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### **ANNEXURE D**

INDIVIDUAL REGISTRATION NUMBER		INDIVIDUAL PI RESOLUTION NUMBER	
			IRST HOME ROGRAMME
THE APPLICATION IS HERE           1.           2.           3.	BY DECLINED FOR	THE FOLLOWING R	REASONS
PHD means Provincia Housing Department		or office use only	*Tick whichever is applicable
IN CASE OF INCOMPLETE	NFORMATION - CO	DNTACT: (To be comp	pleted by Applicant)
NAME:		ID NUMBER	<mark>.</mark>
POSTAL ADDRESS:			
CONTACT NUMBER:			
EMAIL ADDRESS:			
ACKNOWLED	GEMENT OF R	ECEIPT	
Checked & Accepted by:			WESTERN CAPE PROVINCIAL GOVERNMENT DEPARTMENT OF INFRASTRUCTURE
Submitted By:			dd/mm/yyyyy DIRECTORATE: PUBLIC INFORMATION & STAKEHOLDER RELATIONS: HELPDESK

\*\*PLEASE NOTE: faxed or emailed applications are not accepted\*\*

The original application and certified copies of all supporting documents must either be hand-delivered or posted to the following address:

Hand-delivered: Helpdesk, Ground Floor, 27 Wale Street, Cape Town, 8001

Post: Attention: Subsidy Administration, Private Bag X9083, Cape Town, 8000

NOTE: Kindly complete all highlighted sections/or MARKED with an "X"

TABLE 1	
THE FOLLOWING DOCUMENTS MUST BE KEPT BY THE LENDER	OFFICIAL USE
Certified copy of Marriage Certificate	
Certified copy of R.S.A. Bar Coded Identity Document (Self and Spouse)	
Certified copy of Birth Certificate baring the eight-digit identity number	
Certified copy of Divorce Settlement	
Certified copy of Spouse's Death Certificate	
Certified copy of Permanent Residence Permit (Bar Coded Permit)	
Proof of loan granted by lender, where applicable	
Certified copy of Agreement of Sale; if applicable	
Certified copy of Building Contract and Approved Building Plan, if applicable	
Certified copy of Proof of Monthly Income	
Certified copy of Permanent Residence Permit (Bar coded permit)	

	PROCESS RECORD	DATE	SIGNATURE			
			Official	Supervisor		
1.	Application Received					
2.	Electronic Procedural Check					
3.	Application Returned for Correction from PHD					
4.	Application Returned Corrected					
5.	Data Captured					
6.	Data Verified					
7.	Searches Completed: a) Home Affairs b) Deeds Office c) National Housing Data Base					
8.	Date Subsidy Approved by PHD					
9.	Date applicant notified of PHD acceptance/ non- acceptance					

Period     Period     Period     Period       Married*     Habitually Co-habiting with long term partner*     Widow/Widower with dependants*     Widow/Widower with dependants*       Divorced with dependants*     Single with dependants*     Midow       Single with dependants*     SPOUSE (or Deceased Partner)       Surname														
Iong term partner*     with dependants*       Divorced with dependants*     Single with dependants*       APPLICANT     SPOUSE (or Deceased Partner)       Surname     Maiden or Former Surname       Full Names (First Three Only)     Image: Second Secon		Period					Perio	d					Peri	00
APPLICANT     SPOUSE (or Deceased Partner)       Surname     Maiden or Former Surname       Maiden or Former Surname     Second Partner       Full Names (First Three Only)     Image: Second Partner       Identity Number     Image: Second Partner       Identity Number     Image: Second Partner       Gender     Male*       Female*     Male*       Female*     Male*       Race     African*       Other*     Other*			long term	long term partner*								*		
APPLICANT     SPOUSE (or Deceased Partner)       Surname     Maiden or Former Surname       Surname     Full Names (First Three Only)       Identity Number     Image: Second Sec			Single wit	h depe	endants'	r.								
Surname Maiden or Former Surname Full Names (First Three Only) Identity Number			APP	LICAN	IT							ner)		
Surname       Full Names         Full Names       (First Three Only)         Identity Number       Image: Surname of the second se	Surname								(**				/	
(First Three Only)	Surname													
Gender     Male*     Female*     Male*     Female*       Race     African*     White*     African*     White*       Coloured*     Indian*     Coloured*     Indian*       Other*     Other*     Other*     Other*														
Gender     Male*     Female*     Male*     Female*       Race     African*     White*     African*     White*       Coloured*     Indian*     Coloured*     Indian*       Other*     Other*     Other*     Other*														
Race     African*     White*     African*     White*       Coloured*     Indian*     Coloured*     Indian*       Other*     Other*     Other*	Identity Number													
Coloured*     Indian*     Coloured*     Indian*       Other*     Other*     Other*	Gender	Ma	ale*		Fema	le*		N	lale*			Fen	nale*	
Other* Other*	Race	Afr	ican*	an* White*							White*			
		Colo	oured*	Indian*				Со	loured	*	Indian*			
		Ot	her*					Other*						
It "other" specify:	If "other" specify:													
	Residential Address:													
Residential Address:														
Residential Address:														

# X SECTION B: DETAILS OF ALL DEPENDANTS

Surname	Initials	lde	Identity Number/Thirteen Digit Birth Certificate Number			Age	Relationship to Applicant	Gender				

# X SECTION C: MONTHLY INCOME DETAILS

		Applicant	Spouse
Indicate if you are:	Employed *		
	Self Employed *		
	Social Welfare *		
	R		
Basic Monthly Income		R	R
Housing Allowance Paya Subsidy)	ble (Loan Interest	R	R
Social Welfare Grant		R	R
TOTAL		R	R
JOINT TOTAL (Applicant	and Spouse)	R	-
Amount of Bond Applied	for	R	

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 Permit Number		
Date Permit was Issued		

## SECTION E: DETAILS OF PROPERTY TO BE PURCHASED WITH SUBSIDY

Name of Seller				
	<u></u>	T		1
District:		Municipal	lity	
Township:		Erf (Stand		
Township.		Lot Numb	ber*	
Township		1		
Extension:				
Unit Number:				·
Description of	Flat (Name of Building)		House	e (Street Address)
Dwelling *				
Type of Tenure	Ownership		Other	
	If other: Specify			

# X SECTION F (i): FUNDING DETAILS IN RESPECT OF PURCHASE OF PROPERTY

TOTA	PRODUCT PRICE	R
a)	Subsidy	R
b)	Amount of Home Loan	R
c)	Own Cash Contribution	R
ΤΟΤΑ	L	R
d)	Subsidy amount qualified for	R
e)	Total Bond qualified for	R
f)	Subsidy Amount Qualified for	R
g)	Disability Subsidy (Plus)	R
h)	Geotechnical Assistance (Plus)	R
Sub To	otal	
i)	Grants Received from State Resources (Minus)	R
Total S	Subsidy Amount Qualified for	R

## SECTION G: DETAILS OF CONVEYANCER

Name:				
Postal Address:				
Conveyancer Fee:	R			
Approval Code of Lender				
Telephone Number	Code			
Facsimile Number	Code			

#### SECTION H: DETAILS OF LENDER FOR A FINANCE LINKED INDIVIDUAL SUBSIDY APPLICATION Χ

Name:			
Postal Address:			
Approval Code of Lender			
Telephone Number	Code		
Facsimile Number	Code		

SECTION I: DETAILS O	F CONTRACTOR/	BUILDER	
Name:			
Postal Address:			
National Home Builders Registration Council's			
Registration Number			
Telephone Number	Code		
Facsimile Number	Code		

## SUPPLEMENT [AS HIGHLIGHTED] TO THE HOUSING SUBSIDY APPLICATION FORM

### **AFFIDAVIT**

AFFIDAVIT BY APPLICANT & SPOUSE/PARTNER *				
<ul> <li>all material facts have been disclosed therein.</li> <li>2. That we are married to each other/ habitually cohab</li> <li>3. That neither of us:</li> <li>- currently owns or has ever previously owned any res</li> <li>- have never purchased a state-subsidised residential</li> <li>- have previously received financial assistance from th</li> </ul>	form (including Appendix 1) is true and correct and that it with each other as if we are husband and wife*. idential property in full ownership, leasehold or deed grant; property of which transfer has not yet been taken; e Government of the Republic of South Africa or overning Territories or TBVC States or any other State operty; and juestrated or made insolvent. application form. ncial dependants is correct. financially dependent on me.			
<ul><li>8. That all details given in this application form with regare true and correct.</li><li>9. That the disabled person referred to in the medical on my financial dependant.</li></ul>				
date on which the Provincial Housing Department Organisation fails to comply with any of its obligation Department shall, at its discretion, be entitled to with 11. That we are aware that if any information supplied				
SIGNATURE OF APPLICANT	SIGNATURE OF SPOUSE/PARTNER			
DATE:	DATE:			
COMMISSI	ONER OF OATHS			
I CERTIFY that the Deponent/s has/have acknowledge their affidavit's, which was/were signed and sworn to/a on this day of				
OFFICIAL DATE STAMP				
Full names and Surname:				
Identity Number:				
Capacity:				
Postal Address:				
Area:				
SIGNATURE OF COMMISSIONER OF OATHS				

# CHECKLIST

### THE FOLLOWING SUPPORTING DOCUMENTS ARE REQUIRED WHEN THE COMPLETED APPLICATION IS RETURNED TO THIS OFFICI

	WHEN THE COMPLETED APPLICATION IS RETURNED TO THIS OFFICE					
No	ltem	Document	V	1		
		Certified copy of applicant's ID				
1	ID	Certified copy of spouse/ co-applicant's ID				
2 Depende	Demonsterik	Certified copy of Birth Certificate, if under 18 years old				
	Dependent s	Certified copy of ID, if older than 18 years old				
3		Certified copy of marriage certificate				
	Marital Status	Certified copy of final order of divorce				
		Certified copy of spouse death certificate				
		Original/ certified copy of recent payslip				
		Original "self-printed" payslip stamped by employer				
		Affidavit confirming unemployment				
4	Income	Proof of social grant				
		*Please note that in cases where applicant/s receive:				
		a) basic salary only: they must submit their current payslip/s; a				
		b) housing allowance/commission; they must submit their curr payslip/s	enf			
5	Property	Certified copy of agreement of sale/ offer to purchase				
6	Home Loan	Certified copy of home loan agreement				
	Cash Contribution/ Non- Bonded programme	<ul> <li>Only properties that have not been registered, may apply;</li> <li>Difference must be paid to transferring attorney</li> </ul>				
7		(ie. selling price plus transfer cost less subsidy amount);				
		<ul> <li>Proof of EFT to be submitted; and</li> </ul>				
	ļ. • <b>3</b> . • · · · · ·	<ul> <li>the paid amount must reflect on the proforma statement</li> </ul>				
	Costs	Indicate if transfer costs are to be paid	Yes	No		
8			Yes	No		
		Indicate if bond registration costs are to be paid	103			
		Statement of cost from transferring attorney				
9	Statements	Statement of cost from bond registration attorney				
		Proof of attorney/s (transferring and bond) CSD registration Please note the following:				
• Ce	rtified documer	nts must bear original stamps as copies of certified copies are no	ot			
ac	ceptable.					
• Documents listed 8 & 9 above are not required if the property is already registered in the						
ap	plicant's name.					
• Un	tortunatelv inco	mplete application forms cannot be accepted.				

COMMENTS: