

AFFIDAVIT FOR A GRANT IN AID**sassa**
SOUTH AFRICAN SOCIAL SECURITY AGENCY

I, the undersigned

Surname																			
Full names																			
Identity Number																		Age	
Residing at (physical address)																			
	Postal Code																		

Do hereby state under oath that I am currently receiving a grant for older persons* / war veterans grant* / disability grant* and I am applying for a Grant in Aid. I confirm that I am not in a State Funded or Subsidised institution, and I require regular attendance by another person.
(*delete that which is not applicable)

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

My financial position has* / has not* changed since my application for the grant for older persons* / war veterans grant* / disability grant*.
(If the marital and/or financial position has changed, the applicant must be advised of the need to review his/her grant.)

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.
(* delete that which is not applicable)

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.	Signature: Commissioner of Oaths	Name of Commissioner	<i>Commissioner / SAPS Stamp</i>						
			Rank / Force No.							
Date	C	C	Y		Y	M	M	D	D	Place