

ANNEXURE F

INDIVIDUAL REGISTRATION NUMBER		INDIVIDUAL PHDB RESOLUTION NUMBER	
APPLICATION FOR A PROJECT LINKED SUBSIDY			
PROJECT UNDERTAKEN BY DEVELOPER*			
PROJECT UNDERTAKEN THROUGH PEOPLE'S HOUSING PROCESS*			
PEOPLE'S HOUSING PROCESS*			
Indicate beneficiaries:			
a) Non owners (occupants)*		••	
b) Occupants*		••	
c) Landless people*		••	
PROVIDE PROJECT DETAILS (TO BE COMPLETED BY DEVELOPER/SUPPORT ORGANISATION)			
Project Application Registration Number		Project Application PHDB Resolution Number	
Project Description			
Name of Developer / Support organisation (SO)			
THE APPLICATION IS HEREBY RETURNED AS THE FOLLOWING ADDITIONAL INFORMATION IS REQUIRED:			
1.			
2.			
3.			
IN CASE OF INCOMPLETE INFORMATION - CONTACT:			
(To be completed by Applicant)			
NAME:			
POSTAL ADDRESS:			
TELEPHONE NUMBER:			

In the application form PHDB means Provincial Housing Development Board

For office use only

Tick (•) whichever is applicable.

TABLE 1 THE FOLLOWING DOCUMENTS MUST BE ATTACHED AND WERE FOUND TO BE PRESENT		OFFICIAL USE	
Certified copy of marriage certificate			
Certified copy of bar-coded Identity document	SELF	SPOUSE	
Certified copy of Birth Certificate bearing the eight digit identity number			
Certified copy of divorce settlement			
Certified copy of a Spouse's Death Certificate			
Proof of Disability (appendix 1)			
Proof of loan granted by lender where applicable			
Certified copy Agreement of Sale			
Certified copy of Building contract and approved Building plan			
Certified copy of Sale of land and House Building Support Agreement i.r.o People's Housing Process (PHP)			
Certified copy of proof of monthly Income			
Certified copy of Permanent Residence Permit (Bar coded Permit)			

TABLE 2 (for official use only)			
	PROCESS RECORD	DATE	signature
1.	Application received		
2.	Procedural Check		
3.	Application Returned for Correction		
4.	Application Returned Corrected		
5.	Data Captured		
6.	Data verified		
7.	Searches Completed : a) Internal Affairs b) Deeds Office c) National Housing Data Base		
8.	Filed		
9.	Date Subsidy approved By PHD		
10.	Date applicant/developer/CBP notified of PHD acceptance/non-acceptance		

SECTION D: DETAILS OF CITIZENSHIP (to be completed by applicant)		
Are you a South African Citizen	YES*	NO*
If you are not a South African Citizen Supply The Following:		
Country of which you are a Citizen		
South African Permanent Residence Permit Number		
Date Permit was Issued		

SECTION E: DETAILS OF PROPERTY TO BE PURCHASED WITH SUBSIDY (To completed by applicant)				
Name of seller (or owner in case of land availability agreement)				
District:		Municipality		
Township:		Erf (Stand) /		
Township Extension:		Lot Number*		
Unit Number				
Description of Dwelling*	Flat (Name of Building)	House (street Address)		
Type of tenure	Ownership*	Leasehold*	Deed of grant*	Other*
	If other: Specify			

Section F (i): FUNDING DETAILS IN RESPECT OF PURCHASE OF PROPERTY (To be completed by applicant)	
TOTAL PRODUCT PRICE	R
a) Subsidy	R
b) Amount of Home Loan, if applicable	R
c) Employer's Contribution if any	R
d) Own Cash Contribution	R
e) Own Building Material contribution	R
TOTAL	
SECTION F (ii) (to be completed by the Provincial Housing Department)	
f) Subsidy amount qualified for	R
g) Disability subsidy (plus)	R
h) Geotechnical Assistance (plus)	R
Sub Total	
i) Grant Received from State Resources (Minus)	R
J) Previous capital expenditure (minus)	R
Total Subsidy Amount Qualified for	R

SECTION G: DETAILS OF DEVELOPER (To be completed by developer)			
Name: .			
Postal Address:			
National Home Builders Registration Council's Registration Number:			
Telephone number	Code		
Facsimile Number	Code		

SECTION H: DETAILS OF SUPPORT ORGANISATION (To be completed i.r.o. People's Housing Process by support organization)			
Name:			
Postal address:			
Telephone Number	Code		
Facsimile Number	Code		
Full description of legal status and registration number if applicable			

AFFIDAVIT BY APPLICANT & SPOUSE/PARTNER

We, the undersigned applicant and spouse/partner, do hereby solemnly / under oath* declare:

1. That all the information contained in this application form (including Appendix 1) is true and correct and that all material facts have been disclosed therein.
2. That we are married to each other / habitually cohabit with each other as if we are husband and wife.*
3. That neither of us:
 - currently owns or has ever previously owned any residential property in full ownership, leasehold or deed of grant;
 - have never purchased a State-subsidised residential property of which transfer has not yet been taken;
 - have previously received financial assistance from the Government of the Republic of South Africa or Independent Development Trust or the former Self Governing Territories or TBVC States or any other State financed subsidies in order to acquire a residential property; and
 - estate's has, at the date of this application, been sequestrated or made insolvent.
3. That the information supplied with regard to dependants, is correct.
4. That all details given in this application form with regard to ourselves, our income and employment status are true and correct.
5. That all details given in this application form with regard to ourselves, our income and employments status are true and correct.

We, further acknowledge:

6. That should the property, which we are to acquire, not have been transferred to us within three months after the date on which the Provincial Housing Department has made the subsidy amount available to us, the Provincial Department shall, at its discretion, be entitled to withdraw the subsidy.
7. That we are aware that if any information supplied by us in this application is incorrect or fraudulent, the Provincial Department may take appropriate legal action against us and may also institute a criminal prosecution.

APPLICANT

SPOUSE / PARTNER

Full names and Surname:

Full names and Surname:

.....
SIGNATURE OF APPLICANT

.....
SIGNATURE OF SPOUSE/PARTNER

COMMISSIONER OF OATHS

I CERTIFY that the Deponent/s has/have acknowledged that he/she/they* know and understand the contents of their affidavit/s, which was/were signed and sworn to/affirmed* before me at
on this day of..... of the year

OFFICIAL DATED STAMP

Full names and Surname:

Identity Number:

Capacity:

Postal Address:

Area:

.....
SIGNATURE OF COMMISSIONER OF OATHS

MEMORANDUM OF AGREEMENT

Between

.....
APPLICANT

Identity number:

and

.....
SPOUSE/PARTNER

Identity number:

Whereas the above mentioned parties have applied jointly to acquire a subsidised dwelling on the basis that they are either married or cohabiting as if they are married, the parties agree and acknowledge that they will be joint owners of the property to be acquired by means of the subsidy.

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

.....
SIGNATURE OF APPLICANT

.....
SIGNATURE OF SPOUSE/PARTNER

Witness

1.

2.

Appendix 1

MEDICAL CERTIFICATE IN RESPECT OF DISABLED PERSONS AS REQUIRED IN THE HOUSING SUBSIDY SCHEME OF THE GOVERNMENT OF SOUTH AFRICA
 (To be completed by district surgeon/medical practitioner and submitted with Housing Subsidy Application Form)

1. Name of subsidy applicant:

2. Postal Address:

3. Identity No

4. Name of disabled person

5. Relation of disabled person to applicant, if not applicant:

Husband*	Wife*	Long term partner*	Child*	Financial dependant*
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6. Nature of Disability*

CATEGORY	NATURE	DEGREE
A	Walking	Walking aids
B	Walking	Wheel chair - partial usage
C	Walking	Wheel chair - full time usage
D	Hearing	Partially/profound deaf
E	Vision	Partially/Totally blind
F	Limited or no use of upper body limbs	Partial/Total movement loss/paralyses in the upper body limbs

7. Particulars of district surgeon/medical practitioner:

7.1 Surname:

7.2 Full Names:

7.3 Postal Address:

7.4 Registration Number with the Medical and Dental Council:

7.5 Telephone Number: ()

7.6 Facsimile Number: ()

I certify that the above details are true and correct.

Signature: _____ Date: _____
 MEDICAL PRACTITIONER

* Tick whichever is applicable.

INCOME AFFIDAVIT

I, the undersigned applicant

Name: _____

IDENTITY NUMBER: _____

and/or

I, the undersigned spouse / partner

Name: _____

IDENTITY NUMBER: _____

ADDRESS: _____

Do hereby make solemnly / under oath* declare:

1. I am / we are unemployed / self employed as _____
2. My / our average monthly income from above-stated is R _____
3. I / we have no other source of regular income.

SIGNATURE OF APPLICANT

SIGNATURE OF SPOUSE PARTNER

I certify that the applicant / spouse or partner has acknowledge that he/she knows and understands the contents of this affidavit, the legal implications of which have been explained to the deponent/s, which affidavit was signed /declared / sworn to before me at _____ on this day of ____ of the year _____.

OFFICIAL DATE STAMP

Full names and Surname:

Identity Number:

Capacity:

Postal Address:

Area:

SIGNATURE OF COMMISSIONER OF OATHS