

DEPT. OF HUMAN SETTLEMENTS (SUBSIDIES)

The Finance Linked Individual Subsidy Programme for first time home owners

First time home owners can qualify for a Finance Linked Individual Subsidy, which is a non-refundable amount, provided that they acquire a home loan from a registered financial institution (credit linked route). Applicants must purchase an existing property complete with Top structure, which must have a Title Deed attached to the property. In the case where the applicant owns land, he/she must acquire a bond from a registered financial institution to build on the land. An application form can be obtained from the Department of Human Settlements, 11th Floor, Eagle Building (Murchies Passage), 363 Dr. Pixley KaSeme Street (Former West Street), Durban.

The following information and documents are required:

1. A complete FLISP application form.
2. The following attachments must accompany the application form:
 - 2.1. Certified copy of applicants ID document (bar coded).
 - 2.2. Certified copy of spouses ID documents (bar coded) – if applicable.
 - 2.3. Certified copy of Marriage Certificate or Divorce Settlement – if applicable.
 - 2.4. Dependant Affidavit + Certified copy of dependant's birth certificate or ID document (dependant is compulsory if applicant is single). Proof of financial dependency is required.
 - 2.5. If applicant is single, then confirmation affidavit and ID is required from the other parent.
 - 2.6. Income Affidavit. If unemployed (spouse, applicant or dependant over 18 years) – Letter from Department of Labour required. NB if normal salary is variable, then provide 12 months salary advice.
 - 2.7. Employment letter and 3 months' salary advice from employer (applicant and spouse).
 - 2.8. 3 Months Bank statement (applicant and spouse).
 - 2.9. Letter of Bond Approval from Bank (certified copy).
 - 2.10. Certified copy of Sale Agreement.
 - 2.11. Pre-emptive rights clause (can be obtained from the Department).
 - 2.12. Certified copy of Title Deed prior to transfer.
 - 2.13. Letter from Transferring Attorney in case of a deposit required (current applications).
 - 2.14. Consents to be signed by Bond and Transferring attorneys; whichever is applicable (sample included in pack). Relevant Title Deeds to be attached.

THE FOLLOWING SUBSIDY BANDS APPLY ACCORDING TO HOUSEHOLD GROSS INCOME:

BENEFICIARY'S MONTHLY INCOME	SUB AMOUNT (ABOVE 40m ²)
R3 501 – R22 000	R27 960 – R121 626 (Sliding Scale)



human settlements

Department:
Human Settlements
PROVINCE OF KWAZULU-NATAL

ADDENDUM TO THE SALE AGREEMENT

PRE-EMPTIVE RIGHT

Notwithstanding any provisions to the contrary in any other law, it shall be a condition of every housing subsidy, as defined in the Housing Code, granted to a natural person in the terms of any national housing program for the construction or purchase of a dwelling or serviced site, that the PURCHASER or his/ her successors in the title or other creditors in law, other than creditors in respect of credit-linked subsidies, may not sell or otherwise alienate his/ her dwelling or site within the period of EIGHT (8) YEARS from the date on which the property was acquired by the PURCHASER or from registration of a mortgage bond as the case may be unless that property has first been offered for sale to the KWAZULU-NATAL DEPARTMENT OF HUMAN SETTLEMENTS in writing and must be accepted or rejected by the KWAZULU-NATAL DEPARTMENT OF HUMAN SETTLEMENTS WITHIN THE PERIOD OF SIXTY (60) DAYS, the conditions of which are contained in the KWAZULU HOUSING AMENDMENT ACT, 2000 (ACT NO 8 OF 2000).

The purchase price (i.e. Acquired Subsidy Amount) must be determined by agreement between the PURCHASER and the DEPARTMENT OF HUMAN SETTLEMENTS.

PURCHASER	
DATE	
WITNESS (1)	
DATE	
WITNESS (2)	
DATE	

I hereby certify that the original of this document will be forwarded to the DEEDS OFFICE.

	STAMP
CONVEYANCER'S SIGNATURE	
DATE	



human settlements

Department:
Human Settlements
PROVINCE OF KWAZULU-NATAL

ADDENDUM TO THE SALE AGREEMENT

SUSPENSIVE CONDITIONS (SUBJECT TO FUNDS BEING APPROVED)

This agreement is suspensively conditional upon:

1. The purchaser qualifying for a subsidy in terms of the Provincial Human Settlements Department's criteria by being accepted onto the provincial Human Settlement's Department's Subsidy Data Base.
2. The subsidy being approved by the Provincial Human Settlements Department, and
3. All authorities and approvals being obtained from registered owner of the property to enable the property to be transferred to the Purchaser.

Signature of Purchaser	
Witness (1)	
Witness (2)	

STATEMENT OF OATH
INCOME/ UNEMPLOYEMENT AFFIDAVIT

I, the undersigned

FULL NAME:.....

IDENTITY NUMBER:.....

ADDRESS:.....

Do solemnly declare that (tick applicable)

- I am formally employed and my original salary advice/ wage slip is attached.
- I am a pensioner and my pension slip is attached.
- I am not formally employed and I am not formally registered with the Unemployment Insurance Fund, and am currently unemployed.
- I am self-employed as a and my average monthly income is R..... I have/ receive no other source of income.

.....

Signature or Thumb Impression (Of Deponent)

I certify that the Deponent has acknowledged that he/ she knows and understands the contents of this affidavit, the legal implications where of have been explained to the Deponent, which affidavit was signed and sworn to before me at DUBAN on this day of20.....

FULL NAME OF COMMISSIONER:.....

CAPACITY:.....

ADDRESS:.....

.....

AREA:.....

.....

COMMISSIONER OF OATHS

STATEMENT OF OATH
DEPENDANT AFFIDAVIT

I, the undersigned

FULL NAME: _____

IDENTITY NUMBER: _____

ADDRESS: _____

Do hereby solemnly declare that:

FULL FIRST NAME: _____

FULL SURNAME: _____

DATE OF BIRTH: _____

IDENTITY NUMBER: _____

RELATIONSHIP: _____

1. Reside with me and is financially dependent upon me.
I do not receive any financial assistance from any person or Source with regards to the abovementioned dependant.

2. The abovementioned dependant is younger/ older 21 (Twenty-One) Years of age and still financially dependent on me and he/ she is not employed On either a full time or part basis and therefore cannot support himself/ herself.

.....

SIGNATURE OF DEPONENT

I certify that the Deponent has acknowledged that he/ she knows and understands the contents of this affidavit, the legal implications where of have been explained to the Deponent, which affidavit was signed and sworn to before me at DUBAN on this day of20.....

FULL NAME OF COMMISSIONER:.....

CAPACITY:.....

ADDRESS:.....

AREA:.....

.....

COMMISSIONER OF OATHS

STATEMENT OF OATH

DEPENDANT AFFIDAVIT

SURNAME DIFFERENT

I, the undersigned

FULL NAME: _____

IDENTITY NUMBER: _____

ADDRESS: _____

Do hereby solemnly declare that:

FULL FIRST NAME: _____

FULL SURNAME: _____

DATE OF BIRTH: _____

IDENTITY NUMBER: _____

RELATIONSHIP: _____

1. Resides with me and is financially dependant on me. I do not receive any financial assistance from any person or source with regards to the abovementioned dependant;
2. The abovementioned dependant is younger/ older than 18 (Eighteen) years of age and is still financially dependant on me as he/ she is not employed on either a full-time or part-time basis and therefore cannot support himself/ herself;
3. The abovementioned dependant is my biological son/ daughter;
4. The abovementioned dependant's surname differs from mine because he/ she has retained the surname of his/ her father/ mother whom I never married/ divorced.

.....

SIGNATURE OF DEPONENT

I certify that the Deponent has acknowledged that he/ she knows and understands the contents of this affidavit, the legal implications where of have been explained to the Deponent, which affidavit was signed and sworn to before me at DUBAN on this day of20.....

FULL NAME OF COMMISSIONER:.....

CAPACITY:.....

ADDRESS:.....

AREA:.....

.....

COMMISSIONER OF OATHS