

AFFIDAVIT FOR A DISABILITY GRANT



I, the undersigned

Surname																								
Full names																								
Identity Number																								
Residing at (physical address)																								
	Age <input style="width: 50px;" type="text"/>																							
																			Postal Code					

Do hereby state under oath that I am applying for a Disability Grant. I confirm that I am not residing in an institution funded by the state.

Marital Status (mark appropriate box with X)								
Married					Unmarried			
In community	Out of community	Civil Union	Customary Union	Asiatic Religion	Never Married	Divorced	Widow / Widower	Deserted > 3 months

To be completed if Married / Divorced / Widow(er)

My (ex) spouse / partner's full names & surname													
ID													

If applicant has more than one spouse, indicate details of each spouse on the back of this form.

State reasons if applicant does not have any of the following documents for his/her (ex) spouse or partner.

ID Document	Decree of Divorce	Death Certificate
Reason	Reason	Reason
Reason	Reason	Reason

Sources of Income	(mark X in applicable box)			
Type of Income/Profits	Self	Spouse	Dependant Child	N/A
Salary or wage				
Profits, Withdrawals or other Benefits from a Business / Farm (owned)				
Payments from a Trust or Inheritance				
Payment from Property Rights				
Pension or Annuity				
Ex-Gratia Payments Received				
Rental Income				
Profits, Withdrawals, or other Benefits from a Business / Farm (rented)				
Income from Assets (interest / dividends)				
Income from any RSA or International Organisation				

If the applicant and / or spouse have NO source of income, please indicate below how he / she currently survive

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Declaration of my / my spouse or partner's Assets (mark appropriate Box/es with X)															
Immovable property owned / held under leasehold (not occupied)		Immovable property owned / held under leasehold (occupied)		Investments, bonds, loans, outstanding debts due to you		Shares, share capital, interest in assets in a company / institution		Endowment policies after maturity or cash in hand		Property rights		Lump sum invested in order to procure an annuity		I / we do not own ANY assets	
Applicant	Spouse	Applicant	Spouse	Applicant	Spouse	Applicant	Spouse	Applicant	Spouse	Applicant	Spouse	Applicant	Spouse	Applicant	Spouse

Declaration
I declare that all information furnished in this affidavit is to the best of my knowledge true and correct. I have no objection to taking the prescribed oath and I consider the prescribed oath to be binding on my conscience.

Deponent's Signature / Thumb Print	I certify that the deponent has acknowledged that he / she knows and understand the contents of this declaration that was sworn to and affirmed before me and that the deponent's signature / thumb print was placed in my presence.			Commissioner / SAPS Stamp
		Name of Commissioner	Signature: Commissioner of Oaths	
		Rank / Force No.	Signature: Commissioner of Oaths	
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place		