



FINANCIAL DECLARATION (1)

Name of Applicant: _____ (full name)

Parent / Legal Guardian: _____ (full name)

Present Monthly Income, as follows:

- | | |
|-------------------------------|---------|
| 1. Disability Grant | R _____ |
| 2. Salary | R _____ |
| 3. Civil / WC Pension | R _____ |
| 4. Interest on Investments | R _____ |
| 5. Rental from Fixed Property | R _____ |
| 6. Any other Income | R _____ |

I hereby declare the above information to be true and correct.

Signature _____

Date _____

Place _____

Please Note:

If your application for accommodation is accepted, as a state subsidized resident, a more detailed financial declaration will be required.