

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

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

| Type | Category | Degree of disability |
|--|---|--|
| Walking | Category A | Walking aids such as walkers, crutches, walking sticks |
| | Category B | Wheel chair - partial usage |
| | Category C | Wheel chair - full time usage |
| Hearing | Category D | Partially or profoundly deaf |
| Vision | Category E | Partially or totally blind |
| Movement loss | Category F | Partial or total loss of movement, or paralysis in the upper limbs |
| Other | Category G | Please specify <input type="text"/> |
| <input type="checkbox"/> War veteran | <input type="checkbox"/> Truth and Reconciliation Commission (TRC) case | <input type="checkbox"/> City of Cape Town rehabilitation |
| <input type="checkbox"/> Farm resident | Farm name(s) <input type="text"/> | Duration living on the farm <input type="text"/> |

PROPERTY OWNERSHIP INFORMATION

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

YES NO

yes, please provide the address

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

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

YES NO

yes, please provide the address

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

Are you currently a council tenant? If

YES NO

yes, please provide the address

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

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

Last amended date: 2018.04.10

Date D D M M Y Y Y Y Y
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