



# HOUSING NEEDS REGISTER APPLICATION

Date received 

Y	Y	Y	Y	M	M	D	D
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Registration number 

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- New application       Information update       Transfer to another rental unit  
 Transfer from rental unit to buy

## APPLICANT'S PERSONAL INFORMATION

Surname

Name

Identity number 

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 Please attach a copy of ID book/card

Date of birth 

Y	Y	Y	Y	M	M	D	D
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 Cell number

Email address  Alternative cell number

## SPOUSE/PARTNER'S PERSONAL INFORMATION (i.e. your wife / husband)

Surname

Name

Identity number 

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 Please attach a copy of ID book/card

Date of birth 

Y	Y	Y	Y	M	M	D	D
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 Cell number

## RESIDENTIAL ADDRESS (address where you currently live)

Room / flat number  Name of block  Structure number

Street name and number

Suburb  Postal code

Home telephone number  Work telephone number

If you live in an informal settlement, what is the settlement's name

How long have you lived in that settlement?  Years  Months

## DETAILS OF PRESENT LIVING ACCOMMODATION

In main house / flat / hostel with the owner or tenant       Outside room for renting  
 Wood and iron shack       Wendy House       Caravan / vehicle Other,  
 please describe

## MARITAL STATUS

Single, with no dependants  
 Single / unmarried with dependants  
 Married, in community of property  
 Married, out of community of property (antenuptial agreement)  
 Customary marriage / Muslim marriage  
 Common law partner Divorced,  
 with no dependants Divorced  
 with dependants  
 Separated / deserted by partner with dependants Engaged  
 to be married  
 Widowed

Date married 

Y	Y	Y	Y	M	M	D	D
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Date married 

Y	Y	Y	Y	M	M	D	D
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Date married 

Y	Y	Y	Y	M	M	D	D
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Partners since 

Y	Y	Y	Y	M	M	D	D
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Date of divorce 

Y	Y	Y	Y	M	M	D	D
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Date of divorce 

Y	Y	Y	Y	M	M	D	D
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Separated since 

Y	Y	Y	Y	M	M	D	D
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**INCOME DETAILS OF APPLICANT AND SPOUSE / PARTNER**

Applicant (gross wage / salary) Income per month  Income per week   
 Spouse / partner (gross wage / salary) Income per month  Income per week

**TYPE OF INCOME**

<input type="checkbox"/> Military veterans grant	Disability	Amount per month	<input type="text" value="R"/>
<input type="checkbox"/> grant		Amount per month	<input type="text" value="R"/>
<input type="checkbox"/> Old Age Pension		Amount per month	<input type="text" value="R"/>
<input type="checkbox"/> Any other regular monthly income		Amount per month	<input type="text" value="R"/>

**DETAILS OF ANY DISABILITY IN THE FAMILY** (Please complete the special needs form)

Full details of any disability or medical condition in the family

Type	Category	Degree of disability
Walking	<input type="checkbox"/> Category A	Walking aids such as walkers, crutches, walking sticks
	<input type="checkbox"/> Category B	Wheel chair - partial usage
	<input type="checkbox"/> Category C	Wheel chair - full time usage
Hearing	<input type="checkbox"/> Category D	Partially or profoundly deaf
Vision	<input type="checkbox"/> Category E	Partially or totally blind
Movement loss	<input type="checkbox"/> Category F	Partial or total loss of movement, or paralysis in the upper limbs
Other	<input type="checkbox"/> Category G	Please specify <input type="text"/>

War veteran       Truth and Reconciliation Commission (TRC) case       City of Cape Town rehabilitation

Farm resident      Farm name(s)       Duration living on the farm

**PROPERTY OWNERSHIP INFORMATION**

Have you or your spouse / partner ever owned property before? If

yes, please provide the address

Do you or your spouse / partner currently own a property? If

yes, please provide the address

Are you currently a council tenant? If

yes, please provide the address

*I hereby accept the responsibility of keeping the City's Housing Information branch informed of any change to my contact details and/or address, as all correspondence will be delivered to the last address or email address I have provided.*

***I, the applicant, declare that all information provided by me is complete and correct to the best of my knowledge. If any false declaration is made it will render this application null and void, and you will forfeit a housing opportunity.***

Signature

Date