

# DEPARTMENT OF HUMAN SETTLEMENTS

## FIRST HOME FINANCE (FLISP)

The following information and documents are required :

1. A completed application form
2. **The following documents must accompany the application form :**
  - 2.1 Certified copy of applicant's South African ID document/card
  - 2.2 Certified copy of spouse's South African ID document/card – if applicable
  - 2.3 Certified copy of Marriage Certificate or Decree of Divorce – is applicable
  - 2.4 Certified copy of dependant's birth certificate/ ID document/ ID card plus dependant affidavit (included in pack). **Dependant is compulsory if applicant is single**
  - 2.5 Income affidavit for applicant, spouse or dependants over the age of 18 years (included in pack).
  - 2.6 Latest 3 months salary advice
  - 2.7 Certified copy of loan approval or bond agreement
  - 2.8 Certified copy of Sales Agreement
  - 2.9 Pre-emptive Rights Clause (included in pack). To be signed by Transferring Attorney. Take note of the pre-emptive condition which states that you cannot sell the property for a period of 8 years should your application be approved.
  - 2.10 Certified copy of existing Title Deed prior to transfer
  - 2.11 Letter from Transferring Attorney in case of a deposit required.

For more information visit the FLISP Help-desk on :

11<sup>th</sup> Floor, Eagle Building,

Murchies Passage, 363 Dr Pixley

Kaseme Street (West Street), Durban

or contact the Department's FLISP Unit on:

Tel: (031) 336 5444

E-mail: [flisp@kzndhs.gov.za](mailto:flisp@kzndhs.gov.za)

Website: [www.kzndhs.gov.za](http://www.kzndhs.gov.za)

Twitter: @kzndohs

Facebook: KwaZulu-Natal Department of Human Settlements



## **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.**

	<b>STAMP</b>
CONVEYANCER'S SIGNATURE	
DATE	

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 of .....20.....

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 of .....20.....

FULL NAME OF COMMISSIONER:.....

CAPACITY:.....

ADDRESS:.....

.....

AREA:.....

.....

COMMISSIONER OF OATHS

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 of .....20.....

FULL NAME OF COMMISSIONER:.....

CAPACITY:.....

ADDRESS:.....

AREA:.....

.....

COMMISSIONER OF OATHS