



Address all correspondence to the Municipal Manager

Dipaleseng Municipality

Private Bag X 1005
Balfour, 2410
Tel: (017) 773-0055
Fax: (017) 773-0169
Email: dipaleseng@worldonline.co.za

APPLICATION BY INDIGENT RESIDENT FOR ASSISTANCE 2021/2022

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 |
|-----|------|-----|
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4. PLEASE ATTACH THE FOLLOWING:

- PROOF OF RESIDENCE
- COPY OF ID
- SWORN STATEMENT (POLICE STATION)
- COPY OF BANK STATEMENT

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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

7. ACCOUNT NUMBER: _____

8. ASSISTANCE AMOUNT: _____

9. PROCESSED BY: _____

APPROVED BY: _____