



**Application for Pensioner Rebate on Property Rates
for Pensioners Aged 70 years and older**

From 1 July 2019 to 30 June 2022

CONDITIONS

Pensioners must be 70 years of age or older at the time of application, own the property and personally occupy the property. The property value must not exceed R2 500 000.

Please attach a certified copy of your Identity document. Only a signed application form submitted along with a certified copy of your Identity document will be accepted for further processing. Failure to provide the required documentation will result in the application not being approved. The rebate is applicable for only one property should the applicant own more than one property.

Note: The rebate will be applied from date of application

Rates Account Number:

Personal Details of the property owner and his/her spouse

Indicate with a cross:

male	female	married	single	widow	widower
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Surname: _____

First names: _____

Date of birth: / /

Identity number:

Spouse

Surname: _____

First names: _____

Date of Birth: / /

Identity number:

Addresses

Street address: _____

City/Suburb: _____ Postal code: _____

Postal address: _____

City/Suburb: _____ Postal code: _____

Contact details

Home Tel: _____ Cell No: _____

Work Tel: _____ Fax No: _____

Email: _____



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Freehold Title ownership

Stand number: _____ Portion number: _____

Suburb: _____

Indicate with a cross whether you occupy the above mentioned property: Yes No

How many houses/ living units are there on the above mentioned property?

Sectional Title ownership

Name of Body Corporate: _____

Unit number: Door number: _____ Door number: _____

Indicate with a cross whether you occupy the above mentioned property: Yes No

Financial Information

Monthly income: (please attach proof of monthly income)

This form may be posted to: Director Rates and Taxes, P.O. Box 1450, JHB, 2000 or dropped off at any of the City's Customer Service Centres for submission to Rates and Taxes.

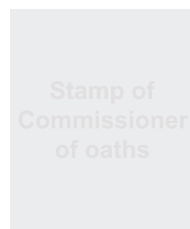
Declaration

Thus signed and sworn to, before me at _____ this _____ day of _____

Signature of Applicant

Commissioner of Oaths

Commissioner's stamp



For office use only

Please bring:

ID copy (Certified)