



ANNEXURE A

Form with fields for Individual Registration Number, Individual PHDB Resolution Number, Individual Subsidy (Credit-Linked/Non-Credit Linked), Reasons for decline, and contact information. Includes a signature box for 'Checked & Accepted by' and 'Submitted By'.

\*\*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

<b>TABLE 1</b>	
<b>THE FOLLOWING DOCUMENTS MUST BE ATTACHED AND WERE FOUND TO BE PRESENT</b>	<b>OFFICIAL USE</b>
Certified copy of Marriage Certificate	
Certified copy of R.S.A. Bar Coded Identity Document (Self and Spouse)	
Certified copy of Divorce Settlement	
Certified copy of Spouse's Death Certificate	
Proof of Disability (Appendix 1)	
Proof of loan granted by lender, where applicable	
Certified copy of Agreement of Sale	
Social compact agreement (where necessary)	
Certified copy of Agreement with Conveyancer (in the case of individual non credit linked subsidies)	
Certified copy of Building Contract and Approved Building Plan	
Certified copy of Proof of Monthly Income	
Certified copy of Permanent Residence Permit (Bar coded permit)	

<b>TABLE 2 (For official use only)</b>				
	<b>PROCESS RECORD</b>	<b>DATE</b>	<b>SIGNATURE</b>	
			<b>Official</b>	<b>Supervisor</b>
1.	Application Received			
2.	Procedural Check			
3.	Application Returned for Correction			
4.	Application Returned Corrected			
5.	Data Captured			
6.	Data Verified			
7.	Searches Completed: a) Internal Affairs b) Deeds Office c) National Housing Data Base			
8.	Filed			
9.	Date Subsidy Approved by PHDB			
10.	Date applicant notified of PHDB acceptance/ non-acceptance			

X

<b>SECTION A: PERSONAL DETAILS (To be completed by all applicants)</b>					
A "Spouse" is defined as a Husband, Wife or Long Term Partner					
<b>Married, living with long term partner or single with dependants</b>					
	<b>Period</b>		<b>Period</b>		<b>Period</b>
Married*		Habitually Co-habiting with long term partner*		Widow/Widower with dependants*	
Divorced with dependants*		Single with dependants*			
	<b>APPLICANT</b>			<b>SPOUSE (or Deceased Partner)</b>	
Surname					
Maiden or Former Surname					
Full Names (First Three Only)					
Identity Number					
Gender	Male*		Female*		
Race	African*		White*		
	Coloured*		Indian*		
	Other*		Other*		
If "other" specify:					
Residential Address:					
.....					
.....					
.....					
** Disabled	Yes*		No*		
** If you or any of your dependants are disabled and you are applying for additional subsidy, please attach original medical form (Appendix 1), duly completed and signed by your District Surgeon/Medical Practitioner, registered with the Medical and Dental Council.					

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

X SECTION C: MONTHLY INCOME DETAILS (To be completed by applicant)			
		Applicant	Spouse
Indicate if you are:	Unemployed *		
	Employed *		
	Self Employed *		
	Pensioner *		
Basic Monthly Income		R	R
Regular Periodic Allowances		R	R
Housing Allowance Payable (Loan Interest Subsidy)		R	R
Regular financial obligations met by employer on behalf of applicant/spouse		R	R
Commission Received (12 months average)		R	R
Pension or Disability Grant		R	R
TOTAL		R	R
JOINT TOTAL (Applicant and Spouse)		R	
Amount of Subsidy Applied For		R	

X SECTION D: DETAILS OF CITIZENSHIP (To be completed by applicant)		
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		

**X SECTION E: DETAILS OF PROPERTY TO BE PURCHASED WITH SUBSIDY (To be completed by applicant)**

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*	Leasehold*	Deed of Grant*	Other*
	If other: Specify			

**X SECTION F (i): FUNDING DETAILS IN RESPECT OF PURCHASE OF PROPERTY (To be completed by applicant)**

TOTAL PRODUCT PRICE	R
a) Subsidy	R
b) Amount of Home Loan, if applicable	R
c) Employer's Contribution, if any	R
d) Own Cash Contribution	R
e) Own Building Material Contribution	R
TOTAL	R

**SECTION F(ii) (To be completed by Provincial Housing Department)**

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

<b>X SECTION G: DETAILS OF CONVEYANCER (To be completed by conveyancer)</b>			
Name:			
Postal Address:			
Conveyancer Fee:	R		
Approval Code of PHDB			
Telephone Number	Code		
Facsimile Number	Code		

<b>SECTION H: DETAILS OF LENDER FOR A CREDIT-LINKED INDIVIDUAL SUBSIDY APPLICATION (To be completed by lender)</b>			
Name:			
Postal Address:			
Approval Code of PHDB			
Telephone Number	Code		
Facsimile Number	Code		

<b>SECTION I: DETAILS OF CONTRACTOR/BUILDER (To be completed by contractor/builder)</b>			
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 and 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 deed of 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: .....

X

.....  
**SIGNATURE OF COMMISSIONER OF OATHS**

MEDICAL CERTIFICATE IN RESPECT OF DISABLED PERSONS AS REQUIRED IN THE HOUSING SUBSIDY SCHEME OF THE GOVERNMENT OF SOUTH AFRICA (To be completed by district surgeon/medical practitioner and submitted with Housing Subsidy Application Form)			
1. Name of subsidy applicant:			
2. Postal Address:			
3. Identity No			
4. Name of disabled person			
5. Relation of disabled person to applicant, if not applicant:			
Husband*	Wife*	Long term partner*	Child* Financial dependant*
6. Nature of Disability*			
CATEGORY	NATURE	DEGREE	
A	Walking	Walking aids	
B	Walking	Wheel chair - partial usage	
C	Walking	Wheel chair - full time usage	
D	Hearing	Partially/profound deaf	
7. Special Requirement			
7.1	Access to house - 12 square metres of paving and ramp at doorway – Groups A, B & C		
7.2	Kick plates to doors - Groups A, B & C		
7.3	Grab rails and lever action taps in bathroom - Groups A, B & C		
7.4	Visual door bell indicators – Group D		
8. Particulars of district surgeon/medical practitioner			
8.1	Surname:		
8.2	Full Names:		
8.3	Postal Address:		
8.4	Registration Number with the Medical and Dental Council:		
8.5	Telephone Number: (            )		
8.6	Facsimile Number: (            )		
I certify that the above details are true and correct.			
Signature:		..... MEDICAL PRACTITIONER/	Date: .....

- Tick whichever is applicable.



# CHECKLIST

**THE FOLLOWING DOCUMENTS ARE REQUIRED  
WHEN THE COMPLETED APPLICATION IS RETURNED TO THIS OFFICE**

<b>A. NON-CREDIT LINKED APPLICATIONS</b> Where the applicant has a cash deposit or is obtaining a loan from an institution other than a registered financial institution		
NO	ITEM	☑
1	Certified copies of identity document(s)	
2	Certified copies of dependent(s) birth certificates/ ID's	
3	Certified copy of marriage certificate/ final order of divorce/ spouse death certificate	
4	<ul style="list-style-type: none"> <li>Original/ certified copy of recent payslip</li> <li>Original "self-printed" payslip stamped by employer</li> <li>Affidavit confirming unemployment</li> <li>Proof of social grant</li> </ul> *Please note that in cases where applicant/s receive: <b>a) basic salary only:</b> they should submit 3 consecutive months' payslips; <b>b) periodic allowances;</b> (e.g., Housing Allowance, Overtime Allowance, Shift Allowance, Danger Allowance, Clothing Allowance, etc.); they should submit 3 consecutive months' payslips where allowances are included <b>c) commission/ Incentives;</b> they should submit 12 consecutive months' payslips to enable this office to calculate an average income.	
5	Certified copy of deed of sale/ offer to purchase	
6	Certified copy of letter confirming loan approval/ certified copy of deposit slip	
7	Certified copy of seller's title deed/ deed of transfer	
8	Original/ certified copy of statement of transfer costs	
9	Proof of registration on the housing database ("waiting list")	
10	Affidavit stating the relationship between the applicant(s) and seller(s)	
11	Affidavit from seller(s) indicating where they will reside once the house is sold	
<b>B. PLOT &amp; PLAN APPLICATIONS</b> Where the applicant is the registered owner of an erf and is applying for the subsidy to construct/ complete a top structure		
NO	ITEM	☑
1	Certified copies of identity document(s)	
2	Certified copies of dependent(s) birth certificates/ ID's	
3	Certified copy of marriage certificate/ final order of divorce/ spouse death certificate	
4	Please refer to number "4" above	
5	Certified copy of the applicant's title deed/ deed of transfer	
6	If applicable, certified copy of council-approved building plan	