



**RATES REBATES APPLICATION FORM: 2017/2018**

**PLEASE USE BLACK CAPITALS ONLY AND TICK APPLICABLE BLOCKS**

SENIOR CITIZENS

DISABILITY GRANTEE REBATE

MEDICALLY BORDERED REBATE

CHILD HEADED HOUSEHOLDS

FULL NAME OF APPLICANT

IDENTITY NUMBERS

RATES ACCOUNT NUMBER

SERVICES ACCOUNT NUMBER

ERF DESCRIPTION (primary property)

PHYSICAL ADDRESS OF PROPERTY (PRIMARY PROPERTY )

TELEPHONE NUMBER : OFFICE  CELL NUMBER

EMAIL ADDRESS :

POSTAL ADDRESS :

	A	B	C	D	E
PLEASE MARK THE ALPHABET WHICH INDICATES YOUR AVERAGE MONTHLY INCOME WITH AN X	CHILD HEADED				
	R0.00	R1000-R3000	R3001-R8000	R8001-10 000	OVER 10 000.
	100%	55%	40%	25%	10 %

**Details of the other Title holders in the primary property**

Name	Identity Number	Contact Numbers	Relationship to Applicant

**Details of Applicant ownership in properties other than Primary Property**

Erf Description	Rate Number	Tenants Name	Services Account Number

**Documents to accompany this application**

Type Of Rebate	Certified Copy Id	Confirmation of Medical Bordering or receipt of disability Grant	Certified Copy of Marriage Certificate or Affidavit	Proof Of Income
SENIOR CITIZENS	xxx		xxx	xxx
DISABILITY	xxx	xxx	xxx	xxx
MEDICALLY BORDERED	xxx	xxx	xxx	xxx
CHILD HEADED	xxx		xxx	xxx

**QUALIFYING CRITERIA**

**SENIOR CITIZENS**

- a) Must be sixty years of or older or turning sixty after August 2018
- b) Must produce certified copy of bar coded ID and marriage certificate or an affidavit that the tittle holders are married and living together with the application for rebate
- c) Must be registered property owner/Must have letter of authority
- d) The applicant must reside permanently on the primary property
- e) Application must be renewed annually
- f) Application to be submitted by the end June every year preceding the start of the new financial year for which the relief is sought
- g) Proof of Income

**DISABILITY & MEDICALLY BORDERED**

- a) The value of the primary property must not exceed a value as determined by a Council resolution at its annual budget
- b) Must produce certified copy of bar coded ID and marriage certificate or an affidavit that the tittle holders are married and living together with the application for rebate
- c) Must be registered property owner/Must have letter of authority
- d) The applicant must reside permanently on the primary property
- e) Application must be renewed annually
- f) Applicant must be in possession of a letter issued by the Department of Social Welfare confirming receipt of disability grants or provides confirmation of medical disability and inability to work from specialists or medical practitioner.



**CHILD HEADED HOUSE HOLDS**

- a) A copy of the Execution ship or Administration of the Deceased Estate
- b) A copy of liquidation and Distribution Account showing transfer of property to the minors
- c) The Death Certificates of parents
- d) Birth certificates of all minors residing on the property
- e) Application must be renewed annually and may be required to be affirmed by the Department of Social services.



**AFFIDAVIT**

I, \_\_\_\_\_ undertake to notify the municipality immediately should any change occur in the use of the property of the conditions conferring a rebate in terms of the Municipal property Rates Act ,no of (MPRA)and rating policy for 2017/2018 as approved by Council.

I further acknowledge that should it transpire that any information was knowingly/unlawfully/incorrectly recorded/supplied by me, Greater Kokstad Municipality has the right to withdraw any rebate granted and recover any such rebates. The Municipality will raise interest on such accounts where such rebates were fraudulently obtained, and reserve the right to take further action against any person/s who supplied the false information.

Applicants Signature: .....

Email Address: .....

DATE SUBMITTED           

Official                  Receiving                  Application:                  Name                  &                  Surname:  
.....

Date Received:           

---

**ENQUIRIES**

- Tel Nu : 039 7976600/039 7976621/039 7976672
- Fax : 0865062541
- Office Hours : Monday-Thursday & Fridays

08h00-16h30      08h00-16h00

Email: [Nonzukiso.Juqu@kokstad.gov.za](mailto:Nonzukiso.Juqu@kokstad.gov.za)

NOTE

- ✓ All applications for rebates must reach the office on or before end June of the year being applied for
  - ✓ No applications by fax will be accepted
  - ✓ The municipality reserves the right to inspect the relevant property before or after granting a rates rebate and to revoke or amend any decision made prior to this investigation
- 
- ✓ APPLICATIONS WILL ONLY BE PROCESSED ON RECEIPT OF ALL REQUIRED DOCUMENTS AS LISTED
  - ✓ NO LATE APPLICATIONS WILL BE CONSIDERED