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BUDGET AND TREASURY OFFICE

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Application for rates rebate 1 July 2024 – 30 June 2025

Elderly and disability grantees or medically boarded persons

PARTICULARS OF OWNER

Surname: _____

First name: _____

Identity number: _____

Email address: _____

Postal address: _____

Telephone number: _____

Property rates account number: _____

Water and electricity account number: _____

PARTICULARS OF PROPERTY

Stand number: _____

Township: _____

Street name and number: _____

Sectional title scheme name: _____

Sectional title unit: _____

Municipal account No _____

INCOME OF OWNER AND SPOUSE AT THE TIME OF APPLICATION

	A	B
	Applicant	Spouse
Monthly pension	R	R
Other income	R	R
Interest on investments	R	R
Salary or wage	R	R
Miscellaneous	R	R
TOTAL		

TOTAL MONTHLY INCOME: A AND B

R _____

NB: THE INFORMATION FURNISHED IS STRICTLY CONFIDENTIAL

I, the undersigned, hereby declare and confirm that the property referred to above is registered in my name/and my spouse's name (*strike through where not applicable*).

The property is occupied only by me/my spouse/my dependents who have no income (*strike through where not applicable*).

I also confirm that all the information in this application is correct and, if not, the rebate will be cancelled and the amounts already reduced will be collected from me.

Documents not older than three months MUST accompany this application form. The documents should be originals or they should be certified as true copies of the originals.

1. A **certified** copy of the applicant and the spouse's identity documents.
2. **Proof of income in the form of three months' bank statements** (of the applicant and his/her spouse) as indicated on the application form (the amount must be clearly indicated).
3. If there is any income for which there is no receipt, for example from **rent, SASSA payments or donations, or if there is no income**, an **affidavit** to this effect should be made that specifies the amount received per month, and the affidavit should be attached to this application form.
4. The application will not be considered if any of the required documents have not been submitted with the application form or the form has not been completed in full.

Applications (and the subsequent rebate granted) are only valid for the 2024/25 financial year and will expire on 30 June 2025.

Only original application forms will be considered (no faxed or emailed forms will be accepted).

CONDITIONS

A ratepayer who is or who has reached the age of 60, or disability grantees, or ratepayers who were medically boarded during the 2024/25 financial year, may receive a special rebate, subject to the following conditions.

The applicant must comply with the following:

- (a) The applicant(s) must be the registered owner(s) of the property.
- (b) The applicant must be 60 years or older upon application.
- (c) The property concerned must consist of one dwelling. No part thereof must be sublet, and it must be occupied only by the applicant and his/her spouse, if any, and dependents without income.
- (d) The applicant must submit a valid identity document that confirms the applicant's age.
- (e) The applicant must submit proof of monthly income from all sources (including the income of the owner's spouse).
- (f) The property must be categorized as residential.
- (g) The applicant must not receive an indigent assessment rate rebate.
- (h) The applicant must provide medical proof of disability and/or a certificate by a medical officer of health.
- (i) The applicant's account must be paid in full or, if not, an arrangement to pay the debt should be in place or apply for the debt incentive.

The percentage of rebates granted to the different gross monthly household income levels will be determined according to the following schedule:

Minimum gross monthly household income (R)	Maximum gross monthly household income (R)	Percentage rebate
R 0	R 4020	100%
R4021	R5620	80%
R5621	R7420	60%
R7420	Above	Max 60%

TERMINATION OF SPECIAL REBATES

The special rebates will terminate and lapse upon any of the following:

- (a) Death of the applicant
- (b) Alienation of the property
- (c) When the applicant ceases to reside permanently on the property
- (d) 30 June of each year

Signature of Applicant _____ **Date** _____

For Office Use Only

Minimum gross monthly household income (R)	Maximum gross monthly household income (R)	Percentage rebate	Approved
R 0	R 4020	100%	
R4021	R5620	80%	
R5621	R7420	60%	
R7420	Above	Max 60%	

Processed by: _____ Date: _____

Approved/Not approved

Authorized official: _____ Date: _____

