



Address all correspondence to the Municipal Manager

## Dipaleseng Municipality

Private Bag X 1005  
Balfour, 2410  
Tel: (017) 773-0055  
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### APPLICATION BY INDIGENT RESIDENT FOR ASSISTANCE 2017/2018

ERF /STAND NO: \_\_\_\_\_ STREET: \_\_\_\_\_ WARD NO: \_\_\_\_\_

PRE PAID METER NO: \_\_\_\_\_

1. APPLICANTS SURNAME \_\_\_\_\_

ID NUMBER \_\_\_\_\_

TEL NO \_\_\_\_\_

AGE \_\_\_\_\_ SOURCE OF INCOME \_\_\_\_\_

2. EMPLOYER (WHERE APPLICABLE) \_\_\_\_\_

3. TOTAL NUMBER OF OCCUPANTS

NO.	NAME	AGE		

4. PLEASE ATTACH THE FOLLOWING : PROOF OF RESIDENCE

- COPY OF ID
- COPY OF BANK STATEMENT
- COPY OF PAYSIP
- SWORN STATEMENT(POLICE STATION)**

5. COMMENTS COMMITTEE: \_\_\_\_\_

6. IT IS CONFIRMED THAT THE ABOVE MENTIONED INFORMATION IS CORRECT:

\_\_\_\_\_  
SIGNATURE APPLICANT

\_\_\_\_\_  
SIGNATURE WARD COUNCILLOR

\_\_\_\_\_  
DATE OF APPLICATION

#### FOR OFFICE USE

6. ACCOUNT NUMBER: \_\_\_\_\_

7. ASSISTANCE AMOUNT : \_\_\_\_\_

8. PROCESSED BY : \_\_\_\_\_

9. APPROVED BY: \_\_\_\_\_