nelson mandela bay MUNICIPALITY

BUDGET & TREASURY

REF NUMBER: ……

Domestic/ Residential

PAYMENT RELIEF APPLICATION FORM (COVID-19)

I hereby wish to apply for repayment relief on my municipal account.

MUNICIPAL ACCOUNT NUMBER	
ACCOUNT-HOLDER NAME	
NAME OF BUSINESS	
ID NUMBER	
ADDRESS	
CONTACT PERSON (if not acc holder)	
CONTACT NUMBER	
CELL NUMBER FOR SMS OUTCOME	**Domicile cell:**

Relief questionnaire

• Did your income/revenue decrease due to COVID? (Y/N)	
• Was the account in arrears prior to lockdown (26/03/2020)? (Y/N)	
• Do you have an existing arrangement in place? (Y/N)	
• Do you require the arrangement to be restructured – extended? (Y/N)	
• Indicate number of additional repayment months required	

Motivation/ Other: ……...

Documents required with application:

- Legible/ readable ID
- Letter of Authority if not account-holder
- Proof of income of all household occupants
- Affidavit to declare all household occupants
- Proof of loss of income (e.g. 3 months bank statements, employer letter, etc)
- Proof of application for UIF or any other relief programmes
- Proof of outcome of above-mentioned application

……	……	……..
Full name of applicant	Signature	Date

Email this application form and documents to accountrelief@mandelametro.gov.za

Approved/ Not Approved - Signature: ……