



## Application for a child headed household rebate on property rates

### CONDITIONS

**01 July 2023 to 30 June 2024**

The property should not be more than R1.5million.  
The property must be owned by a terminally ill parent or the child or deceased estate of the parent. The terminally ill parent or the child must annually apply for the rebate.

### REQUIRED

- The application must be accompanied by:
1. Confirmation from a social worker appointed by Council that has investigated the occupants of the household;
  2. If the parent is deceased, a copy of the letter of Executorship of administration of the deceased estate;
  3. A copy of the liquidation and distribution account showing transfer of the property to the minor;
  4. The death certificate of the parent;
  5. If the parent is terminally ill, a certified copy of a medical report confirming his/her status;
  6. Birth certificates of all minors residing on the property.

The rebate will lapse when:

1. The child head of the household reaches the age of majority.
2. The property is alienated.
3. The child head of the household ceases to reside permanently on the property.
4. The department of social development no longer regards the household as being child headed.
5. Applications are not being submitted annually.

Rates Account Number:

### Personal Details of the applicant

Indicate with a cross: 

male	female	married	single	widow	widower
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Surname: \_\_\_\_\_

First names: \_\_\_\_\_

Date of birth: 

y	y	y	y	/	m	m	/	d	d
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Identity number: 

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### Addresses

Street address: \_\_\_\_\_

City/Suburb: \_\_\_\_\_ Postal code: \_\_\_\_\_

Postal address: \_\_\_\_\_

City/Suburb: \_\_\_\_\_ Postal code: \_\_\_\_\_

### Contact details

Home Tel: \_\_\_\_\_ Cell No: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email: \_\_\_\_\_



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**Particulars of minor occupants**

Name & Surname: 1. .... ID no: .....

2. .... ID no: .....

3. .... ID no: .....

4. .... ID no: .....

**Address**

Street address: .....

City/Suburb: .....Postal code: .....

Postal address: .....

City/Suburb: Postal code: .....Postal code: .....

**Contact details**

Home no: ..... Cell No: .....

Fax No: .....

Email: .....

**Freehold Title ownership**

Stand number: ..... Portion number: .....

Suburb: .....

Indicate with a cross whether you occupy the above-mentioned property:  Yes  No

How many houses/ living units are there on the above-mentioned property?

**Sectional Title ownership**

Name of Body Corporate: .....

Unit number: Door number: ..... Door number: .....

Indicate with a cross whether you occupy the above-mentioned property:  Yes  No

**Financial Information**

**Monthly income:** (Please attach proof of monthly income)



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**Declaration**

Thus signed and sworn to, before me at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Commissioner of Oaths

Commissioner's stamp



**This form must be submitted to your closest City of Joburg Customer Service Centre and a reference number must be provided by the official taking in the application.**

**NO E-MAIL APPLICATIONS WILL BE ACCEPTED.**

**For office use only**

**Reference number: \_\_\_\_\_ Date of submission: \_\_\_\_\_**

**Checklist:**

- Confirmation from a social worker appointed by Council that has investigated the occupants of the household
- If the parent is deceased, a copy of the letter of executorship of administration of the deceased estate
- A copy of the liquidation and distribution account showing transfer of the property to the minor
- The death certificate of the parent
- If the parent is terminally ill, a certified copy of a medical report confirming his/her status
- Birth certificates of all minors residing on the property