City of Johannesburg
Group Finance
0860(joburg)562874
www.joburg.org.za ratescomments@joburg.org.za

a world class African city

Application for a Child Headed Household Rebate

1 July 2026 -30 June 2027

CONDITIONS

The property should not be more than R1.5million.

a. The property must be owned by a terminally ill parent or the child or deceased estate of the parent.
b. The terminally ill parent or child must annually apply for the rebate.

The rebate will lapse when:

- The child's head of the household reaches the age of maturity.
- The property is alienated.
- The child head of the household ceases to reside permanently on the property.
- The department of social development no longer regards the household as being child headed.
- Annul applications are not submitted

REQUIEREMNTS

The application must be accompanied by:

1. Confirmation from a social worker appointed by Council that has investigated the occupants of the household.
2. If the parent is deceased, a copy of the letter of Executorship of administration of the deceased estate.
3. A copy of the liquidation and distribution account showing transfer of the property to the minor.
4. The death certificate of the parent.
5. If the parent is terminally ill, a certified copy of a medical report confirming his/her status.
6. Birth certificates of all minors residing on the property.

Account number: _____ Date of submission: _____

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Personal Details of the applicant

Indicate with a cross: | male | female | married | single | widow | widower |

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

Home Tel: _____ Cell No: _____

Work Tel: _____ Fax No: _____

Email: _____

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Particulars of minor occupants

Name & Surname: 1. .....ID no: .....

2. .....ID no: .....

3. .....ID no: .....

4. .....ID no: .....

Address

Street address: .....

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

Postal address: .....

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

Contact details

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

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: ..... 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)

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Declaration

Thus, signed and sworn to, before me at _____ this _____ day of _____20_____

_____
Name of applicant

_____
Signature

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 noncompliance 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:

Reference number: _____ Date of submission: _____

Checklist:

☐ Confirmation from a Council-appointed social worker confirming that the occupants of the household have been investigated.
☐ If the Parent is Deceased Copy of the Letter of Executorship or Letter of Authority for the administration of the deceased estate.
☐ Copy of the Liquidation and Distribution Account showing the transfer of the property to the minor.
☐ Copy of the parent's death certificate.
☐ If the Parent is Terminally ill, Certified copy of a medical report confirming the parent's condition.
☐ For Minors Residing on the Property, Copies of the birth certificates of all minors residing on the property.

☐ **Approved**

☐ **Not Approved**

If not, provide a reason……

Officials signature: _____ Designation: _____

Date: _____