



Address all correspondence to the Municipal Manager

Dipaleseng Municipality

Private Bag X 1005
Balfour, 2410
Tel: (017) 773-0055
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APPLICATION BY INDIGENT RESIDENT FOR ASSISTANCE 2018/2019

ERF /STAND NO: _____ STREET: _____ WARD NO: _____
PRE PAID METER NO: _____

1. APPLICANTS SURNAME _____
ID NUMBER _____
TEL NO _____
AGE _____ SOURCE OF INCOME _____

2. EMPLOYER (WHERE APPLICABLE) _____

3. TOTAL NUMBER OF OCCUPANTS

NO.	NAME	AGE		

4. PLEASE ATTACH THE FOLLOWING : PROOF OF RESIDENCE
COPY OF ID
SWORN STATEMENT(POLICE STATION)
COPY OF BANK STATEMENT

5. COMMENTS COMMITTEE: _____

6. IT IS CONFIRMED THAT THE ABOVE MENTIONED INFORMATION IS CORRECT:

SIGNATURE APPLICANT SIGNATURE WARD COUNCILLOR DATE OF APPLICATION

FOR OFFICE USE	
6. ACCOUNT NUMBER:	_____
7. ASSISTANCE AMOUNT :	_____
8. PROCESSED BY :	_____
9. APPROVED BY:	_____