

# CAPE AGULHAS MUNICIPALITY



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## APPLICATION FOR REBATE ON RATES FOR PENSIONERS

### REBATE, IF ANY, IS LIABLE ON APPROVAL OF THE BUDGET

According to Article 15 of the Municipal Property Rates Act, Act 6 of 2004, a Municipal Council may grant a rebate on all rateable property which is owned and occupied by persons who belong to a particular class or category determined by the Council. The following conditions apply for the granting of the rebate:

*{The scales mentioned below are reviewable in accordance with old age pensions (Government) as applicable on 1 July for the said financial year}*

#### Pensioners - 60 years and older:

- \* Income: R0 to Unlimited p.a. (20% rebate)

#### Qualification for the above-mentioned rebates are further subject to:

- applications must be submitted before 30 June of the preceding financial year;
- applicants must be the registered owner or joint owners of a single residential site with only one residential unit on it;
- the applicant must reside on the premises;
- the applicant must be 60 years and older on 1 July of the financial year;
- where the property is jointly owned (spouses) at least one of the applicant(s) must be aged 60 years or older on 1 July of the financial year in question;
- if the applicant qualifies for Masakhane Rebate, the applicant cannot apply for Rates Rebate as well. All Masakhane rebate applicants will receive a valuation rebate of R250 000 on a residential property (R15 000 MPRA + R235 000 = R250 000).

The purpose of this form is to obtain the necessary information to determine whether the applicant qualify for a rebate. All information supplied by you will be regarded as strictly confidential.

#### **Please return the completed form not later than 30 June 2023:**

The Municipal Manager, P O Box 51, BREDASDORP, 7280 / Email: [info@capeagulhas.gov.za](mailto:info@capeagulhas.gov.za)

#### **IMPORTANT NOTES:**

Please attach a copy of the Owner/s ID;  
The form must be signed by a Commissioner of Oath;  
Tel. no;  
Email Address (if available)

If you experience any problems with completing the form, the staff of the Finance Department will gladly provide any assistance needed.

**DIRECTOR: FINANCE**

P.O. Box 51, Bredasdorp, 7280  
Dirkie Uys Street, Bredasdorp, 7280

Tel: 028-425 5500, Fax: 028-425 1019  
e-Mail: [info@capeagulhas.gov.za](mailto:info@capeagulhas.gov.za)  
Website: [www.capeagulhas.org](http://www.capeagulhas.org)

**THE COUNCIL RETAINS THE RIGHT TO GRAND A REBATE.**

QUESTIONS MUST BE ANSWERED BY INSERTING AN "X" WHERE APPLICABLE TO INDICATE YOUR CHOICE.

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## SECTION A

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1. Please complete the following in connection with the application:

(i) SURNAME .....

(ii) FIRST NAMES .....

(iii) DATE OF BIRTH .....

(iv) Address of property for which a rebate is sought:  
.....

(v) Postal / Email address / Tel No. (if not the same as above)  
.....  
.....

2. Are you the registered owner of the property referred to in 1(iv)?

 YES NO

3. Do you occupy the property as referred to in 1(iv) above?

 YES NO

4. Are you the registered owner of any other property?

 YES NO

If the answer is "YES", please state the address of the other property.

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5. Do you own the property mentioned in 1(iv) above together with any other person?

 YES NO

If the answer is "YES", please state the full name and postal address of the other joint registered owners.

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6. Is there more than one dwelling on the erf on which your property is situated?

YES

NO

7. Do you let any portion of or room(s) of your dwelling?

YES

NO

8. Is any part of the property for which this application is made, used for business or professional purposes?

YES

NO

9. Have you arranged to pay your rates in monthly instalments?

YES

NO

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**SECTION B**

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**I/We declare that the information which is submitted in this application is true and correct to the best of my/our knowledge and that we do not receive any other income than that which is declared.**

**I/We understand that if a rebate is granted according to any incorrect or unjust declaration supplied in this application, I/we undertake to repay the Manager Finance for any rebate which is granted. I/we further undertake to pay interest on the specific amount, at the standard interest rate.**

**SIGNATURE OF APPLICANTS**

**DATE**

**Note: Only the registered owner/owners must sign this application.**

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**SECTION C**

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I hereby certify that the declarer acknowledge that he/she knows and understands the contents of the declaration.

Signed before me at ..... this day of .....

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.....  
**COMMISSIONER OF OATHS (EX OFFICIO)**