

# **INDIGENT POLICY**

## INDIGENT SUPPORT POLICY

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Council receives a grant from Government to subsidize those who cannot afford to pay for the minimum needs in life. The objective in calculating the amount to be subsidized, must be to prevent an increasing balance on the account of an indigent as it will be difficult to recover the debt in a humanly way.

According to the Municipal Systems Act 2000, Section 74(3) and 75(2) stipulates, "A tariff policy may differentiate between different categories of users, debtors."

Further more Chapter 7 Section 152 (b) of the Constitution states:

"The objects of Local Government are:

To ensure the provision of services to communities in a sustainable manner."

Local Government should strive within its financial and administrative capacity to achieve this object and to even deliver other related services as to cater for indigents and how they have to be catered for.

Indigents are those people, property owners, due to a number of factors, who are unable to make monetary contributions towards basic services, no matter how small the amounts seem to be.

Households earning less than the amount stated by the Financial and Fiscal Commission from time to time, qualify to be registered as an indigent e.g. Pensioners, students, unemployed, disabled persons, single parents etc.

Criteria for the approval as indigent are as follows:

- (a) That the gross household income for qualification as a registered indigent be determined as the equivalent of two social welfare grants.
- (b) That residents who want to apply as indigent should do so at the Debt Collection Section, Finance Department.
- (c) That the prescribed applications forms be used.
- (d) That the screening committee consist of Section 80 Support Committee members, relevant ward councillor and social worker if available.
- (e) That applicants be issued with reference numbers.
- (f) That an indigent registration be valid for up to one (1) year after which after subsidies/rebates will terminate.

- (g) That the indigent reapply for assistance during the ninth (9<sup>th</sup>) month of indigence and a revaluation/ reassessment be done.
- (h) Those successful applicants been informed in writing not approved.
- (i) That Indigent customers be compelled to inform Council about any change of their indigence status.
- (j) That the outstanding balance on the account of an approved indigent be written off against provision for bad debt.
- (k) That approved indigents be subsidized according to the annual proposal of the Financial and Fiscal Commission which is currently standing at R185 per household per month (In future based on proposed grants as contained in equitable share formula).
- (l) That registered indigent consumers be held responsible for any consumption up and above the assistance indicated in (k) above, or that a restrictive measurement be put in place.
- (m) That consumption be suspended/restricted to indigents who fail to pay for services consumed up and above the subsidized amount.
- (n) That no legal action, eviction should be instituted/conducted against applicants.
- (o) That if person supply fraudulent information such a person will not be consider as an indigent at any stage afterwards.
- (p) That Child Headed Households, where the conditions for services and rates meet the qualification criteria, and the household is declared indigent, the household will receive the applicable indigent concessions. The consolidated account may continue in the name of the deceased parent/s until the estate is transferred to the heir or heirs of the estate. In the case where an executor of the estate is appointed and has jurisdiction over the minor children, the executor would be required to make provision for payment of the consolidated account.
- (q) And the widow or widower also be able to apply for indigency for the period that the estate is not finalized, during which the account may continue in the deceased account holders name.

It must be noted that an indigent only receive the credit for the service that is render.

MIDVAAL LOCAL MUNICIPALITY

APPLICATION TO BE REGISTERED AS AN INDIGENT

NOTE..

1. THIS APPLICATION IS TO BE COMPLETED BY THE PERSON RESPONSIBLE FOR THE PAYMENT OF THE ACCOUNT
2. COPIES OF MUNICIPAL ACCOUNT, IDENTIFICATION DOCUMENTS, PENSION CERTIFICATES AND PROOF OF INCOME MUST BE ATTACHED TO THE APPLICATION FORM.

1. DATE OF APPLICATION: .....

2. SURNAME: .....

3. FIRST NAMES: .....

4. I.D. NUMBER .....

5. RESIDENTIAL ADDRESS: .....

SECTION & HOUSE  
NUMBER .....

TELEPHONE NUMBER: (H) .....

(W) .....

(C) .....

WARD NUMBER: .....

MUNICIPAL ACCOUNT  
NUMBER .....

6. GENDER

MALE

FEMALE

7. AGE

20-25		41-45		60-65	
26-30		46-50		66-70	
31-35		51-55		71+	
36-40		56-60			

8. MARITAL STATUS:

MARRIED		CUSTOMARY MARRIAGE	
SINGLE		WIDOWED	
DIVORCED		LIVING TOGETHER	



9. HOUSEHOLD COMPOSITION AND FINANCIAL STATUS

9.1 Number of people in the household and personal details.

	RELATION-SHIP	SURNAME & INITIALS	GENDER	BIRTH DATE/ AGE	CURRENT STATUS OF EMPLOY- MENT	EMPLOYER/ SCHOOL	MONTHLY INCOME **	EDUCATION LEVEL/ SKILL	*DISABLED
1.	<i>APPLICANT</i>								
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

\*\* Provide details of income of each person in Section 9.2.

\* Mark disabled and blind members with a X and provide details in Section 12 of the form



10. HOUSE

APPLICANT	OWNER	TENANT WITH ABSENTEE LANDLORD	OTHER (Specify)
TYPE OF HOUSE	SHACK	BRICK WITH CORRUGATED IRON ROOM	BRICK WITH TILED ROOF
NUMBER OF ROOMS IN HOUSE			
NUMBER OF OUTSIDE SHACK/ROOMS			

11. SERVICES

Meter Numbers if applicable

ELECTRICITY

WATER

Do you use electricity for any of the following?

Cooking		Lights	
TV		Geyser	
Radio		Heaters	
Vacuuming		Washing machine	

12. HEALTH

Poor	Good	Excellent
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Give details if poor:

.....  
 .....

Do you have any physical or mental defect ?

YES	
NO	

If yes, give details

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Please also provide details of disabilities of other household members:

NAME	DISABILITY	DETAILS

**DECLARATION**

I

.....,  
the undersigned, hereby declare that the information provided above, is to the best of my knowledge true and correct and further acknowledge that:

- 1. This application for registration is subject to Council approval and /or whosoever is authorised to do so.
- 2. I acknowledge outstanding amounts owing to the Council on account number ..... and accept that it remains an obligation from my side.
- 3. Should my monthly account exceeds the subsidy received, I am responsible to pay the balance and if I fail to pay, the normal Credit Control Policy measures will be applicable to me.
- 4. This information is public and will be given to all interested parties both in the private and public sector including the provincial and national government as well as the Credit bureau.

.....  
**SIGNATURE OF INTERVIEWER**

.....  
**SIGNATURE OF APPLICANT**

.....  
**DATE**

.....  
**WITNESS**

**EVALUATION / ANALYSIS BY SOCIAL WORKER**

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.....  
**SIGNATURE OF SOCIAL WORKER**

.....  
**SIGNATURE HEAD OF DEPARTMENT**

**VERIFICATION BY ZONE LEADER / WARD COMMITTEE / SECTION 80 COMMITTEE**

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.....  
**SIGNATURE**  
**ZONE LEADER / WARD COMMITTEE**

.....  
**SIGNATURE**  
**SECTION 80 COMMITTEE**