

## MORTGAGE RESCUE APPLICATION FORM: HOUSING

MILITARY VETERANS ACT, SECTION 5.

For more info: 080 232 3244

: Housing@dmv.gov.za



**FORCE NUMBER/ SERIAL NUMBER** 

## REPUBLIC OF SOUTH AFRICA

PART A: PERSONAL DETAILS																										
	MILITARY VETERAN										YOUR PARTNER/ SPOUSE															
SURNAME																										
FULL NAMES																										
IDENTITY NUMBER																										
FORMER FORCE																										
STREET																										
ADDRESS (Not P.O BOX)																										
				CODE							CODE															
EMAIL ADDRESS																										
CONTACTS																										
<b>DEPENDANTS</b> (in relation to a military veteran, means any person who is legally or factually dependent on that military veteran for support and maintenance)																										
SURNAME					INITIALS				ENTI	ΓΥ NL	IMBE	MBER														



## FORCE NUMBER/ SERIAL NUMBER

REPUBLIC OF SOUTH AFRICA																
PART B: QUALIFICATION CRITERIA TO BE COMPLETED BY APPLICANT																
ARE YOU RESIDENT IN SOUTH AFRICA?	\	/	N	IF NOT, NAME COUNTRY			OF RESIDE	NCE								
DO YOU OWN MORE THAN ONE(1) HOUSE?	Y	Ν	DOES YOUR SPOUSE OWN A HOUSE YES NO ARE YOU					ARE YOU EM	PLOYED?	Υ	N					
UF FARE OVER WHAT IS VOUR BEEN ANNUA			IS YOUR PARTNER EMPLOYED?													
IF EMPLOYED, WHAT IS YOUR INCOME PER ANNUM			IS YOUR PARTNER EMPLOYED?								N					
		T														
DO YOU HAVE OTHER INCOME	Y	N	IF YES	SOURCE OF INC		TOTAL COMBINED VALUE OF YOUR INCOME										
DO YOU HAVE ANY DISABILITIES			IF YES PROVIDE BRIEF DISCRIPTION													
50 - 50 - 11 (12 / 11 (1 ) 11 / 11 / 11 / 12 (1 )			20.		2.00.											
HAVE YOU PREVIOUSLY RECEIVED HOUSING SUBSIDY	FROM THE	STATE			Υ	N	IF YES,	PROVIDE D	ETAILS							
PROVIDE A WRITTEN MOTIVATION FOR YOUR																
APPLICATION FOR HOUSING BENEFIT																
TECHNOLI OF TOOLING PENELLI																
DECLARATION AND CONSENT																
DESERVATION AND CONCERT																
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	-		_													
I am the applicant whose details appear			on form	n. The conto	ent of	the sai	d appli	cation fo	rm falls	within my p	ersonal k	nowle	dge,			
unless stated otherwise, and are both true and correct.																
					-					_						
APPLICANT'S SIGNATURE	ID	ENTITY	NUME	BER				DATE								
DOCUMENTS CHECKLIST																
Application form																
Certi	Certified Identity Documents (Military Veteran and Spouse)															
Certi	Certified copy of Marriage Certificate															
Certified copy of Deeds of Transfer OR Purchase agreement																
3 Mc	nths red	ent bor	nd state	ment stam	ped b	y the b	ank									
Proc	f of inco	me if er	nployed	d or if you r	eceiv	e other	income	other th	nan sala	ıry						
Proof of income if employed or if you receive other income other than salary  If unemployed, Affidavit and 3 Months personal Bank Statement																