



EtheKwini Revenue
Florence Mkhize Building
251 Anton Lembede Street
Durban
4001

APPLICATION FOR REBATE CHILD HEADED HOUSEHOLDS

Tel: 031 328 1200
Fax: 031 328 1002
E-Mail: ratesline@durban.gov.za
Website: <http://www.durban.gov.za>

TO BE SUBMITTED BY 30 APRIL EACH YEAR
PLEASE COMPLETE IN BLOCK LETTERS

APPLICANT DETAILS

TITLE	<input type="text"/>	INITIALS	<input type="text"/>	DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	
FULL NAME & SURNAME (Applicant)	<input type="text"/>							
CAPACITY OF APPLICANT	<input type="text"/>							
IDENTITY NUMBER	<input type="text"/>			GENDER	<input type="checkbox"/>	MALE	<input type="checkbox"/>	FEMALE
RATE NUMBER	<input type="text"/>		WATER ACC NO	<input type="text"/>				
ELECTRICITY ACC NO	<input type="text"/>							
ERF DESCRIPTION	<input type="text"/>							
STREET NUMBER	<input type="text"/>	STREET NAME	<input type="text"/>					
SUBURB	<input type="text"/>							
CITY / TOWN	<input type="text"/>				POSTAL CODE	<input type="text"/>		
POSTAL ADDRESS	<input type="text"/>							
	<input type="text"/>				POSTAL CODE	<input type="text"/>		
CELLULAR PHONE NUMBER (Preferred)	<input type="text"/>			HOME NO	<input type="text"/>	<input type="text"/>		
E-MAIL ADDRESS	<input type="text"/>							
DOMICILIUM CITANDI ET EXECUTANDI (Service address for legal process)	<input type="text"/>							
	<input type="text"/>				POSTAL CODE	<input type="text"/>		

DECLARATION

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

SIGNATURE

DATE

DOCUMENTS TO ACCOMPANY THIS APPLICATION

1. Certified Copy of Identity Document or Birth Certificates of children residing on the property
2. Copies of all Municipal accounts, i.e. Rates, Water & Electricity, not older than 3 months
3. Confirmation in writing from the Department of Social Development confirming that the household has been investigated and is confirmed to be child headed
4. If the parent is deceased:
 - a. A copy of the letter of Executorship or Administration of the Deceased Estate
 - b. A copy of the Liquidation and Distribution Account showing transfer of the property to the minors
 - c. The death certificate of the parent
5. If the parent is terminally ill, a certified copy of the Medical Report confirming his / her status

QUALIFYING CRITERIA

- a) The terminally ill parent, the child or the deceased estate of the parent as aforesaid must be the owner of the property;
- b) The minors must reside permanently on the property;
- c) The value of the applicants property must not exceed a value as determined by a resolution of Council at its annual budget;
- d) Applications must be renewed annually by the Department of Social Welfare
- e) Late applications may be reinstated with effect from the next practical billing cycle.

FOR OFFICE USE ONLY

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

Signature of Receiving Official: _____