



Military Veterans

Department:
Military Veterans
REPUBLIC OF SOUTH AFRICA

HOUSING BENEFIT ACCESS FORM

To be considered for Housing benefit (New house) fill in the above application form **in full** and submit it to your nearest DMV office or you can email the form to Housing@dmv.gov.za for more information contact: 080 232 3244

Note: This application form must be submitted without any supporting documents.
Applications for Mortgage Bond subsidy must be submitted on a separate application form which can be downloaded on <http://www.dmv.gov.za/documents.htm> or your nearest DMV office.

PART A: PERSONAL INFORMATION HOUSING BENEFIT TO BE COMPLETED BY APPLICANT																						
MILITARY VETERAN										YOUR PARTNER/ SPOUSE												
SURNAME																						
FULL NAMES																						
IDENTITY NUMBER																						
FORMER FORCE										FORCE NO:												
STREET ADDRESS (Not P.O BOX)																						
CODE										CODE												
EMAIL ADDRESS																						
CONTACTS																						
PART B: QUALIFICATION CRITERIA FOR HOUSING BENEFIT TO BE COMPLETED BY APPLICANT																						
ARE YOU RESIDENT IN SOUTH AFRICA?					YES		NO		IF NOT, NAME COUNTRY OF RESIDENCE													
DO YOU HAVE ANY DISABILITIES?			YES		NO		IF YES PROVIDE BRIEF DISCRPTION					ARE YOU EMPLOYED?			YES		NO					
IF EMPLOYED, WHAT IS YOUR INCOME PER ANNUM														DO YOU HAVE OTHER INCOME?			YES		NO			
SOURCE OF OTHER INCOME																						
IF YOUR APPLICATION IS SUCCESSFUL, WHAT IS YOUR AREA OF PREFERENCE?																CAN YOU LIVE ANYWHERE ELSE?			YES		NO	
HAVE YOU PREVIOUSLY RECEIVED HOUSING SUBSIDY FROM THE STATE							YES		NO		IF YES, PROVIDE DETAILS											
DECLARATION AND CONSENT																						
<p>I, the undersigned (<i>Full Names</i>)</p> <p>.....</p> <p>I consent to and authorise the Department of Military Veterans to contact any person or entity for purposes of obtaining or verifying such information or documentation related to my application to access the Housing Benefit. I further acknowledge that the Department of Military Veterans is committed to protecting and promoting the privacy of my personal information and any other individuals or organisations to give effect to the right to privacy and to fulfil its obligations under the Protection of Personal Information Act No 4 of 2013 (Hereinafter 'POPI'). The DMV acknowledges and agrees that the Personal Information will not, under any circumstances, be processed for purposes prohibited by POPI and/or the principles contained in POPI and that the processing of Personal Information will be done fairly and in accordance with legal provisions, given that the purpose for which processing of the Personal Information is adequate, relevant and not excessive. I herewith defend, indemnify and hold harmless the DMV from any action or claim of any nature, personal loss, injury or damage arising directly or indirectly from any act or omission on my part relating to or incidental to the failure from my part to honour the above provisions, or otherwise, as the case may be.</p> <p>I am the applicant whose details appear in this application form acknowledge and agree that I have read this form in its entirety and that I fully understand the nature, content and implications hereof and agree hereto, and that I shall be fully bound hereto from date of signature hereof. The content of the said application form falls within my personal knowledge, unless stated otherwise, and are both true and correct.</p>																						
APPLICANT'S SIGNATURE					IDENTITY NUMBE					DATE												

Before submitting the form first verify if you are registered on the DMV Database and your information is up-to-date you can verify your information by calling 080 232 3244 or email database@dmv.gov.za.

THIS FORM IS NOT FOR SALE.