

## **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 <u>Housing@dmv.gov.za</u> 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 <a href="http://www.dmv.gov.za/documents.htm">http://www.dmv.gov.za/documents.htm</a> 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														FOR	CE NC	):											
STREET																											
ADDRESS (Not P.O																											
BOX)							CODE														С	ODE		Т			
EMAIL ADDRESS													u														
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	A	NY	YES		NO	IF	YE		PROV	/IDE	BF	RIEF									RE		YOU		YES		NO
DISABILITIES?	s youi	R INC		PER	ANNUM		SCRIF	PTION	N							DO	YOU	HAV	E OTH	_	NCON	YED? /IE?		YES			NO
SOURCE OF OTHER IN	COME																										
IF YOUR APPLICATIO				EI 11	۱۸/۲	T IS	VOU											CAN	VO			ANYW	HEDE		YES		NO
PREFERENCE?		0000	SECO	, OL,	VVI 12-	1 10	100											ELSE		0 2					LU		NO
HAVE YOU PREVIOUS	Y REC	EIVED	нои	JSING	G SUBS	BIDY FI	ROM	THE	STATE	:	YES	5	NO			PROVI	DE										
DECLARATION AND CONSENT																											
I, the undersigned (F	ull Na	ımes)																									
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'									NUM								DA										
Befor	e subi	mittinç	g the	forn	n first	verify	if yo						DMV					form	ation	is u	p-to-o	date y	ou ca	an v	erify	your	-
								inf	format	tion b	y ei	mail f	to <u>data</u>	base(	<u>)</u> dm	v.gov.:	<u>za</u> .										

THIS FORM IS NOT FOR SALE.



FORCE NUMBER									

## DOCUMENT CHECKLIST

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				