



a world class African city

City of Johannesburg  
Property Unit

0860 Joburg (562874)  
PO Box 1450, JHB 2000

www.joburg.org.za  
ratescomment@joburg.org.za

## Application for Pensioner Rebate on Property Rates

Please attach the following certified documents: Copy of Identity Document, Proof of Monthly Income AND previous income tax year final assessment from SARS.

It is important to note that only a signed form together with all the relevant documentation (as mentioned in the sections below) will be accepted for further processing. Failure to provide the required documentation will result in the application not being approved.

If your financial position changes please let us know.

### CONDITIONS

Pensioners must be 60 years of age or older, own property and personally occupy the property. The property value must not exceed R2 000 000.

Pensioners dependent on a National Security Grant qualify for 100% rebate on successful applications.

Pensioners who are not on National Security Grant, but whose gross monthly income falls below R8 234 qualify for 100% rebate on successful application.

Pensioners who are not on National Security Grant, but whose gross monthly income is above R8 234 but less than R14 116 qualify for 50% rebate on successful application.

In case of dual ownership, at least one of the owners must be 60 years of age or older.

The rebate is applicable for only one property should the applicant own more than one property.

From 1 July 2016

Rates Account Number:

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

Note: The pensioner rebate is applicable from 1 July 2016. The rebate will be applied from date of application

### Personal details of property owner and his/her spouse

Indicate with a cross:

male

female

married

single

widow

widower

Registered property owner

Surname:

First names:

Date of birth:

y	y	y	y	/	m	m	/	d	d
---	---	---	---	---	---	---	---	---	---

Identity number:

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

Spouse

Surname:

First names:

Date of Birth:

y	y	y	y	/	m	m	/	d	d
---	---	---	---	---	---	---	---	---	---

Identity number:

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

Addresses

Street address:

City/Suburb:

Postal code:

Postal address:

City/Suburb:

Postal code:

### Contact details

(H)

Cell No:

(W)

Fax No:

Email:

**Freehold Title ownership**

Stand number: \_\_\_\_\_ Portion number: \_\_\_\_\_

Suburb: \_\_\_\_\_

Indicate with a cross whether you occupy the above mentioned property:  yes  no

How many houses/ living units are there on the above mentioned property?

**Sectional Title ownership**

Name of Body Corporate: \_\_\_\_\_

Unit number: \_\_\_\_\_ Door number: \_\_\_\_\_

Indicate with a cross whether you occupy the above mentioned property:  yes  no

**Financial Information**

**Monthly income** : (please attach proof of monthly income)

Monthly income	Owner	Spouse
<b>Salary/Wages</b> (Attach a Copy of Pay Slip)	R	R
Name of Employer:		
Start date of Employment:		
<b>Interest On Investments</b> (Attach Bank Statement)		
Name & Type of Investment:	R	R
Name & Type of Investment:	R	R
Others:	R	R
<b>Monthly Pension</b> (Attach a Copy of Pension Card)		
Pension Fund Name:	R	R
Pension Fund Number:	R	R
<b>State Disability Allowance</b> (Proof Documents)		
Reference Numbers:	R	R
<b>Other Income</b> (Proof Documents)		
Name of Institution:	R	R
<b>Total Income</b> :	R	R

This form may be posted to Director Rates and Taxes, P.O. Box 1450, JHB, 2000 or dropped off at any of the City's Customer Service Centres for submission to Rates and Taxes.

Thus signed and sworn to, before me at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Commissioner of Oaths



**FOR OFFICE USE ONLY**

**Checklist:**

- Certified ID Copy  Certified Copy of SASSA CARD (Back and Front)  3 Months Bank Statement  SARS Income Tax