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(Attach separate list if space is insufficient)

### **Details of Applicants ownership in properties other than Primary Property**

Erf Description	Rate No	Tenants Name	Water Acc No	Electricity Acc No

(Attach separate list if space is insufficient)

### **Documents to accompany this application**

Type of Rebate	Certified Copy of ID	Letter from Dept of Social Welfare <u>OR</u> District Surgeon
Pensioners	X	
Disability	X	X
Medical Boarding	X	X

### **Declaration**

I, the undersigned, \_\_\_\_\_, do hereby declare that the above property is my primary property on which I reside permanently and all of the information supplied is to the best of my knowledge, true and correct.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### **For Office Use only**

Date received by Council: \_\_\_\_\_ Name of Receiving Official: \_\_\_\_\_

Signature of Receiving Official: \_\_\_\_\_

### **Qualifying Criteria**

#### **Pensioners**

1. Must be sixty years or older
2. Must produce certified copy of bar coded ID with application for rebate
3. Must be registered Owner of Primary property
4. The applicant must reside permanently on property.
5. The value of the primary property must not exceed a value as determined by a Council resolution at it's annual budget
6. Application to be submitted by 30 April preceding the start of the new financial year for which relief is sought.

#### **Disability Grantees / Medically Boarded Persons**

1. The value of the primary property must not exceed a value as determined by a Council resolution at it's annual budget
2. Must produce certified copy of bar coded ID with application for rebate
3. Must be registered Owner of Primary property
4. The applicant must reside permanently on the primary property
5. Applicant must be in possession of a letter issued by the Department of Social Welfare confirming receipt of a disability grant OR from the District Surgeon