# uMngeni Local Municipality

**APPLICATION FOR A (10%) REBATE ON RATES IN RESPECT OF PROPERTY OWNED AND OCCUPIED BY PENSIONERS OR PERSONS WITH DISABILITYS' IN TERMS OF THE RATES POLICY FOR 2026/2027**

**AFFIDAVIT**

I, ..... FULL NAME

IDENTITY NO. ..... PHONE NO. .....

Do solemnly affirm, make and say:

1. That I am the registered owner and occupier of

   .....
   (Address of rateable property in question) (**Account number**)

   .....

   Property Description. ..... (May be obtained on enquiry from the helpdesk at the Finance Department)

Email address.....

2. My annual income is R .....
3. My spouse's annual income is R .....
4. ** The total annual income of all persons residing on the property is R .....

   The sources of the annual income of myself* / and my spouse are as follows:

| Self | Spouse |
|---|---|
| ..... | ..... |
| ..... | ..... |

5. I was born on.....
6. I apply in terms of Policy (as amended) for a rebate as determined by Council in respect of the general rates on said property.

**APPLICANT**: .....

Sworn / affirmed at Howick this ..... day of ..... 20……. before me, the deponent having acknowledged that he / she knows and understands the contents hereof and considers the prescribed oath / affirmation administered by me to be binding on his / her conscience.

**FULL NAME ..... COMMISSIONER OF OATHS**

Ex Officio Address: ..... Signature .....

****** In cases where the property is jointly owned the total income of all owners in occupation must be given and / or all persons residing on the property.
**PS: A CERTIFIED COPY OF IDENTITY DOCUMENT MUST ACCOMPANY THIS DOCUMENT!!!**