

## Group Financial Services Revenue Management

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### Application for partial remission of assessment rates: 1 July 2021 to 30 June 2022

#### Elderly and disability grantees or medically boarded persons

#### PARTICULARS OF OWNER

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Identity number: \_\_\_\_\_

Email address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Property rates account number: \_\_\_\_\_

Water and electricity account number: \_\_\_\_\_

#### PARTICULARS OF PROPERTY

Stand number: \_\_\_\_\_

Township: \_\_\_\_\_

Street name and number: \_\_\_\_\_

Sectional title scheme name: \_\_\_\_\_

Sectional title unit: \_\_\_\_\_

#### INCOME OF OWNER AND SPOUSE AT THE TIME OF APPLICATION

Monthly pension  
Other income  
Interest on investments  
Salary or wage  
Miscellaneous  
**TOTAL**

A	B
Applicant	Spouse
R	R
R	R
R	R
R	R
R	R

**TOTAL MONTHLY INCOME: A AND B** R \_\_\_\_\_

On request, this document can be provided in another official language.

**NB: THE INFORMATION FURNISHED IS STRICTLY CONFIDENTIAL**

I, the undersigned, hereby declare and confirm that the property referred to above is registered in my name/and my spouse's name *(strike through where not applicable)*.

The property is occupied only by me/my spouse/my dependants who have no income *(strike through where not applicable)*.

I also confirm that all the information in this application is correct and, if not, the grant will be cancelled and the amounts already reduced will be collected from me.

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**

<b>INFORMATION REGARDING THE COMMISSIONER OF OATHS</b>
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Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Address: \_\_\_\_\_

Area: \_\_\_\_\_

\_\_\_\_\_  
**Commissioner of Oaths**

\_\_\_\_\_  
**Date**



Documents not older than three months **MUST** accompany this application form. The documents should be originals or they should be certified as true copies of the originals or they should be affidavits (where applicable).

1. A **certified** copy of the applicant and the spouse's identity documents.
2. **Proof of income in the form of three months' bank statements** (of the applicant and his/her spouse) as indicated on the application form (the amount must be clearly indicated).
3. If there is any income for which there is no receipt, for example from **rent, SASSA payments or donations, or if there is no income**, an **affidavit** to this effect should be made that specifies the amount received per month, and the affidavit should be attached to this application form.
4. If the applicant was declared medically unfit, a **medical report** as confirmation must be handed in with the application form.
5. The application will not be considered if any of the required documents have not been submitted with the application form or the form has not been completed in full.

**This rebate is subject to the availability of funds in the 2021/22 financial year.**

**Applications (and the subsequent rebate granted) are only valid for the 2021/22 financial year and will expire on 30 June 2022.**

**The City of Tshwane does not accept any responsibility or liability for posted applications (including registered post). Only original application forms will be considered (no faxed or emailed forms will be accepted).**

**For office use only**

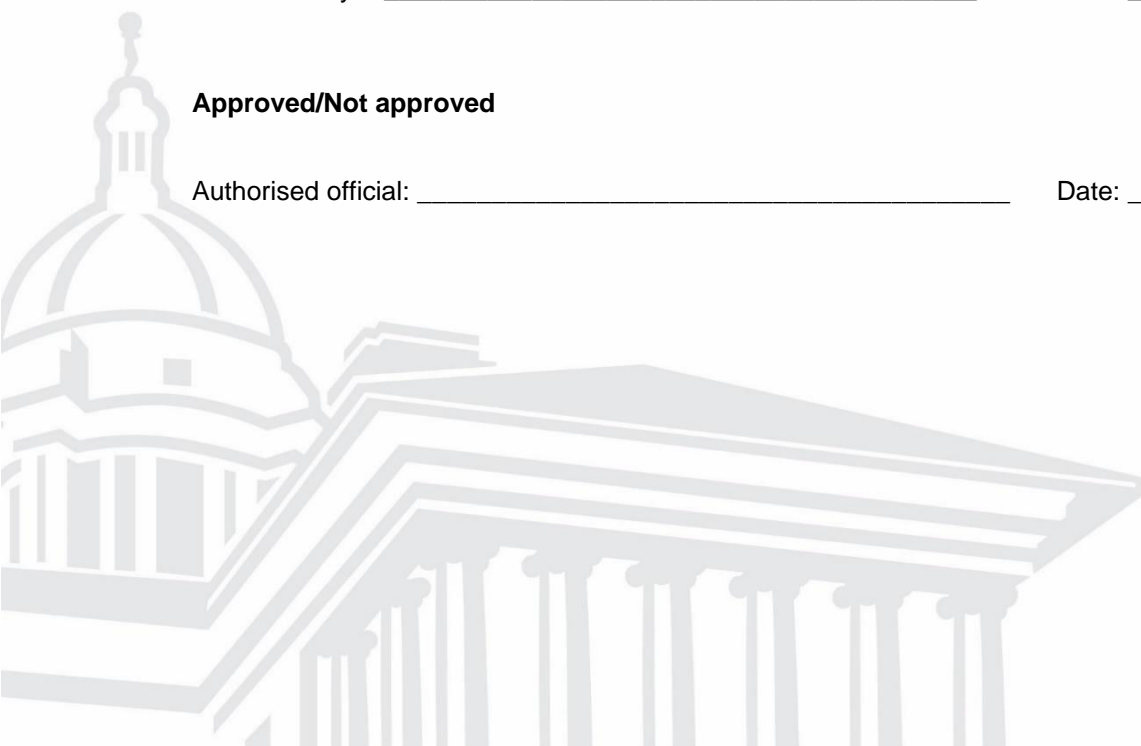
GISKey: \_\_\_\_\_ Installation number \_\_\_\_\_

Minimum gross monthly household income (R)	Maximum gross monthly household income (R)	Percentage rebate	Approved
0	8 800	60	
8 801	9 900	50	
9 901	11 000	40	
11 001	12 100	30	
12 101	13 750	20	
13 751	15 125	10	

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved/Not approved**

Authorised official: \_\_\_\_\_ Date: \_\_\_\_\_



## **CONDITIONS**

A ratepayer who is or who has reached the age of 60, or disability grantees, or ratepayers who were medically boarded during the 2021/22 financial year, may receive a special rebate, subject to the following conditions.

The applicant must comply with the following:

- (a) The applicant(s) must be the registered owner(s) of the property.
- (b) The applicant must be 60 years or older upon application.
- (c) The property concerned must consist of one dwelling. No part thereof must be sublet, and it must be occupied only by the applicant and his/her spouse, if any, and dependants without income.
- (d) The applicant must submit a valid identity document that confirms the applicant's age.
- (e) The applicant must submit proof of monthly income from all sources (including the income of the owner's spouse).
- (f) The monthly gross income must not exceed an amount of R15 125 (or R181 500 per year).
- (g) The property must be categorised as residential.
- (h) The applicant must not receive an indigent assessment rate rebate.
- (i) The applicant must provide medical proof of disability and/or a certificate by a medical officer of health.
- (j) The applicant's account must be paid in full or, if not, an arrangement to pay the debt should be in place.

**The percentage of rebates granted to the different gross monthly household income levels will be determined according to the following schedule:**

Minimum gross monthly household income (R)	Maximum gross monthly household income (R)	Percentage rebate
0	8 800	60
8 801	9 900	50
9 901	11 000	40
11 001	12 100	30
12 101	13 750	20
13 751	15 125	10

## **TERMINATION OF SPECIAL REBATES**

The special rebates will terminate and lapse upon any of the following:

- (a) Death of the applicant
- (b) Alienation of the property
- (c) When the applicant ceases to reside permanently on the property
- (d) 30 June of each year

