



HOUSING COMPANY
 Registration Number: 2002/015812/08
 7 Beatty Avenue, Emalahleni, 1035
 PO Box 50036, Tasbet Park X6, 1040
 T (013) 690 1372 • F (013) 690 1604
 Toll Free No. 0800 214 721

APPLICATION FORM

SECTION A: PERSONAL DETAILS

DETAILS OF APPLICANT

Surname																												
Full Names																												
ID Number													Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>											
Race	African	<input type="checkbox"/>	White	<input type="checkbox"/>	Coloured	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Other																			
Marital Status	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Specify																			

DETAILS OF SPOUSE

Surname																												
Full Names																												
ID Number													Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>											
Race	African	<input type="checkbox"/>	White	<input type="checkbox"/>	Coloured	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Other																			

RESIDENTIAL ADDRESS

Street Number																													
Street Name																													
Building Name																													
Suburb																													
Town																									Code				
Tel Number	Code					Nr			-			Fax Nr			-														
Cell Phone Number																													
E-mail address																													

NEXT OF KIN

Surname & Name																												
Telephone Number																												
Address																												

SECTION B: DETAILS OF DEPENDANTS

	Surname	Initials	Age
Dependant 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependant 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Relationship to Applicant	Gender	
Dependant 1	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Dependant 2	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
If more than two dependants, provide total number of dependants <input type="text"/>			

SECTION C: DETAILS OF CITIZENSHIP

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 Number

Date Permit was issued

SECTION D: DETAILS OF HOUSE/ UNIT

What Type of Unit/House are you applying for:

1 Bedroom Walk-up 2 Bedroom Walk-up

2 Bedroom Semi-detached 2 Bedroom Freestanding 3 Bedroom Freestanding

How many people will occupy the Unit/House

Children under 3 Children between 3 and 18

Single Adults Adults – Married/Living Together Adults over 65

Which complex do you prefer: Uthingo Park Lesedi Court (Klarinet) Panorama Heights

Are you aware of the following

The units/ houses are for rental only Yes No

No stoves or furniture will be provided Yes No

You will be placed on a waiting list Yes No

Applicants with the best employment and credit records will be accommodated first Yes No

Do you understand the Governments Subsidy Requirements Yes No

Have you seen the show units that were built in Tasbet Park Yes No

Payroll Deduction

Will you agree to payroll deduction by Emalahleni Housing Institution as a method of rental payment Yes No

SECTION E: DETAILS OF EMPLOYMENT

Name of company, business or enterprise

Physical Address

Street Number

Street Name

Building Name

Suburb

Town Code

Tel Number Code Nr - Fax Nr -

Postal Address

Box Number

Suburb **Code**

Contact Person

Name

Position

Tel Number Code Nr - Fax Nr -

e-mail

GENERAL INFORMATION

Will your company allow payroll deductions as a method of rental payment? Yes No

Do you need more information before approval of payroll deduction can be made? Yes No

Position/Job

Period of employment Years Months

Gross Monthly Salary R -

THE FOLLOWING DOCUMENTS MUST BE ATTACHED

- Certified copy of R.S.A. Bar Coded Identity Document
- 3 months bank statements
- Proof of Monthly Income (3 months payslips)

SECTION F: DETAILS OF MONTHLY INCOME AND EXPENDITURE

Gross monthly income (Before deductions)	
Other income (specify)	
Gross Income (Calculated before deductions)	

SALARY DEDUCTIONS

Tax / PAYE	
Medical Aid	
Pension	
Provident Fund	
UIF	
Other deductions (specify)	
Total Deductions	

NET INCOME (Gross Income less Total Deductions)	
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DEBT REPAYMENT

FIXED DEBT REPAYMENTS	
Current home loan	
Personal loan/s installment	
Credit card/s account installment	
Vehicle finance and or lease repayment installment	
Other debt repayment installment	
Total Fixed Debt Repayments	

MONTHLY EXPENSES	
Household expenses	
Water and electricity	
Education expenses	
Transport / Petrol costs (excl. vehicle finance)	
Total Monthly Expenses	

Total disposal income (Net income less Total Fixed Debt Repayments less Monthly Expenses)	
Proposed rental for unit applied for (For Office Use)	

Have you applied for debt counseling or been placed under a debt review in terms of section 86 of the National Credit Act of 2005 _____

Have you been declared insolvent or placed under administration order in the last ten years?

Do you have judgments listed against you on the ITC? _____

Do you have default data listed against you on the ITC? _____

If you answered yes to the above questions, kindly provide documentary proof of the following:

Debt counseling

Insolvency / Administration

Payment / Process to remove judgments

Payments towards your defaults

DECLARATION BY APPLICANT

I, the undersigned applicant, do hereby solemnly 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 neither I nor my 'Spouse' (as defined in Section A of this form)
 - now owns or has ever previously owned any residential property in full ownership, leasehold or deed of grant;
 - has ever purchased a State-subsidised residential property of which transfer has not yet been taken;
 - has 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
 - that my estate has not, at the date of this application, been sequestrated or made insolvent.
 - is presently the legal occupant of a residential property in terms of the Institutional Subsidy Scheme.
3. That information supplied with regard to dependants, is correct.
4. That all details given in this application form with regard to myself, my income and employment status are true and correct.
5. That the disabled person referred to in the medical certificate (Appendix 1) is myself, my spouse (as defined in the application form), my child or my financial dependant.

I, further acknowledge:

6. The Provincial Housing Development Board shall, at its discretion, be entitled to withdraw the subsidy granted to the institution/ Support Organisation in the event of undue delay in compliance with the conditions of grant thereof.
7. That I am aware that if any information supplied by me in this application is incorrect or fraudulent, the Provincial Housing Development Board may take appropriate legal action against me and may also institute criminal prosecution.

Signed at on this day of20.....

.....
SIGNATURE OF APPLICANT

.....
DATE

.....
SIGNATURE OF WITNESS

.....
DATE

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 Application Form)

1. Name of applicant:									
2. Postal Address:									
3. Identity Number:									
4. Name of disabled person:									
5. Relation of disabled person to applicant, if not applicant *:									
Husband		Wife		Long term partner		Child		Financial dependant	
6. Nature of disability *									
CATEGORY		NATURE			DEGREE				
A		Walking			Walking aids				
B		Walking			Wheel chair – partial use				
C		Walking			Wheel chair – full time use				
D		Hearing			Partially/ profound deaf				
7. Special Requirement *									
7.1 Access to house – 12 square metres of paving and ramp at doorway – Groups A, B & C									
7.2 Kick plates to doors – Groups A, B & C									
7.3 Grab rails and lever action taps in bathroom – Group A, B & C									
7.4 Visual door bell indicators – Group D									
8. Particulars of district surgeon/ medical practitioner									
8.1 Surname:									
8.2 Full Names:									
8.3 Postal Address:									
8.4 Registration Number with the Medical and Dental Council:									
8.5 Telephone Number: ()									
8.6 Facsimile Number: ()									
I certify that the above details are true and correct									
Signature:					Date:				
MEDICAL PRACTITIONER/									