City of Johannesburg
Group Finance
0860joburg(562874)

www.joburg.org.za ratescomments@joburg.org.za

a world class African city

Application for People With Disability (PWD) rebate

1 July 2026

CONDITIONS

- Applicants must have reached the age of majority (not minors) and not be above 59 years of age.
- Applicants must own the property and personally occupy the property.
- The property value must not exceed R1 500 000.
- Applicants must be permanently disabled, and the said disability should render the applicant incapable of performing work.
- Applicants are to include/attach a letter from a medical practitioner/suitably qualified person, confirming the disability.
- Applicants dependent on a National Security Grant qualify for a 100% rebate on successful applications.
- Applicants who are not on National Security Grant, but whose gross monthly income falls below **R13 519** qualify for 100% rebate on successful application.
- Applicants who are not on National Security Grant, but whose gross monthly income is above **R13 519** but less than **R23 172** qualify for 50% rebate on successful application. In case of dual ownership, at least one of the owners must be a PWD.
- The rebate is applicable to one property only should the applicant own more than one property.

Requirements:

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.

Note: The rebate will be applied from date of application

Rates Account Number: | | | | | | | | | | |

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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: | | | | | | | | |

Identity number: | | | | | | | | | | | | | |

Spouse

Surname: .....

First names: .....

Date of Birth: | | | | | | | | |

Identity number: | | | | | | | | | | | | | |

Addresses

Street address: .....

City/Suburb: .....Postal code: .....

Postal address: .....

City/Suburb: Postal code: .....Postal code: .....

Contact details.

Home no: ..... Cell No: .....

Email: .....

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Freehold Title ownership

Stand number……

Portion number: ……

Suburb: …… | | |

Indicate with a cross whether you occupy the above-mentioned property: Yes | | No

Sectional Title ownership

Name of Body Corporate: ……

Unit number: Door number: …… Door number: …… | | |

Indicate with a cross whether you occupy the above-mentioned property: Yes | | No

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Financial Information

Monthly income: (please attach proof of monthly income)

Monthly income	Applicant	Spouse
Salary/wages (attach a copy of your pay slip)		
Name of Employer: ……	R	R
Start date of employment: ……		
Interest on investments (attach bank statement)		
Name and type of investment: ……		
Name and type of investment: ……		
Others: ……	R	R
Monthly income (attach copy of pension card)		
Fund name: ……		
Fund number): ……		
State disability allowance (supply documents)		
Reference number: ……		
Other income (supply documents)		
Name of institution: ……	R	R
Total Income		
	R	R
	R	R
	R	R

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Declaration

Thus, signed and sworn to, before me at _____ this_____day of _____

Name of the applicant: _____

Signature of Applicant_____

Commissioners of oaths stamp

Stamp of Commissioner of oaths

This form must be submitted to your closest City of Joburg Customer Service Centre and a reference number must be provided by the official taking in the application.

Rebate applications will only be processed if the account is not in arrears unless there is a payment arrangement or dispute. Should the customer default on payment arrangement, the City reserves the right to withdraw the rebate.

The rebate will be granted from the date of application. In the event of non-compliance with any conditions attached to the initially granted rebate, the rebate shall be revoked. The applicant will be required to submit a new application for consideration. Any such application shall be processed from the date of its submission. There shall be no retrospective adjustment.

NO E-MAIL APPLICATIONS WILL BE ACCEPTED.

For office use only

- ☐ **Certified ID copy Audited Financial Statements**
- ☐ **Certified SASSA card copy (back and front)**
- ☐ **3-month bank statement**
- ☐ **SARS income tax certificate Restaurant**
- ☐ **PWD confirmation letter**

☐**Approved**
☐ **Not Approved**

If not, provide a reason……

Officials signature: _____ Designation: _____

Date: _____