



REPUBLIC OF SOUTH AFRICA

FORM 1

[Regulation 8]

APPLICATION FOR HOUSING ASSISTANCE

PROMOTION OF NATIONAL UNITY AND RECONCILIATION ACT, 1995 (ACT 34 OF 1995)

READ THIS FIRST
Only a person who-

(a) has been identified as a declared victim by the Truth and Reconciliation Commission (TRC) and had a housing related incident or was assessed by the TRC and recommended for housing assistance; **or**

(b) is a dependant and relative of a declared victim, and wish to apply for housing assistance, may receive assistance.

Certified copies of all required documents confirming the information given in this form, for example, identity document must be attached to this application form, otherwise your application will not be considered.

A. PARTICULARS OF APPLICANT

1. Title:				(Mr, Miss, Mrs, Dr)
2. Surname:				
3. First Names:				
4. ID number:		5. Date of birth:		
6. Gender:	*Male / Female			
7. Contact details:	* Home address / Home address of other person (if applicable): <i>(State below the address where you live and to which mail may be sent. If you do not have an address, state the address of another person who can be contacted, e.g. place of worship, school, community leader, etc..)</i>			
	* Postal address / Postal address of other person (if applicable):			
Telephone Numbers:	Home:	Work:	Cell no:	
Email address:				

8. (a) Are you completing this form as a dependant of a declared victim? **Yes / No**

(b) If you are completing this form as a dependant of a declared victim, also complete parts B.1 & B.2 below.

9. If you are applying for assistance, complete the following:

(a) Are you a declared victim? **Yes / No**

(b) If you are not a declared victim -
 (i) what is the name of the declared victim?

(ii) are you a relative or dependant of a declared victim? Yes / No

(c) If you are a relative or dependant of a declared victim, what is your relationship with the victim:
 (indicate the nature of the relationship, e.g.: are you the spouse, child, grandchild or sibling of a declared victim).
 Attach proof of relations.

10. (a) If you are applying for assistance, do you have any disability?: Yes / No

(b) If yes, give details of the disability:

.....

 Signature

 Date

B.1 PARTICULARS OF THE LISTED BENEFICIARY

Complete this part only if you are applying for assistance as a listed beneficiary or dependant and relative of a declared victim. Indicate here the particulars of the listed beneficiary.

1. Title: _____ (Mr, Miss, Mrs)

2. Surname: _____

3. First Names: _____

4. ID number: _____

5. Date of birth: _____

6. Gender: *Male / Female

7. Contact details:
 * Home address / Home address of other person (if applicable):
(State below the address where the person who needs assistance live and to which mail may be sent. If he or she does not have an address, state the address of another person who can be contacted, e.g. place of worship, school, community leader, etc..)

* Postal address / Postal address of other person (if applicable):

Telephone Numbers: Home: _____ Work: _____ Cell no: _____

Email address: _____

8. Is the applicant who needs assistance:

(a) A listed beneficiary? Yes / No

(b) If he or she is not a listed beneficiary -
 (i) what is the name of the listed beneficiary?

(ii) is he or she a relative or dependant of a listed beneficiary? Yes / No

(c) If he or she is a relative or dependant of a listed beneficiary, what is his or her relationship with the victim:
 (for example: are you the spouse, child, grandchild or sibling of a listed beneficiary – attach proof of relations).

9. (a) Does the listed beneficiary have any disability? Yes / No

(b) If yes, give details of the disability:

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.....

10. Details of the incident that led to the destruction /damage/loss of the house/homestead:

(a) Where was the house/homestead situated (provide physical address if available):

.....

(b) Provide the type of the house /homestead:

(c) Did the listed beneficiary own the house or was the house allocated to the listed beneficiary? **OWN**
ALLOCATED
(attach proof such as the Deed of grant, Permission to Occupy, if available)

(d) Who owned the house if the house was not owned or allocated to the listed beneficiary?

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(e) Describe how was the house was damaged/destroyed/burnt/lost:

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.....

(f) Date/year the house was damaged/destroyed/burnt/lost:

(g) List the persons who were living in the house at that time and their relationship to the listed beneficiary:

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.....
.....

Signature _____

_____ Date

B.2 FORMS OF ASSISTANCE APPLIED FOR

The forms of assistance are a once-off housing grant or construction of a newhouse

FORMS OF ASSISTANCE:

- 1. Tick the appropriate box:
 - 1. Construction of a new house
 - 2. Once-off housing grant

2. Attach Bank confirmation letter of the applicant or listed beneficiary in whose bank account the money is to be paid.

C. CERTIFICATION

I,, hereby certify that the information which I have provided above is correct and to the best of my knowledge true. I hereby give permission to the Department of Justice and Constitutional Development to verify the correctness of any of my statements. I know that I can be prosecuted if I knowingly give false information.

Signature of applicant

Date

NOTE

The application form must, after completion, be submitted to the dedicated official –

- (a) electronically to the following addresses: **TRChousing@justice.gov.za**; or
- (b) by registered post to the following address: The Head: TRC Unit, The Department of Justice and Constitutional Development, Private Bag X81, Pretoria, 0001.