

INDIVIDUAL  
REGISTRATION  
NUMBER

**FLISP: (K14040033)**

**APPLICATION FOR A FINANCE LINKED  
INDIVIDUAL SUBSIDY PROGRAMME**

INDIVIDUAL SUBSIDY

Credit Linked \*

Bank:

THE APPLICATION IS HEREBY RETURNED AS THE FOLLOWING ADDITIONAL INFORMATION IS REQUIRED.

- 1. ....
- 2. ....
- 3. ....
- 4. ....
- 5. ....
- 6. ....
- 7. ....
- 8. ....
- 9. ....
- 10. ....

IN CASE OF INCOMPLETE INFORMATION – CONTACT:  
(To be completed by applicant)

NAME:

POSTAL ADDRESS:

TELEPHONE NUMBER:

In the application form the following glossary of terms is applicable:



**For Office Use Only**

<b>TABLE 1</b>				
<b>THE FOLLOWING DOCUMENTS MUST BE KEPT BY THE LENDER</b>				<b>OFFICAL USE</b>
Certified copy of Marriage Certificate				
Certified copy of R.S.A Bar Coded Identity Document	Self		Spouse	
Certified proof of birth certificate / ID of Dependants	Number of Dependants			
Certificate copy of Divorce Settlement				
Certificate copy of Spouse's Death Certificate				
Proof of loan granted by lender				
Certified copy of Agreement Sale;				
Certified copy of Building Contract and Approval Building Plan, where applicable				
Certified copy of Proof of Monthly Household Income				
Certified copy of Permanent Residence Permit (Bar Coded Permit) if applicable				

<b>TABLE 2 (FOR OFFICIAL USE ONLY)</b>				
	<b>PROCESS RECORD</b>	<b>DATE</b>	<b>SIGNATURE</b>	
			<b>OFFICIAL</b>	<b>SUPERVISOR</b>
1.	Application Received			
2.	Manual Procedural Check a) Pass / Fail			
3.	Application returned for Correction from PHD			
4.	Application Returned – Corrected			
5.	Data Captured			
6.	Data Verified			
7.	Searches Completed: a) Home Affairs b) Deeds Office c) National Housing Data Base			
8.	Date Subsidy Approved / Rejected by PHD.			
9.	Date Applicant notified of PHD acceptance / non-acceptance			



<b>SECTION C: MONTHLY INCOME DETAILS (To be completed by applicant)</b>			
		<b>Applicant</b>	<b>Spouse</b>
Indicate if you are:	Employed*		
	Self employed*		
	Social Welfare*		
	R		
Basic Monthly Income		R	R
Housing Allowance Payable (Loan Interest Subsidy)		R	R
Social Welfare Grant		R	R
<b>TOTAL</b>		R	
JOINT TOTAL (Applicant and Spouse)		R	
Amount of Bond Applied for		R	

<b>SECTION D: DETAILS OF CITIZENSHIP (To be completed by applicant)</b>		
Are you a South African Citizen	<b>YES*</b>	<b>NO*</b>
If you are not a South African Citizen supply the following:		
Country of which you are a Citizen		
South African Permanent Residence Permit Number		
Date Permit was issued		

<b>SECTION E: DETAILS OF PROPERTY TO BE PURCHASED WITH SUBSIDY (To be completed by applicant)</b>		
Name of Seller:		
District:	Municipality	
Township:	Erf (Stand) / Lot Number*	
Township Extension:		
Unit Number:		
Description of Dwelling*	Flat (Name of Building)	House (Street Address)
Type of Tenure*	Ownership	Other
	If other: Specify	

**SECTION F: (i) FUNDING DETAILS IN RESPECT OF PURCHASE OF PROPERTY  
(To be completed by applicant)**

TOTAL PRODUCT PRICE	R
a) Subsidy	R
b) Mount Of Home Loan	R
c) Own Cash Contribution	R
TOTAL	R
d) Subsidy amount qualified for	
e) Total Bond qualified for	
f) Subsidy amount qualified for	R
g) Disability Subsidy (Plus)	R
h) Geotechnical Assistance (Plus)	R
SUB TOTAL	
i) Grants received from State Resources (Minus)	R
Total Subsidy Amount Qualified for	R

**SECTION G: DETAILS OF CONVEYANCER (To be completed by the Lender)**

Name:			
Postal Address:			
Conveyancer Fee	R		
Approval Code of Lendor			
Telephone Number	Code		
Telephone Number	Code		

**SECTION H: DETAILS OF LENDER FOR A FINANCE LINKED INDIVIDUAL SUBSIDY APPLICATION  
(To be completed by lender)**

Name:			
Postal Address:			
Conveyancer Fee	R		
Approval Code of Lendor			
Telephone Number	Code		
Telephone Number	Code		

**SECTION I: DETAILS OF CONTRACTOR / BUILDER (To be completed by contractor / builder)**

Name:

Postal Address:

National Home Builders  
Registration Council's  
Registration Number

Approval Code of Lendor

Telephone Number

Code

Telephone Number

Code

**AFFIDAVIT BY APPLICANT & SPOUSE / PARTNER\***

**APPLICANT**

I, the undersigned applicant, do hereby solemnly / under oath\* declare

1. That all the information contained in this application form is true and correct and that all material facts have been disclosed therein.
2. That neither I nor my "Spouse" (as defined in Section A of this form).  
Now owns or has never owned any residential property in full ownership, leasehold or dead of grant,  
Has never purchased a State – subsidised residential property of which transfer has not yet been taken,  
Has previously received financial assistance from the Government of the Republic of South Africa or  
Independent Development Trust or the former Self Governing Territories or TBVC States or any other  
State finances subsidies in order to acquire a residential property, and that my estate has not, at the date  
Of this application, been sequestrated or made insolvent.
3. That all the information supplied with regard to dependants, is correct,
4. That all details given in this application form with regard to myself, my income and employment status are true and correct.

I, further acknowledge:

5. That should the property which I am to acquire not have been transferred to me within three months after the date on which the Provincial Housing Department has made the subsidy amount available to me, the Provincial Housing Department shall, at its discretion, be entitled to withdraw the subsidy.
6. That I am aware that if any information supplied by me in this application or fraudulent, the Provincial Housing Department may take appropriate legal action against me and may also institute a criminal prosecution.
7. That the allocation of the subsidy is subject to the availability of the necessary funding for the Finance Linked Individual Subsidy Programme.

.....  
SIGNATURE OF APPLICANT

**SPOUSE / PARTNER\***

I, the undersigned ..... spouse / partner\* solemnly / under declare that:

1. I am married to the applicant / habitually cohabit with the applicant as if we are husband and wife.
2. All details given in this application form including details of myself, my income and employment status are true and correct.
3. I am aware that I could be prosecuted if any of the details in this application form are incorrect or fraudulent.

.....  
SIGNATURE OF PARTNER

*(To be completed by the Lender)*

**COMMISSION OF OATHS**

I Certify that the Department/s has / have acknowledged that he/she/they know and understand the contents of their affidavit's, which was /were signed and sworn to / affirmed before me at ..... on  
This ..... day of ..... Of the year .....

Full names and Surname .....

OFFICIAL DATED STAMP

Identity Number .....

Capacity .....

Postal Address .....

Area .....

.....  
SIGNATURE OF COMMISSIONER OF OATHS

**MEDICAL CERTIFICATE IN RESPECT OF DISABLES PERSONS AS REQUIRED IN THE HOUSING SUBSIDY SCHEME OF THE GOVERNMENT OF SOUTH AFRICA**

**(To be completed by District Surgeon / Medical Practitioner and submitted with Housing Application form)**

1. Name of subsidy applicant:

2. Postal address:

3. Identity Number:

4. Name of disabled person (s)

5. Relation of disabled persons to applicant, if not applicant:

Husband*	<input type="checkbox"/>	Wife*	<input type="checkbox"/>	Long term partner*	<input type="checkbox"/>	Child*	<input type="checkbox"/>	Financial dependant*	<input type="checkbox"/>
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6. Nature of disability

CATEGORY	NATURE	DEGREE	
A	Walking	Walking aids	
B	Walking	Wheelchair – partial usage	
C	Walking	Wheelchair – full time usage	
D	Hearing	Partially / profound deaf	

7. Special Requirements\*

7.1 Access to house-12 squares metres of paving and ramp at doorway- Groups A,B and C

7.2 Kick plates to doors – Groups A,B and C

7.3 Grab rails and lever action taps in bathroom – Group A,B and C

7.4 Visual door bell indicators – Group D

8. Particulars of district surgeon / medical practitioner

8.1 Surname :

8.2 Full Name:

8.3 Postal Address:

8.4 Registration number with the Medical and Dental Council:

8.5 Telephone Number: ( )

8.6 Facsimile Number: ( )

**I certify that the above details are true and correct.**

Signature:.....

*District Surgeon / Medical Practitioner*

.....

*Date*

\* Tick whichever is applicable.