AFFIDAVIT FOR AN OLDER PERSON'S GRANT



I, the undersigned

Surname																					
Full names																					
Identity Number														Age							
Residing at (physical addr																					
															Post	tal C	ode				
Do hereby state under oath that I am applying for an Older Person's grant. I confirm that I am not residing in an institution																					

Do hereby state under oath that I am applying for an Older Person's grant. I confirm that I am not residing in an institution funded by the state.

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		

To be completed if Married / Divorced / Widow(er)

My (ex) spouse / partner's full names & surname								
	ID							

If applicant has more than one spouse, indicate details of each spouse on the back of this form.

State reasons if applicant does not have any of the following documents for his/her (ex) spouse or partner.

	D Document		Decree or I	Divolce		Death Certificate						
	Reason		Reas	on		Reason						
	Reason		Reason Reason									
Sources of Inco	me		(mark X in applicable box)									
Type of Income	/Profits	Se	elf Spouse	Dependant Child	N/A							
Salary or wage												
Profits, Withdraw	als or other Benef	its from a Busines	s / Farm (owned)									
Payments from a	Trust or Inheritan	се	· · ·									
Payment from Property Rights												
Pension or Annu	ity											
Ex-Gratia Payme	Ex-Gratia Payments Received											
Rental Income	Rental Income											
Profits, Withdrawals, or other Benefits from a Business / Farm (rented)												
Income from Ass	ets (interest / divid											
Income from any	RSA or Internation	nal Organisation										
If the	e applicant and / o	r spouse have N	O source of incom	ne, please indicate	e below how he	/ she current	ly survive					
			spouse or partne		k appropriate Bo							
Immovable	Immovable	Investments,	Shares, share	Endowment policies after	Property rights	Lump su		e do not NY assets				
property owned / held under	property owned / held under	bonds, loans, outstanding	capital, interest in assets in a	maturity or cash		to procure		INT assets				
leasehold (not	leasehold	debts due to you	company /	in hand		annuity						
occupied)	(occupied)		institution									
Applicant Spouse	Applicant Spouse	Applicant Spouse	Applicant Spouse	Applicant Spouse	Applicant Spous	e Applicant S	pouse Applicar	nt Spouse				

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.

	I certify that the deponent has acknowledged that he / she knows and understand			
	the contents of this declaration that was sworn to		Name of Commissioner	Commissioner /
	and affirmed before me and that the deponent's signature			SAPS
Deponent's Signature / Thumb Print	/ thumb print was placed in my presence.	Signature: Commissioner of Oaths	Rank / Force No.	Stamp
Date C C Y	Y M M D D Pla	ce		