

DEBT WRITE OFF AND DEBT REHABILITATION APPLICATION FORM**1. Terms/Conditions and Criteria**

Registration will start effectively from 1 September – 30 November 2019;

1.1 Qualifying criteria:

- Only completed application forms will be considered;
- Applicants must be registered owners of the property;
- Only residential account holders may apply;
- Account holders' balance must be in arrears for more than 90 days as at 30 June 2019;
- The combined gross income from both the applicant/s and spouse/s must be between R4 750 and R22 000 per month;
- The market value of the property or combined properties owned by the applicant must not exceed R600 000.00;

1.2 Conditions:

- By signing this form the account holder and his/her spouse gives the City permission to perform a background check through a reputable credit bureau;
- The City reserves the right to conduct a full financial assessment of all income and assets of the applicant. Should the applicant be found to be misrepresenting themselves, the City will re-instate the debt and institute immediate termination of services;
- Should the property be sold during this period, any remaining debt owing on the property will become due and payable in terms of the normal clearance processes;
- Should the account holder tamper with the City's infrastructure, the debt will be reinstated and services terminated;
- The customer must vend regularly if on prepaid;
- The customer agrees to pay all current debt (to 89 days) within six months or sign an AOD for this amount;
- The customer agrees that this bad debt write off is a once off;
- Current account/s must be kept up to date subsequent to the signing of the agreement;
- The account holder/s must sign and agree/adhere to the conditions of the agreement;
- Customer/debtor must allow the City access to the property as and when required.
- Applications must be submitted between 1 September and 30 November 2019;

1.3 The form should be submitted along with the following documentation:

- Certified copy of property owners identity document or proof of permanent residence;
- Copy of municipal account;
- Proof of income for the account holder and spouse;
- Certified bank statement, for all accounts, held by the account holder and spouse, for a period of three months before date of application;
- The account holder must provide meter numbers and meter readings of all meters on their properties;
- Account holders must provide pictures of the metering device/s located on the property which clearly identify the following:
 - location of the device;
 - the reading on the device;
 - meter number.

1.4 Application forms can be obtained from:

- Any City's nearest Customer Service Centre;
- The City's website (www.joburg.org.za);
- It can be e-mailed to you upon you providing your e-mail address.

1.5 Application forms can be submitted as follows:

- At all Customer Service Centre;
- E-mailed to: rehabilitation@joburg.org.za;
- Posted to: P.O Box 5000, Johannesburg, 2000.



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2. Allocated registration number: _____

CoJ account no:

2.1 Personal details of the property owner and spouse

Indicate with a cross: Male Female Single Married Widow Widower

Marital Status: C.O.P ANC Traditionally

Surname: _____

First names: _____

Date of birth: y y y y / m m / d d

Identity number:

Spouse

Surname: _____

First names: _____

Date of birth: y y y y / m m / d d

Identity number:

Addresses

Street address: _____

City/suburb: _____ Postal code: _____

Postal address: _____

City/suburb: _____ Postal code: _____

Business postal address: _____ Postal code: _____

Contact details

Home tel: _____ Cell no: _____

Work tel: _____ Fax no: _____

Email: _____



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2.2 Personal details of individual that resides in the property owned by the applicant

Indicate with a cross: Male Female Single Married Widow Widower

Marital Status: C.O.P ANC Traditionally

Surname: _____

First names: _____

Date of birth: / /

Identity number:

Addresses

Street address: _____

City/suburb: _____ Postal code: _____

Postal address: _____

City/suburb: _____ Postal code: _____

Business postal address: _____ Postal code: _____

Contact details

Home tel: _____ Cell no: _____

Work tel: _____ Fax no: _____

Email: _____

Do you have a bank account? Yes No

NB: If yes, please ensure a certified 3 months bank statement is attached with this application.

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3.

Section 2: Employment details (To be completed by the applicant)

Employer: _____

Site/department/unit: _____

Occupation: _____

Company/salary number: _____

Contact person/reference: _____

Cell number of contact person: _____

Home tel number of contact person: _____

Work address: _____ Postal code: _____

Payment date: _____ Period employed (in months): _____

Start date of employment:

D D M M Y Y Y Y

4.

List of income and expenses (To be filled by applicant)

Monthly Income:

Salary	R
Maintenance	R
Rent	R
Investment	R
Other income	R
Total income	R

Monthly Expenditure:

Taxation	R
Pension	R
UIF	R
Medical aid	R
Rent/bond	R
Hire purchase instalments	R
Lease agreements	R
Credit cards	R
Clothing accounts	R
Insurance premiums	R
Transport	R
Children's clothing and education	R
Loan repayments	R
Donations	R
Entertainment	R
Budgeted savings	R
Alimony/maintenance	R
Electricity and Water	R
Rates and Taxes	R
Transport	R
Groceries	R
Telephone account	R
Helper/gardener	R
Security system	R
TV rental/licence/satellite tv	R
Other	R
Total expenditure	R

NB: If there are any expenses mentioned above that do not apply to you, please leave it blank.

DEBT WRITE OFF AND DEBT REHABILITATION APPLICATION FORM**5 Section 4: Disclosure & certification**

(5.1) I/We certify that the information provided in my/our application and any supporting documentation is true and correct as at the date of my/our signature(s) on this application form and that the City of Johannesburg may consider this statement to be true and correct until a written notice of change is given to the City of Johannesburg.

(5.2) I/We furthermore acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties included, but not limited to, a fine or imprisonment or both under the provisions of South African law and liability for monetary damages to the city of Johannesburg, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we may have made on this application.

(5.3) I/We acknowledge that the City of Johannesburg shall be entitled to withdraw bad debt write - off approval if such a write-off approval was based on incorrect or false information provided by me/us as part of or pursuant to this write - off application. I/we waive any and all claims which I/we may have against the City of Johannesburg, its holding company and/or any of its subsidiaries, which claim arises from the withdrawal of the write - off approval as contemplated in this clause.

(5.4) I/We indemnify City of Johannesburg, its holding company and/or subsidiaries, against any claim brought against any of them in respect of damages suffered pursuant to the withdrawal of a write - off approval as contemplated in 5.3 above.

(5.5) I/We acknowledge that the City of Johannesburg is under no obligation to approve this bad debt write - off application. I/we further acknowledge that the City of Johannesburg shall apply such policies, criteria and internal directives as may apply from time to time in the consideration of this write off application, and that the application will be approved subject to the write - off application meeting the requirements of such policies, criteria and internal directives.

(5.6) The City of Johannesburg has the right to perform a random check or receive information required from the reputable credit bureau.

(5.7) I/we _____ do hereby declare that I/we truly and lawfully indebted to the City of Johannesburg in an amount of R_____. Outstanding in respect of Rates, Refuse, Sewer, Water, VAT, interest and other sundry charges as of 30 June 2019.

(5.8) Should I/we fail to comply with the Terms and Conditions of this acknowledgement of debt write - off conditions, the City will be entitled to process an immediate block on my/our prepaid vending and process to terminate it.

(5.9) The City of Johannesburg does not claim to be a financial service provider, a debt rehabilitator or a debt councilor. The purpose of this write off is to provide relief and assistance to customers who fall within the above condition and criteria.

Agree
Disagree

6 Declaration:

SIGNED: _____ DATE: _____

NAME: _____

Applicant (or duly authorised hereto by the applicant in the event of a legal entity)

SIGNED: _____ DATE: _____

NAME: _____

Spouse (or duly authorised hereto by the applicant in the event of a legal entity)

SIGNED: _____ DATE: _____

NAME: _____

Individual living in property or applicant (or duly authorised hereto by the applicant in the event of a legal entity)

Witness 1 _____

SIGNED: _____ DATE: _____

Witness 2 _____

SIGNED: _____ DATE: _____

Acceptance of form by Customer Relations Agent (CRA):

CRA name: _____ SAP no: _____ Signed: _____

Date: _____

7 For Committee use only:

Application: Approved Not Approved

For and on behalf of the committee:

Chairperson of the Committee: _____

Date: _____

Date the committee met: Yes No

Does the customer qualify: _____

If not, state reason for customer not qualifying: _____

