**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](mailto:Housing@dmv.gov.za) for more information contact: 080 232 3244

Note: **This application form** **must be submitted with the required supporting documents**. **Applications without the supporting documents will not be considered**

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.

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| **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)* |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | CODE | | | | | | |  | | | |  | | |  | | | |  | | |  |  | | | | | | | | | | | | | | CODE | | | |  | | |  |  | | |  | | |  |
| EMAIL ADDRESS |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTACTS |  | |  | | |  | | |  | | | | |  | | | |  | | |  | | | |  | | | | |  | | | | |  | | |  | |  | |  | | |  | |  | | |  | | |  | | |  | | | | |  | | |  | |

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| **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 DISCRIPTION | | | | |  | | | | | 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** | | | | | | | | | | | | | | | | |
| I, the undersigned (*Full Names*) | | | | | | | | | | | | | | | | |
| ………………………………………………………………………………………………………………………………………… | | | | | | | | | | | | | | | | |
| 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.  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.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **APPLICANT’S SIGNATURE IDENTITY NUMBER 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](mailto:database@dmv.gov.za).

**THIS FORM IS NOT FOR SALE.**

**DOCUMENT CHECKLIST**

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| **DOCUMENT REQUIRED** | **ATTACHED** | **NOT ATTACHED** |
| Application form |  |  |
| Certified Identity Documents (Military Veteran and Spouse) |  |  |
| Certified copy of Marriage Certificate |  |  |
| Certified copy of Title Deeds – if you own a house |  |  |
| Proof of income if employed or if you receive other income other than salary |  |  |