



Application for a Child Headed Household Rebate on Property Rates

From 1 July 2019 to 30 June 2022

CONDITIONS

The property should not be more than R2.5million.
The property must be owned by a terminally ill parent or the child or deceased estate of the parent.
The terminally ill parent or the child must annually apply for the rebate.

REQUIRED

The application must be accompanied by:

1. Confirmation from a social worker appointed by Council that has investigated the occupants of the household.
2. If the parent is deceased,
a copy of the letter of executorship of administration of the deceased estate;
a copy of the liquidation and distribution account showing transfer of the property to the minor;
the death certificate of the parent;
3. If the parent is terminally ill, a certified copy of a medical report confirming his/her status;
4. Birth certificates of all minors residing on the property.

The rebate will lapse when:

1. the child head of the household reaches the age of majority;
2. the property is alienated;
3. the child head of the household ceases to reside permanently on the property;
4. the Department of Social Development no longer regards the household as being child headed;
5. applications are not being submitted annually.

Rates Account Number:

Personal Details of the applicant

Indicate with a cross:

male	female	married	single	widow	widower
------	--------	---------	--------	-------	---------

Surname: _____

First names: _____

Date of birth:

y	y	y	y	/	m	m	/	d	d
---	---	---	---	---	---	---	---	---	---

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: _____



Application for a Child Headed Household Rebate on Property Rates

Particulars of minor occupants

Name & Surname: 1. ID no:

2. ID no:

3. ID no:

4. ID no:

Address

Street address:

City/Suburb:Postal code:

Postal address:

City/Suburb: Postal code:Postal code:

Contact details

Home no: Cell No:

Fax No:

Email:

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.



Application for a Child Headed Household Rebate on Property Rates

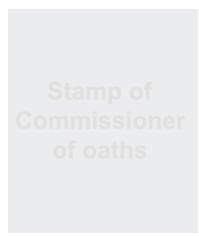
Declaration

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

Signature of Applicant

Commissioner of Oaths

Commissioner's stamp



For office use only

Checklist:

SASSA Card copy certified(back & front)