



## CITY OF uMHLATHUZE

# APPLICATION FOR RATES REDUCTION FOR PENSIONERS

### FOR THE 2015/2016 FINANCIAL YEAR

Pensioners may be granted a rebate on their primary residential property. This rebate will be determined annually during the annual budget review process.

The rebate on property rates referred to above will be granted subject to the following criteria:

1. The primary property **must be** registered in the name of a natural person who **own and permanently occupy** that property. This includes co-owners who are married to each other
2. The applicant must be a ratepayer of 60 years or older on or before 31 May upon application (as stipulated in terms of Section 3(3)(b)(iii) of the Municipal Property Rates Act, 2004.
3. A written application must be submitted before **31 May 2015**.
4. A certified copy of the applicant's bar-coded RSA identity document must accompany the application.
5. The same provisions applicable to pensioners apply to disability grantees, except that they must produce a **certified copy of a letter**, issued by the **Department of Social Welfare**, confirming receipt of a disability grant. See page 3 for example of letter.

### **Please note that:**

- ❖ The **Original** application must be submitted and entered into a register at the enquiries counter treasury office, in your area.
- ❖ No faxed or e-mailed applications will be accepted.



## APPLICATION FOR REBATE ON ASSESSMENT RATES



I, \_\_\_\_\_  
(Full Names and Surname)

Identity No

--	--	--	--	--	--	--	--	--	--	--	--	--

hereby apply

for a Pensioners rebate on assessment rates for the financial year 2015/2016 in respect of the following property: -

<b>TOWN &amp; SUBURB</b>	
<b>ERF NO &amp;/OR ACCOUNT NO</b>	
<b>STREET ADDRESS</b>	
<b>SECTIONAL TITLE SCHEME</b>	
<b>SECTIONAL TITLE UNIT NO</b>	
<b>CONTACT NO.:</b>	

I hereby declare that: -

1. I am .....years of age and a bona fide pensioner;

**OR**

2. I receive a disability pension / grant. **(Proof of which is attached)**

(Please delete either 1.1 or 1.2 whichever is not applicable)

3. The abovementioned property is registered in my name and is permanently occupied by me

4. A certified copy of my bar-coded RSA ID is attached.

I will supply the uMhlathuze Municipality with any documentary proof that is required to confirm the above information.

**SIGNED AT ..... ON THE..... DAY OF ..... 2015**

**APPLICANT SIGNATURE**

**COMMISSIONER OF OATH**

**FOR OFFICE USE ONLY**

**YES NO**

Owner and occupier of Property

60 years or older

Beneficiary of a disability pension/ grant

Submitted before 31 May


**APPROVED**

☐

**NOT APPROVED**

☐

Register no.	
Name of official	
Date	

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**UPDATED ON SYSTEM**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

Reprint 2014-07-14



sassa

SOUTH AFRICAN SOCIAL SECURITY AGENCY

EXECUTIVE

MR

P.O. BOX  
ESIKHAWINI  
3887

531640 HLANGANAMI (PAYPOINT)

REGIONAL

MANAGER

SASSA

PRIVATE BAG X9146  
PIETERMARITZBURG  
3200

Tel : 033 846 3300

Fax : 033 846 9595

2010-11-01

Dear Sir/Madam

APPROVAL OF A PERMANENT DISABILITY GRANT IN TERMS OF THE SOCIAL ASSISTANCE ACT, 2004 (ACT NO. 13 OF 2004) WAS AMENDED

Kindly be informed that your application for a permanent disability grant dated 20101101 has been approved with effect from the date of your application. The amount payable and paypoint details are as follows. In the event of an arrear payment the amount will be included in the first amount that will be paid to you.

FIRST PAYMENT DUE DURING: 2010-12

FIRST AMOUNT PAYABLE : R

MONTHLY AMOUNT : R

PAYPOINT/POST OFFICE : 531640 HLANGANAMI (PAYPOINT)

BANK DETAILS :

Kindly also note that you are required to inform your local SASSA (South African Social Security Agency) office of any changes of your or your spouse's general, medical and financial circumstances in terms of Section 14(3) of the Act. Should you fail to provide this information your grant may be suspended.

Any person who provides information which is to his or her knowledge untrue in order to obtain a grant makes him- or herself guilty of an offence. Please be aware that should you receive a grant which you are not entitled to, you will be expected to pay the total amount back to the Agency. Also note that if you fail to collect your grant for three (3) consecutive months, your grant will lapse.

Should you be aggrieved by a decision made with regards to this application, you or a person acting on your behalf, may within 90 days from date of receipt of this letter lodge a written application to the Agency, requesting the Agency to reconsider its decision in terms of Section 18(1) of the Act. If you fail to lodge an application within the 90 day time period, your application will not be considered. Your application must set out the reasons why the Agency should amend, vary or set aside its decision.

If there is any uncertainty with regard to this notification kindly contact your local SASSA office.

Yours faithfully,

REGIONAL EXECUTIVE MANAGER