



ANNEXURE D

INDIVIDUAL REGISTRATION NUMBER, INDIVIDUAL PHDB RESOLUTION NUMBER

APPLICATION FOR HELP ME BUY A HOME (FLISP) SUBSIDY PROGRAMME

THE APPLICATION IS HEREBY DECLINED FOR THE FOLLOWING REASONS

- 1.
2.
3.

PHD means Provincial Housing Department

For office use only

*Tick whichever is applicable

X

IN CASE OF INCOMPLETE INFORMATION - CONTACT: (To be completed by Applicant)

NAME:

ID NUMBER:

POSTAL ADDRESS:

CONTACT NUMBER:

EMAIL ADDRESS:

ACKNOWLEDGEMENT OF RECEIPT

Checked & Accepted by:

Submitted By:

WESTERN CAPE PROVINCIAL GOVERNMENT

DEPARTMENT OF HUMAN SETTLEMENTS

dd/mm/yyyy

DIRECTORATE: COMMUNICATIONS & STAKEHOLDER RELATIONS: HELPDISK

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) | |

| TABLE 2 (For PHD use only) | | | | |
|-----------------------------------|--|-------------|------------------|-------------------|
| | 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 | | | |

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| SECTION A: PERSONAL DETAILS | | | | | | | | | | |
|--|------------------|--|--|---------------|--|-------------------------------------|---------------|--|---------|--|
| A "Spouse" is defined as a Husband, Wife or Long-Term Partner cohabiting for a period of at least 6 months | | | | | | | | | | |
| Married, living with long term partner or single with dependants | | | | | | | | | | |
| | Period | | | Period | | | Period | | | |
| Married* | | Habitually Co-habiting with long term partner* | | | | Widow/Widower with dependants* | | | | |
| Divorced with dependants* | | Single with dependants* | | | | | | | | |
| | APPLICANT | | | | | SPOUSE (or Deceased Partner) | | | | |
| Surname | | | | | | | | | | |
| Maiden or Former Surname | | | | | | | | | | |
| Full Names (First Three Only) | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Identity Number | | | | | | | | | | |
| Gender | Male* | | | Female* | | | Male* | | Female* | |
| Race | African* | | | White* | | | African* | | White* | |
| | Coloured* | | | Indian* | | | Coloured* | | Indian* | |
| | Other* | | | | | | Other* | | | |
| If "other" specify: | | | | | | | | | | |
| Residential Address: | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| ** For statistical Purposes | | | | | | | | | | |

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| SECTION B: DETAILS OF ALL DEPENDANTS | | | | | |
|--------------------------------------|----------|---|-----|---------------------------|--------|
| Surname | Initials | Identity Number/Thirteen Digit Birth Certificate Number | Age | Relationship to Applicant | Gender |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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| SECTION C: MONTHLY INCOME DETAILS | | |
|---|------------------|--------|
| | Applicant | Spouse |
| Indicate if you are: | Employed * | |
| | Self Employed * | |
| | Social Welfare * | |
| | R | |
| Basic Monthly Income | R | R |
| Housing Allowance Payable (Loan Interest Subsidy) | R | R |
| Social Welfare Grant | R | R |
| TOTAL | R | R |
| JOINT TOTAL (Applicant and Spouse) | R | |
| Amount of Bond Applied for | R | |

X

| SECTION D: 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 Permit Number | | |
| Date Permit was Issued | | |

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| SECTION E: DETAILS OF PROPERTY TO BE PURCHASED WITH SUBSIDY | | | |
|--|-------------------------|--------------------------------------|--|
| Name of Seller | | | |
| District: | | Municipality | |
| Township: | | Erf (Stand) / Lot Number* | |
| Township Extension: | | | |
| Unit Number: | | | |
| Description of Dwelling * | Flat (Name of Building) | House (Street Address) | |
| | | | |
| Type of Tenure | Ownership | Other | |
| | If other: Specify | | |

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| SECTION F (i): FUNDING DETAILS IN RESPECT OF PURCHASE OF PROPERTY | |
|--|---|
| TOTAL PRODUCT PRICE | R |
| a) Subsidy | R |
| b) Amount of Home Loan | R |
| c) Own Cash Contribution | R |
| TOTAL | 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 Total | |
| i) Grants Received from State Resources (Minus) | R |
| Total Subsidy Amount Qualified for | R |

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| SECTION G: DETAILS OF CONVEYANCER | | | |
|--|------|--|--|
| Name: | | | |
| Postal Address: | | | |
| | | | |
| Conveyancer Fee: | R | | |
| Approval Code of Lender | | | |
| Telephone Number | Code | | |
| Facsimile Number | Code | | |

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| SECTION H: DETAILS OF LENDER FOR A FINANCE LINKED INDIVIDUAL SUBSIDY APPLICATION | | | |
|---|------|--|--|
| Name: | | | |
| Postal Address: | | | |
| | | | |
| Approval Code of Lender | | | |
| Telephone Number | Code | | |
| Facsimile Number | Code | | |

| SECTION I: DETAILS OF 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 *

We, the undersigned applicant and spouse/partner, do hereby solemnly/under oath* 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 we are married to each other/ habitually cohabit with each other as if we are husband and wife*.
3. That neither of us:
 - currently owns or has ever previously owned any residential property in full ownership, leasehold or deed grant;
 - have never purchased a state-subsidised residential property of which transfer has not yet been taken;
 - have 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
 - Estate's has, at the date of this application, been sequestrated or made insolvent.

4. That I have listed all my financial dependants in the application form.
5. That the information supplied with regard to my financial dependants is correct.
6. That all the dependants listed in the application are financially dependent on me.
7. That all the financial dependants listed in the subsidy application form reside permanently with me.

8. That all details given in this application form with regard to ourselves, our income and employment status are true and correct.
9. That the disabled person referred to in the medical certificate (Appendix 1) is either of us or, my child or my financial dependant.

I/We, further acknowledge:

10. That should the property, which we are to acquire, not have been transferred to us within three months after the date on which the Provincial Housing Department has made the subsidy available to us, or the Support Organisation fails to comply with any of its obligations in terms of the Agreement, the Provincial Housing Department shall, at its discretion, be entitled to withdraw the subsidy.
11. That we are aware that if any information supplied by us in this application is incorrect or fraudulent, the Provincial Housing Department may take appropriate legal action against us and may also institute a criminal prosecution.

X

.....
SIGNATURE OF APPLICANT

.....
SIGNATURE OF SPOUSE/PARTNER

DATE:.....

DATE:.....

COMMISSIONER OF OATHS

I CERTIFY that the Deponent/s has/have acknowledged that he/she/they* know and understand the contents of their affidavit's, which was/were signed and sworn to/affirmed* before me at on this day of of the year

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 OFFICE**

| No | Item | Document | <input checked="" type="checkbox"/> | |
|----|--|--|-------------------------------------|----|
| 1 | ID | Certified copy of applicant's ID | | |
| | | Certified copy of spouse/ co-applicant's ID | | |
| 2 | Dependants | Certified copy of Birth Certificate, if under 18 years old | | |
| | | Certified copy of ID, if older than 18 years old | | |
| 3 | Marital Status | Certified copy of marriage certificate | | |
| | | Certified copy of final order of divorce | | |
| | | Certified copy of spouse death certificate | | |
| 4 | Income | Original/ certified copy of recent payslip | | |
| | | Original "self-printed" payslip stamped by employer | | |
| | | Affidavit confirming unemployment | | |
| | | Proof of social grant | | |
| | | *Please note that in cases where applicant/s receive: a) basic salary only: they must submit their current payslip/s; b) housing allowance; they must submit their current payslip/s; and c) commission/ Incentives; they should submit 12 consecutive months' payslip/s to enable this office to calculate an average income. | | |
| 5 | Property | Certified copy of agreement of sale/ offer to purchase | | |
| 6 | Home Loan | Certified copy of home loan agreement | | |
| 7 | Cash Contribution/ Non- Bonded programme | <ul style="list-style-type: none"> EFT proof of payment to the trust account of the transferring attorney must be attached; and the paid amount must reflect on the proforma statement | | |
| 8 | Costs | Indicate if transfer costs are to be paid | Yes | No |
| | | Indicate if bond registration costs are to be paid | Yes | No |
| 9 | Statements | Statement of transfer cost from transfer attorney | | |
| | | Statement of transfer cost from bond registration attorney | | |

Please note the following:

- Certified documents must bear original stamps as copies of certified copies are not acceptable.
- Documents listed 8 & 9 above are not required if the property is already registered in the applicant's name.
- Unfortunately incomplete application forms cannot be accepted.

COMMENTS:

THANK YOU