OFFICE USE ONLY

MUNICIPAL MANAGER	APPROVED		NOT APPROVED	
SIGNATURE		DATE		
DATE OF REGISTRATION		REGISTERED BY:		