Department: Military Veterans REPUBLIC OF SOUTH AFRICA

BENEFIT ACCESS FORM: HOUSING

MILITARY VETERANS ACT, SECTION 5. military veterans

FORCE NUMBER/ SERIAL NUMBER

Department: Military Veterans

What are you applying for? (Tick the appropriate box)				HOUSE BOND PAYME					ENT	HOUSE IN DISTRESS						SS									
PART A: PERSONAL DETAILS																									
	MILITARY VETERAN									YOUR PARTNER/ SPOUSE															
SURNAME																									
FULL NAMES																									
IDENTITY NUMBER																									
NOM DE-GUERRO																									
STREET																									
ADDRESS (Not P.O BOX)																									4
					С	ODE													CC	DDE					
EMAILADDRESS																									
CONTACTS																									
	DEPENDANTS (in relation to a military veteran, means any person who is legally or factually dependent on that military veteran for support and maintenance)																								
SURNAME						TIALS		mai			IMB	=R									<u> </u>				
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Department: Military Veterans REPUBLIC O					FOI	RCE NU	MBER/	SERIAL I	NUMBER		
PART B: QUALIFICATION CRITERIA FOR HOUSING BENEFIT TO BE COMPLETED BY APPLICANT											
ARE YOU RESIDENT IN SOUTH AFRICA?	YES	NO	NOT, NAM	IE COUNT	RY OF RESI	DENCE					
DO YOU OWN A HOUSE? YES	NO DOES	YOUR SPOUSE OWN	I A HOUSE		YES	NO	ARE YOU	EMPLOYED?	YES	NO	
IF EMPLOYED, WHAT IS YOUR INCOME PEI	R ANNUM		IS YOUR	R PARTNE	r employei	Ο?	YES	NO			
IF YOUR PARTNER IS EMPLOYED, WHAT IS	S THEIR INCOME?			DO YOU	I AND YOUR	PARTNER	HAVE OTH	IER INCOME		YES	NO
SOURCE OF INCOME		•			TOTAL	COMBINED	VALUE OF	THAT INCOM	IE		•
IF YOUR APPLICATION IS SUCCESSFUL, W	HAT IS YOUR AREA	A OF PREFERENCE?					CAN YO	DU LIVE ANYV	VHERE ELSE?	YES	NO
HAVE YOU PREVIOUSLY RECEIVED HOUSI	NG SUBSIDY FROM	1 THE STATE	YES	NO	IF YES, PR	OVIDE DET	AILS				
PROVIDE A WRITTEN MOTIVATION FOR YOUR APPLICATION FOR HOUSING BENEFIT											
DECLARATION AND CONSENT											
I, the undersigned (<i>Full Names</i>) I consent to and authorise the Department of Military Veterans to contact any person or entity for purposes of obtaining or ver ifying such information or documentation related to my claim for Housing Benefit. I am the applicant whose details appear in this application form. The content of the said application form falls within my personal knowledge, unless stated otherwise, and are both true and correct.											
APPLICANT'S SIGNATU	IRE	IDENTITY NUM	IBER				DATE				

DOCUMENTS CHECKLIST

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	
If unemployed, Affidavit if unemployed	