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City of Johannesburg  
Rates and Taxes Directorate

Tel + 27(0) 11 375 5555 www.joburg.org.za  
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## Application For Pensioner Rebate On Property Rates

Please attach the following certified documents (Copy of Identity Document, Proof of Monthly Income AND the 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 expected 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 the property and personally occupy the property. The property value must be less than R1500 000.

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

Pensioners who are not on National Security Grant, but whose gross monthly income falls below R5000 qualify for a 100% rebate on successful application.

Pensioners who are not on National Security Grant, but whose gross monthly income is higher than R5000 but less than R9000 qualify for a 50% rebate on successful application.

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

From: 1 July 2008 to: 30 June 2010 Rates Account Number:

### 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: \_\_\_\_\_

### 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: \_\_\_\_\_ Your new Rates Account No if known:

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
Name & Type of Investment:	R	R
Name & Type of Investment:	R	R
Name & Type of Investment:	R	R
<b>Monthly Pension</b> (Attach a Copy of Pension Card)		
Pension Fund Name:	R	R
Pension Fund Number:		
Pension Fund Name:	R	R
Pension Fund Number:		
<b>State Disability Allowances</b> (Proof Documents)		
Reference No:	R	R
Reference No:	R	R
<b>Other Income</b> (Proof Documents)		
Name of Institution:	R	R
Name of Institution:	R	R
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 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

Stamp of  
Commissioner  
of oaths