



**Application for Pensioner Rebate on Property Rates  
for Pensioners Aged 70 years and older**

**From 1 July 2019 to 30 June 2022**

**CONDITIONS**

Pensioners must be 70 years of age or older at the time of application, own the property and personally occupy the property. The property value must not exceed R2 500 000.

Please attach a certified copy of your Identity document. Only a signed application form submitted along with a certified copy of your Identity document will be accepted for further processing. Failure to provide the required documentation will result in the application not being approved. The rebate is applicable for only one property should the applicant own more than one property.

**Note:** The rebate will be applied from date of application

Rates Account Number:

**Personal Details of the property owner and his/her spouse**

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

Identity number:

**Spouse**

Surname: \_\_\_\_\_

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

Date of Birth: y y y y // m m // d d

Identity number:

**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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**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

This form may be posted to: Director Rates and Taxes, P.O. Box 1450, JHB, 2000 or dropped off at any of the City's Customer Service Centres for submission to Rates and Taxes.

**Declaration**

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Commissioner of Oaths

Commissioner's stamp



**For office use only**

**Please bring:**

ID copy (Certified)