

DAVIDSONHOF WOONSTELLE

AANSOEKER: BESONDERHEDE

APPLIKANT

GADE

VAN: _____

VOLLE VOORNAME: _____

GEBOORTEDATUM: _____

ID NOMMER: _____

HUWELIKSTATUS: _____ ONGETROUD / GETROUD / GESKEI / WEDUWEE / WEWENAAR / LEEF SAAM

MAANDELIKSE INKOMSTE: _____
(voor aftrekkings)

NAAM & ADRES VAN WERKGEWER: _____

APPLIKANT SE WOONADRES: _____

TELEFOON: _____ (H) _____ (W)

VERWYSINGS: 1. _____ Tel. No. _____

2. _____ Tel. No. _____

1. HET U FINANSIEEL AFHANKLIKES WAT SAAM MET U WOON? JA NEE
2. IS U OUER AS 21 JAAR? JA NEE
3. HET U VOORHEEN ENIGE EIENDOM BESIT? JA NEE
INDIEN JA, VERSTREK VOLLE INLIGTING:

4. WOON U IN DIE GEORGE MUNISIPALE GEBIED? JA NEE Indien ja, hoe lank _____ jaar
1. WOON U SAAM? JA NEE Indien ja, hoe lank _____ jaar
2. IS U GESTREMD? INDIEN JA, AARD VAN GESTREMDHEID? JA NEE _____
3. HOEVEEL FINANSIEEL AFHANKLIKES HET U? KINDERS _____ OUDERDOMME _____
ANDER _____ OUDERDOMME _____

ENIGE ANDER ADDISIONELE INLIGTING WAT U WIL VERSTREK/OF ANDER BESONDERHEDE VAN BELANG.

DOKUMENTE

HEG AGTERAAN HIERDIE AANSOEKVORM AFSKRIFTE VAN DIE VOLGENDE DOKUMENTE:

1. U IDENTITEITSDOKUMENT (GEDEELTE WAAR U FOTO IS).
2. INDIEN GETROUD IS: (2.1) U VROU SE IDENTITEITSDOKUMENT (2.2) HUWELIKSERTIFIKAAT.
3. INDIEN U WEDUWEE/WEWENAAR IS, U GADE SE DOODSERTIFIKAAT.
4. GEBOORTESERTIFIKATE VAN KINDERS.
5. INDIEN U GESKEI IS, U SKEIBRIEF PLUS BEWYS DAT KINDERS IN U SORG GEPLAAS IS.
6. INDIEN U SAAMLEEF, U METGESEL SE IDENTITEITSDOKUMENT.
7. BEWYS VAN INKOMSTE/WERKLOOS
8. BEEIDIGDE VERKLARING VAN DIE TYDPERK WAT U IN GEORGE WOONAGTIG/WERKSAAM IS.

APPLIKANT SE HANDTEKENING _____

DATUM _____

GEORGE MUNICIPALITY
APPLICATION FOR HOUSING AID

ATTENTION:

DAVIDSON COURT FLATS

APPLICANTS DETAILS

	<u>APPLICANT</u>	<u>SPOUSE</u>
SURNAME:	_____	_____
FULL NAMES:	_____	_____
DATE OF BIRTH:	_____	_____
ID NUMBER:	_____	_____
MARRIAGE STATUS:	SINGLE / MARRIED / DIVORCED / WIDOW / WIDOWER / LIVING TOGETHER	
MONTHLY INCOME: (Before deductions)	_____	_____
NAME AND ADDRESS OF EMPLOYER:	_____	_____
ADDRESS OF APPLICANT:	_____	_____
TELEPHONE:	_____ (H)	_____ (W)

REFERENCES: 1. _____ Tel. No. _____
2. _____ Tel. No. _____

1. DO YOU HAVE FINANCIAL DEPENDANTS THAT LIVE WITH YOU? YES NO
2. ARE YOU OLDER THAN 21 YEARS? YES NO
3. DID YOU PREVIOUSLY OWNED ANY PROPERTY?
IF YES, PLEASE PROVIDE FULL PARTICULARS:

4. DO YOU LIVE IN THE GEORGE MUNICIPAL AREA? YES NO If yes, how long _____ years
1. DO YOU LIVE TOGETHER? YES NO If yes, how long _____ years
2. ARE YOU DISABLED? IF YES, WHAT KIND OF DISABILITY? YES NO _____
3. HOW MANY DEPENDANTS DO YOU HAVE? CHILDREN _____ AGES _____
OTHER _____ AGES _____

ANY OTHER RELEVANT INFORMATION OR OTHER PARTICULARS YOU CONSIDER APPLICABLE:

DOCUMENTS

PLEASE ATTACH TO THIS APPLICATION FORM, COPIES OF THE FOLLOWING DOCUMENTS:

1. YOUR IDENTITY DOCUMENT (WHERE YOUR PHOTO IS ON).
2. IF YOU ARE MARRIED: (2.1) YOUR SPOUSE'S IDENTITY DOCUMENT (2.2) MARRIAGE CERTIFICATE.
3. IF YOU ARE A WIDOW/WIDOWER, YOUR SPOUSE'S DEATH CERTIFICATE.
4. BIRTH CERTIFICATES OF CHILDREN.
5. IF YOU ARE DIVORCED, YOUR DIVORCE PAPERS PLUS EVIDENCE THAT CHILDREN ARE IN YOUR CARE.
6. IF YOU LIVE TOGETHER, YOUR PARTNER'S IDENTITY DOCUMENT.
7. PROVE OF INCOME/UNEMPLOYMENT LETTER.
8. AFFIDAVIT OF THE PERIOD WORKING OR EMPLOYED IN GEORGE.

SIGNATURE OF APPLICANT

DATE