

XXXXXXXXXX LOCAL MUNICIPALITY

HOUSEHOLD INDIGENCE SUBSIDY SCHEME

VERIFICATION OF INFORMATION SUPPLIED:

ACCOUNT NUMBERS/S 1. _____
2. _____

In terms of the Indigence Subsidy Scheme, the applicant agreed that Municipal Employees may conduct an on site audit to verify the information supplied on the application form.

SECTION A: PARTICULARS OF ACCOUNT HOLDER

1. Surname: _____
2. First Names: _____
3. Date of Birth: _____
4. Residential Address: _____
5. Postal Address: _____
6. I.D. Number: _____
7. Telephone No. on site: _____
8. Person/s interviewed: 1. _____ 2. _____ 3. _____
9. Number of people living on property (over 18): _____

SECTION B: INCOME OF HOUSEHOLD

I.D. NUMBER	INITIALS AND SURNAME	GROSS MONTHLY INCOME	SOURCE OF INCOME	EMPLOYED YES/NO	PROOF OF INCOME
TOTAL			(A)		

SECTION C: INSURANCE POLICIES

COMPANY	POLICY TYPE	MONTHLY PAYMENTS
TOTAL		(B)

SECTION D: CREDIT PURCHASES

Please furnish the following details regarding credit transactions entered into by any of the household during the last twelve months

ITEM	SUPPLIER	MONTHLY PAYMENTS
TOTAL		(C)

SECTION E: ASSETS

a) PROPERTY OCCUPIED BY HOUSEHOLD

Name of owner: _____
 Bondholder: _____
 Bond repayments per month: _____
 Type of structure: _____
 Do you own more than one property? YES/NO
 If YES furnish full details: _____
 & Should the household live in a rented home state monthly rental: _____
 Do you sublet part of or whole of the above properties?: YES/NO
 If YES state names of tenants and monthly rental:
 Name: _____ Rental: _____
 Name: _____ Rental: _____
 Total:

b) MOVABLE ASSETS

ITEM	HIRE PURCHASE/ PERSONAL LOAN	INSURANCE	MONTHLY REPAYMENT	VIEWED ON SITE: Y/N
Motor vehicle				
Television				
Lounge suite				
Fridge				
Stove				
Dining room suite				
Other				
TOTAL				

(D)

Information supplied by: _____
 Full Name Signature Date

DECLARATION BY VERIFYING OFFICER:

I, the undersigned, who on behalf of the Municipality, conducted an on site audit at the above address to verify the information supplied on application for the Indigence Subsidy, hereby solemnly declare that:

- a) All the particulars furnished in this form were supplied by the household;
- b) None of the above particulars were in any way altered by myself unless instructed to do so by the household.
- c) Based on my investigation, it is my belief that to the best of my knowledge the above household: qualifies for the subsidy/ needs to be further investigated.

 Full name of Verifying officer Signature Date

 Signature: Supervisor TOTAL INCOME R (A)
 TOTAL EXPENDITURE R (B) + (C) + (D)