



Account no: ...../sp  
DFS/Rates Section/Revenue

**AFFIDAVIT**

**APPLICATION FOR REBATE ON ASSESSMENT RATES – PENSIONERS  
(only owners of properties categorized as “residential” may apply)**

I, the undersigned ..... (full name),  
identity number ..... declare under oath as follows:

1. I am the registered owner of stand number ..... Street Address  
..... Township  
..... where I have been a resident for ..... years/months.

2. The following persons reside with me (list all persons residing on the property including tenant):

Initial and surname	Relationship	Age	Income

3. I am a married/unmarried male/female pensioner and my joint household income amounts to R..... and this amount includes the income of my husband/wife as well as all other income received by me and members of my household.

Cell no: ..... Tel no: ..... Email address:  
.....

Signature of applicant: .....

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and the deponent's signature/thumb print/mark was placed thereon in my presence.

Signed at Mogale City on this ..... day of ..... 20.....

.....  
**Justice of Peace**  
**Commissioner of Oaths**

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**FOR OFFICE USE:**

Affidavit	
ID certified	
3 months bank statement	
3 months SASSA proof of income	
Letter from previous employer	
Certificate from health practitioner	
Current municipal account	
Copy of arrangement to settle municipal account	

Captured by: .....

Checked by: .....

Verified by: .....

Approved by: .....