



**uMNGENI MUNICIPALITY
APPLICATION FOR A 10% REBATE ON RATES IN RESPECT OF PROPERTY
OWNED AND OCCUPIED BY PENSIONERS OR PERSONS WITH DISABILITIES IN TERMS
OF THE RATES POLICY FOR 2024/2025**

AFFIDAVIT

I, FULL NAME

IDENTITY NO. PHONE NO.

Do solemnly affirm, make and say:

1. That I am the registered owner and occupier of

.....
(Address of rateable property in question) **(Account number)**

.....
Lot No. (May be obtained on enquiry from the helpdesk at the Finance Department)

Email address:.....

2. My annual income is R

3. My spouse's annual income is R

4. ** The total annual income of all persons residing on the property is R

The sources of the annual income of myself* / and my spouse are as follows:

Self

Spouse

.....
.....

5. I was born on.....

6. I apply in terms of Policy (as amended) for a rebate as determined by Council in respect of the general rates on said property.

APPLICANT:

Sworn / affirmed at Howick this ... day of 20.. before me, the deponent having acknowledged that he / she knows and understands the contents hereof and considers the prescribed oath / affirmation administered by me to be binding on his / her conscience.

FULL NAME COMMISSIONER OF OATHS

Ex Officio Address: Signature

** In cases where the property is jointly owned the total income of all owners in occupation must be given and / or all persons residing on the property.

PS: A CERTIFIED COPY OF IDENTITY DOCUMENT MUST ACCOMPANY THIS DOCUMENT!!!