



ANNEXURE D

INDIVIDUAL REGISTRATION NUMBER		INDIVIDUAL PHDB RESOLUTION NUMBER	
APPLICATION FOR FIRST HOME FINANCE SUBSIDY PROGRAMME			
THE APPLICATION IS HEREBY DECLINED FOR THE FOLLOWING REASONS			
1.			
2.			
3.			
PHD means Provincial Housing Department	☐ For office use only	*Tick whichever is applicable	
IN CASE OF INCOMPLETE INFORMATION - CONTACT: (To be completed by Applicant)			
NAME: EZRA OLIVA		ID NUMBER: 9510260314082	
POSTAL ADDRESS: 6 BIRD STREET BELLHAR EXT 13			
CONTACT NUMBER:		0 6 3 2 3 1 6 0 2 0	
EMAIL ADDRESS:		ezrageorge33@gmail.com	
ACKNOWLEDGEMENT OF RECEIPT		WESTERN CAPE PROVINCIAL GOVERNMENT DEPARTMENT OF INFRASTRUCTURE dd/mm/yyyy DIRECTORATE: PUBLIC INFORMATION & STAKEHOLDER RELATIONS: HELPDISK	
Checked & Accepted by:			
Submitted By:			

****PLEASE NOTE: faxed or emailed applications are not accepted****

The original application and certified copies of all supporting documents must either be hand-delivered or posted to the following address:

Hand-delivered: Helpdesk, Ground Floor, 27 Wale Street, Cape Town, 8001

Post: Attention: Subsidy Administration, Private Bag X9083, Cape Town, 8000

NOTE: Kindly complete all highlighted sections/or MARKED with an "X"

TABLE 1	
THE FOLLOWING DOCUMENTS MUST BE KEPT BY THE LENDER	OFFICIAL USE
Certified copy of Marriage Certificate	
Certified copy of R.S.A. Bar Coded Identity Document (Self and Spouse)	
Certified copy of Birth Certificate baring the eight-digit identity number	
Certified copy of Divorce Settlement	
Certified copy of Spouse's Death Certificate	
Certified copy of Permanent Residence Permit (Bar Coded Permit)	
Proof of loan granted by lender, where applicable	
Certified copy of Agreement of Sale; if applicable	
Certified copy of Building Contract and Approved Building Plan, if applicable	
Certified copy of Proof of Monthly Income	
Certified copy of Permanent Residence Permit (Bar coded permit)	

TABLE 2 (For PHD use only)				
	PROCESS RECORD	DATE	SIGNATURE	
			Official	Supervisor
1.	Application Received			
2.	Electronic Procedural Check			
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 by PHD			
9.	Date applicant notified of PHD acceptance/ non-acceptance			

X

SECTION A: PERSONAL DETAILS																												
A "Spouse" is defined as a Husband, Wife or Long-Term Partner cohabiting for a period of at least 6 months																												
Married, living with long term partner or single with dependants																												
	Period						Period																					
Married*	9 Yrs		Habitually Co-habiting with long term partner*						Widow/Widower with dependants*																			
Divorced with dependants*			Single with dependants*																									
	APPLICANT						SPOUSE (or Deceased Partner)																					
Surname	Brown						Brown																					
Maiden or Former Surname	George																											
Full Names (First Three Only)	Ezra Oliva						Tyldun																					
							Teswell																					
							Theron																					
Identity Number	7	8	0	5	1	2	8	2	0	8	0	8	5	0	7	2	9	1	5	1	6	3	0	8				
Gender	Male*				Female*				x				Male*				x				Female*							
Race	African*				White*				African*				White*															
	Coloured* x				Indian*				Coloured* x				Indian*															
	Other*								Other*																			
If "other" specify:																												
Residential Address:																												
..6 BIRD STREET BELHAR EXT.13.....																												
.....																												
.....																												
.....																												
** For statistical Purposes																												

X

SECTION B: DETAILS OF ALL DEPENDANTS																	
Surname	Initials	Identity Number/Thirteen Digit Birth Certificate Number												Age	Relationship to Applicant	Gender	
BROWN	TL	1	1	1	1	0	7	0	3	8	4	0	8	0	11 yrs	Daughter	F

X

SECTION C: MONTHLY INCOME DETAILS			
		Applicant	Spouse
Indicate if you are:	Employed *	EZRA OLIVA	TYLDUN, TESWELL, THERON
	Self Employed *		
	Social Welfare *		
	R		
Basic Monthly Income		R 5,310.00	R 5,800.00
Housing Allowance Payable (Loan Interest Subsidy)		R	R
Social Welfare Grant		R	R
TOTAL		R	R
JOINT TOTAL (Applicant and Spouse)		R 11,110.00	
Amount of Bond Applied for		R 623 537,00	

X

SECTION D: DETAILS OF CITIZENSHIP		
Are you a South African Citizen	YES * ☒	NO * ☐
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		

X

SECTION E: DETAILS OF PROPERTY TO BE PURCHASED WITH SUBSIDY			
Name of Seller KHALIED SULEIMAN AFRICA			
District:		Municipality	
Township:	BELLVILLE	Erf (Stand) / Lot Number*	12345
Township Extension:			
Unit Number:			
Description of Dwelling *	Flat (Name of Building)	House (Street Address)	
		16 DRAKENSTEIN STREET BEHAR EXT 13 7493	
Type of Tenure	Ownership	Other	
	If other: Specify		

X

SECTION F (i): FUNDING DETAILS IN RESPECT OF PURCHASE OF PROPERTY	
TOTAL PRODUCT PRICE	R xxxxxx
a) Subsidy	R
b) Amount of Home Loan	R 623 537,00
c) Own Cash Contribution	R
TOTAL	R
d) Subsidy amount qualified for	R
e) Total Bond qualified for	R
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

X

SECTION G: DETAILS OF CONVEYANCER			
Name: PANDAY ATTORNEYS			
Postal Address: SUITE 506, 5th FLOOR, LONG STREET CAPE TOWN			
Conveyancer Fee:	R	21 203,00	
Approval Code of Lender			
Telephone Number	Code	021	0038150
Facsimile Number	Code		

X

SECTION H: DETAILS OF LENDER FOR A FINANCE LINKED INDIVIDUAL SUBSIDY APPLICATION			
Name: NEDBANK			
Postal Address: RIVONIA - KMAPUS, RIVONIAWEG 135, SANDOWN, GAUTENG			
Approval Code of Lender			
Telephone Number	Code	080	0555111
Facsimile Number	Code		

SECTION I: DETAILS OF CONTRACTOR/BUILDER			
Name:			
Postal Address:			
National Home Builders Registration Council's Registration Number			
Telephone Number	Code		
Facsimile Number	Code		

AFFIDAVIT

AFFIDAVIT BY APPLICANT & SPOUSE/PARTNER *

We, the undersigned applicant and spouse/partner, do hereby solemnly/under oath* declare:

1. That all the information contained in this application form (including Appendix 1) is true and correct and that all material facts have been disclosed therein.
2. That we are married to each other/ habitually cohabit with each other as if we are husband and wife*.
3. That neither of us:
 - currently owns or has ever previously owned any residential property in full ownership, leasehold or deed grant;
 - have never purchased a state-subsidised residential property of which transfer has not yet been taken;
 - have 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 financed subsidies in order to acquire a residential property; and
 - Estate's has, at the date of this application, been sequestrated or made insolvent.
4. That I have listed all my financial dependants in the application form.
5. That the information supplied with regard to my financial dependants is correct.
6. That all the dependants listed in the application are financially dependent on me.
7. That all the financial dependants listed in the subsidy application form reside permanently with me.

8. That all details given in this application form with regard to ourselves, our income and employment status are true and correct.
9. That the disabled person referred to in the medical certificate (Appendix 1) is either of us or, my child or my financial dependant.

I/We, further acknowledge:

10. That should the property, which we are to acquire, not have been transferred to us within three months after the date on which the Provincial Housing Department has made the subsidy available to us, or the Support Organisation fails to comply with any of its obligations in terms of the Agreement, the Provincial Housing Department shall, at its discretion, be entitled to withdraw the subsidy.
11. That we are aware that if any information supplied by us in this application is incorrect or fraudulent, the Provincial Housing Department may take appropriate legal action against us and may also institute a criminal prosecution.

.....
SIGNATURE OF APPLICANT

.....
SIGNATURE OF SPOUSE/PARTNER

DATE:.....

DATE:.....

COMMISSIONER OF OATHS

I CERTIFY that the Deponent/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

OFFICIAL DATE STAMP

Full names and Surname:

Identity Number:

Capacity:

Postal Address:

Area:

.....
SIGNATURE OF COMMISSIONER OF OATHS

CHECKLIST

THE FOLLOWING SUPPORTING DOCUMENTS ARE REQUIRED
WHEN THE COMPLETED APPLICATION IS RETURNED TO THIS OFFICE

No	Item	Document	☒
1	ID	Certified copy of applicant's ID	
		Certified copy of spouse/ co-applicant's ID	
2	Dependent's	Certified copy of Birth Certificate, if under 18 years old	
		Certified copy of ID, if older than 18 years old	
3	Marital Status	Certified copy of marriage certificate	
		Certified copy of final order of divorce	
		Certified copy of spouse death certificate	
4	Income	Original/ certified copy of recent payslip	
		Original "self-printed" payslip stamped by employer	
		Affidavit confirming unemployment	
		Proof of social grant	
		*Please note that in cases where applicant/s receive: a) basic salary only: they must submit their current payslip/s; and b) housing allowance/commission; they must submit their current payslip/s	
5	Property	Certified copy of agreement of sale/ offer to purchase	
6	Home Loan	Certified copy of home loan agreement	
7	Cash Contribution/ Non- Bonded programme	- Only properties that have not been registered, may apply; - Difference must be paid to transferring attorney (ie. selling price plus transfer cost less subsidy amount); - Proof of EFT to be submitted; and - the paid amount must reflect on the proforma statement	
8	Costs	Indicate if transfer costs are to be paid	Yes ☐ No ☐
		Indicate if bond registration costs are to be paid	Yes ☐ No ☐
9	Statements	Statement of cost from transferring attorney	
		Statement of cost from bond registration attorney	
		Proof of attorney/s (transferring and bond) CSD registration	
Please note the following: - Certified documents must bear original stamps as copies of certified copies are not acceptable. - Documents listed 8 & 9 above are not required if the property is already registered in the applicant's name. - Unfortunately incomplete application forms cannot be accepted.			
COMMENTS: 			
THANK YOU			