



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 745 qualify for 100% rebate on successful application.

Pensioners who are not on National Security Grant, but whose gross monthly income is above R8 745 but less than R14 991 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 2017

Rates Account Number:

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

Note: The pensioner rebate is applicable from 1 July 2017. 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
Salary/Wages (Attach a Copy of Pay Slip)	R	R
Name of Employer:		
Start date of Employment:		
Interest On Investments (Attach Bank Statement)		
Name & Type of Investment:	R	R
Name & Type of Investment:	R	R
Others:	R	R
Monthly Pension (Attach a Copy of Pension Card)		
Pension Fund Name:	R	R
Pension Fund Number:	R	R
State Disability Allowance (Proof Documents)		
Reference Numbers:	R	R
Other Income (Proof Documents)		
Name of Institution:	R	R
Total Income :	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