

**RATES SECTION**  
**APPLICATION FOR A PENSIONER'S / DISABLED PERSON'S**  
**PROPERTY RATES REBATE**  
**2026/27 FINANCIAL YEAR**

***This application is for a rebate on property rates only and not for water, electricity, etc***

To qualify for a pensioners / disabled person's property rates rebate, a retired or disabled property owner must:

- (a) be a natural person or be a trust for which the municipality has, at its sole discretion, waived the criteria of natural person. In the case of such a trust the total number of beneficiaries must meet all the other requirements of this policy;
- (b) be the owner of the property;
- (c) occupy the property as his or her normal residence or where the owner is unable to occupy the property due to no fault of his/her own, the spouse or minor children may satisfy the occupancy requirement;
- (d) be a pensioner, i.e. be at least 60 years of age on 1 July of the financial year concerned; or if the owner turns 60 during the year the rebate will be granted on a pro rata basis from the date on which the applicant turned 60, **or** be a disabled person, i.e. be in receipt of disability grant / pension and submit proof of the nature of the disability, e.g. letter from doctor, with the application.
- (e) be in receipt of a total gross annual income (as defined in Part 2 of the 2026/27 Rates Policy) from all sources, excluding medical aid contributions and child support / grant, **not exceeding R221 400.00 per annum (R18 450.00 per month)**;
- (f) not be in receipt of an indigent subsidy.

**In addition:-**

- (g) a usufructuary will be regarded as the owner;
- (h) a person who has entered into a contract in a life right scheme and who is contractually liable for the rates on the unit will be regarded as the owner for rating purposes. A copy of the contract/agreement and the statement/ document which states the amount of rates the applicant is paying for the unit must be attached to the application.
- (i) The applicant and/or spouse and/or life partner should not be the owner of more than one property (with the exception of unproductive land or a parent child property); however in exceptional circumstances and at the sole discretion of the municipality the granting of the rebate may be approved if the applicant and/or spouse and/or life partner owns additional properties for which a market-related rental is included in the gross monthly household income - proof of this income must be provided.
- (j) the owner will only qualify for one rebate per year, in other words the percentage rebate granted will remain in effect for the year, it will not be amended on an ad hoc basis should the household's financial circumstances change during the year; and
- (k) applications will only be considered if there are no outstanding balances on any of the owner's accounts. If there are outstanding balances the application will only be considered after arrangements have been made at any Customer Care Centre, to pay the outstanding amounts. Furthermore, the owner must ensure that he/she continues to pay the rates accounts in full until the rebate is granted, as no interest will be reversed.

***KINDLY ENSURE THAT YOU SUBMIT ALL OF THE FOLLOWING WITH THE APPLICATION:  
(Failure to do so will cause delays in the application being processed)***

- (l) certified copy/ies of owner/s' bar-coded identity document.
- (m) pension statements (of owner and spouse), including SASSA statement; last 3 months (or the number of months determined necessary by the Chief Financial Officer) and bank statements from **all bank and investment accounts of owner and spouse and affidavit of rental income received.** All documents provided must clearly state who it is for - documents which do not reflect person's name or ID No. on them will not be considered.
- (n) a certified affidavit declaring any assistance from any other sources including any assistance from family members not residing on the property. (Assistance received from family members not residing on the property will not however be included in the calculation of total gross annual income);
- (o) provide a certified affidavit to explain ***all*** once-off monies received, e.g. gifts, donations, pension payouts (e.g. on retirement), all bonuses, refunds, cash deposits, etc.; and
- (p) in the case of a usufructuary - a certified copy of the legal document granting the usufruct such rights

Kindly complete the following in **full** and return by hand to any Municipal Customer Care Office or post to P.O. Box 834, Port Elizabeth, 6001 before **29 May 2027**. Only applications with the original commissioner's oath stamp will be accepted, i.e. no copies or faxed applications will be considered. Please note that the onus lies with the applicant to confirm that the application has been received by the municipality.

ERF/UNIT NO.  Suburb/Sectional Title Name \_\_\_\_\_

MUNICIPAL ACCOUNT NO. 

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REGISTERED OWNER OF PROPERTY (full names)													
IDENTITY NUMBER	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>												
PHYSICAL ADDRESS OF OWNER	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%; height: 20px;"></td><td style="width: 20%; text-align: center;">CODE</td></tr></table>		CODE										
	CODE												
POSTAL ADDRESS OF OWNER	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%; height: 20px;"></td><td style="width: 20%; text-align: center;">CODE</td></tr></table>		CODE										
	CODE												

TELEPHONE NO.	HOME		WORK	
	CELL		FAX	
E-MAIL ADDRESS				

**PLEASE NOTE:** If your "household income" (as defined by the Assistance to the Poor (ATTP) Policy) is less than the equivalent of two state pensions you may qualify for ATTP. Should you wish to apply therefore please visit any Municipal Customer Care Centre for assistance.

	INCOME - SELF (Annual)	INCOME - SPOUSE/PARTNER(Annual)
<b>Gross Annual Income Details</b>		
INCOME FROM EMPLOYER		
PENSION		
ANNUITY		
INTEREST ON SAVINGS		
TOTAL RENTAL INCOME (as per table below)		
FINANCIAL ASSISTANCE - FROM CHILDREN etc.		
OTHER: (please specify)		

TOTAL GROSS ANNUAL INCOME		
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**RENTAL INCOME INFORMATION TABLE:**

PROPERTY DETAILS	RENTAL INCOME RECEIVED PER ANNUM

**KINDLY ENSURE THAT ALL THE COMPULSORY GREY BLOCKS ARE COMPLETED IN FULL - YOUR APPLICATION WILL NOT BE PROCESSED IF THIS IS NOT COMPLIED WITH**

**PLEASE NOTE THAT BY SIGNING THIS PAGE YOU ARE SWEARING UNDER OATH THAT ALL THE INFORMATION YOU HAVE PROVIDED ON PAGE 2 & 3 IS ACCURATE AND COMPLETE, AND THAT YOU HAVE NOT OMITTED ANY OF THE REQUIRED INFORMATION, e.g. TOTAL RENTAL AMOUNT RECEIVED FROM ALL PROPERTIES etc. IF IT IS FOUND THAT FALSE INFORMATION HAS BEEN SUPPLIED OR INFORMATION HAS BEEN OMITTED WHICH RESULTED IN YOU QUALIFY FOR THE REBATE, THE REBATE WILL BE REVERSED.**

I the undersigned..... (FIRST NAME AND SURNAME PRINTED)

in my capacity as..... do hereby

- (i) make oath that the above property complies with all the above-mentioned conditions for a pensioner`s / disabled person`s rebate in terms of the Municipal Property Rates Act no. 29 OF 2014 and the NMBM's rates policy, and
- (ii) authorise that the Municipality may inspect the property at any reasonable time during the financial year to confirm compliance with the conditions of the rebate. Where access is denied, the rebate may be withheld, or withdrawn, if already effective, and
- (iii) confirm that I will provide all the required documentation as stipulated on page 1 of this application, and
- (iv) confirm that I have completed all the compulsory fields on page 2 and am aware of the fact that if I have not my application cannot be processed until such time that I have done so.

.....

SIGNATURE OF APPLICANT

DATE

I certify that the deponent has acknowledged that he/she knows and understands the contents of this affidavit which was

signed and sworn to before me at .....on this..... day of..... 20 .....

.....  
COMMISSIONER OF OATH'S FULL NAMES

.....  
SIGNATURE

COMMISSIONER OF OATHS' STAMP



