



Address all correspondence to the Municipal Manager

## Dipaleseng Municipality

Private Bag X 1005  
Balfour, 2410  
Tel: (017) 773-0055  
Fax: (017) 773-0169  
Email: [dipaleseng@worldonline.co.za](mailto:dipaleseng@worldonline.co.za)

### APPLICATION BY INDIGENT RESIDENT FOR ASSISTANCE 2024/2025

ERF/STAND NO: \_\_\_\_\_ STREET: \_\_\_\_\_ WARD NO: \_\_\_\_\_

PRE-PAID METER NO: \_\_\_\_\_

1. APPLICANTS SURNAME & INITIALS: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

CELL/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 (Certified)  
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

NB: This application form is active from 01/JULY/2024 to 30/JUNE/2025

#### FOR OFFICE USE

7. ACCOUNT NUMBER: \_\_\_\_\_

8. ASSISTANCE AMOUNT: \_\_\_\_\_

9. PROCESSED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_