



**Section B**

**FAILURE TO COMPLETE SECTION B OF THIS APPLICATION FORM WILL RESULT IN YOUR APPLICATION NOT BEING PROCESSED.**

<b>Financial Information</b>		
<b>Monthly Income:</b>	<b>Owner</b>	<b>Spouse/Partner</b>
<b>Monthly Pension:</b> Social state pension	R	R
Private pension (attach proof)	R	R
Disability grant/pension	R	R
Other	R	R
<b>Interest on Investments: (Attach Bank Statement)</b>		
Name & Type of Investment:	R	R
Name & Type of Investment:	R	R
	R	R
Other	R	R
<b>Total Income</b>	<b>R</b>	<b>R</b>

**This application must be accompanied by the following documents:**

- Proof of income for the owner & spouse/partner and 3-months' bank statement for all banking accounts from all financial institutions.
- Copies of ID (**owner and spouse/partner**).
- Proof of pension (**i.e. Private or Social State Pension**).
- Proof of disability (**i.e. SASSA card and withdrawal slip**). \*
- Proof of investments/dividends.
- Copy of Death Certificate or copy of Will (**if applicable**).

**IMPORTANT: The Council can request any other document it deems necessary to substantiate the application. Swellendam Municipality has the right to conduct a full credit check on any person applying for any rebate.**

**DECLARATION:**

I further acknowledge that should it transpire that any information was knowingly/unlawfully/incorrectly recorded/supplied by me, Swellendam Municipality has the right to withdraw any rebate granted and recover any such rebate. Swellendam Municipality will raise interest on such accounts where such rebates were fraudulently obtained, and reserve the right to take further action against any person/s that provided the false information.

Applicant's signature: ..... Date: .....

*(For Office Use Only)*

Application: Approved / Declined                      Percentage rebate: \_\_\_\_\_

Remarks: \_\_\_\_\_

Official: \_\_\_\_\_                      Date: \_\_\_\_\_