

APPLICATION FORM



FOR OFFICE USE ONLY	
Date of application:	
Reference no.	

Introduction:

You are about to complete an application for one of DCI CHS rental units. In order for us to process your application as speedy as possible, please ensure that all requested information (incl. Supporting documents as listed below) is included in this application and submitted to the DCI CHS Head office.

If you require assistance filling in this application form, please call us at 066 5710251 info@dcichs.co.za

- Supporting Documents:
- Current Payslip (not older than 3 months)
 - Identity document of applicant
 - Identity document of spouse (if app)
 - Married or Divorce or Death certificate (where app)
 - Birth Certificates of dependents
 - Affidavits (if app)
 - Bank statement (past 3 months)

A. Personal Particulars:

	<i>Applicant</i>	<i>Partner</i>																																								
Surname:																																										
First Name:																																										
Date of Birth:																																										
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> <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>																					<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> <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>																				
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City/Postal code:																																										
(H) Telephone:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; font-size: small;">code</td> <td style="width: 50%; text-align: center; font-size: small;">number</td> </tr> </table>	code	number																																							
code	number																																									

Cell phone:	code	number	
Current Employer:			
Occupation:			
Employer's Address:			
(W) Telephone:	code	Number	
Length of service:			

B. Household Composition:

Single	<input type="text"/>	Couple with child(ren)	<input type="text"/>
Couple (married or otherwise)	<input type="text"/>	Single parent with child(ren)	<input type="text"/>

	Name	Date of Birth						Relationship (eg. Child)
		D	D	M	M	Y	Y	
1.		D	D	M	M	Y	Y	
2.		D	D	M	M	Y	Y	
3.		D	D	M	M	Y	Y	
4.		D	D	M	M	Y	Y	
5.		D	D	M	M	Y	Y	
6.		D	D	M	M	Y	Y	

C. RESIDENCY HISTORY

Please list your residential address(es) for the past 2 years.

Address:	From	To Date	Landlord Name	Landlord Number

Indicate your current housing situation

Applicant

Home owner	<input type="text"/>
Living with family	<input type="text"/>
Rental apartment or house	<input type="text"/>
Informal	<input type="text"/>

Partner

Home owner	<input type="text"/>
Living with family	<input type="text"/>
Rental apartment or house	<input type="text"/>
Informal	<input type="text"/>

If renting, indicate basic rent per month: **R** _____

D. Income Particulars

Applicant

formal labour	
informal trade	
Pension	
disability grant	
maintenance grant	
other (please specify) ...	

Partner

formal labour	
informal trade	
pension	
disability grant	
maintenance grant	
other (please specify) ...	

(List gross monthly income [before deductions] for all members of your household, age 19 and older, from all sources)

Name	Source (Employment, pension etc.)	Gross monthly income
Total Gross Monthly Income for household		R

E. House Type

1 Bedroom Unit	
2 Bedroom Unit	
Bachelor Unit	

Ground Floor	
1st Floor	
2nd Floor	

F. Marketing and PR

(How did you hear about DCI CHS?)

Newspaper

Radio

Friend / Relative

Other (specify)

G. Signature

I declare that I have read this form carefully and that all particulars are true and correct. **Furthermore, I grant DCI Community Housing Services the right to perform a credit check to assess my credit worthiness.**

Applicant

Partner

Place

Place

Date

Date

Signature

Signature

For Office Use Only:

(an application can not be accepted without all supporting documents attached)

Received By:

Date:
