



CITY OF HARARE

CITY TREASURER'S DEPARTMENT

APPLICATION FOR PENSIONERS RATES, SUPPLEMENTARY AND REFUSE CHARGES EXEMPTION FORM

The Commission (Item 54 of the Finance Committee Minutes dated 12 October 2006) had resolved:-

That pensioners and Senior Citizens of Harare, aged 65years and above be exempted from payment of (50%) fifty percent on rates, refuse, sewerage and supplementary charges as specified in the various Instruments on the following terms and conditions:-

- The Pensioners and Senior Citizens should at the time of consideration show proof of ownership of the property and be in physical occupation.
- The Pensioners and Senior Citizens shall show proof that no other persons other than their bona fide children and grandchildren will be staying at the property and cannot meet the cost of rates and other charges.
- The Pensioners and Senior Citizens shall not be in receipt of lodgers' fees that can meet Council levies.
- The Pensioners shall show proof that their pension is insufficient to meet the levies.
- Submission of an application, which must be serially numbered as a security document. A submission fee of 2USD refundable only to successful applicants must be paid. (The submission fees shall be reviewed from time to time) and
- That when transferring properties to the bona fide children and or grandchildren pensioners and Senior Citizens shall be exempted from payment of cession fees."

TITLE:.....SURNAME:.....FIRST NAME(S):.....

I.D. NO:.....D.O.B.....SEX: M.....F.....MARITAL STATUS:.....M:.....S:.....D:.....W:.....

RESIDENTIAL ADDRESS:.....

OWN:.....STAND NO:.....

OTHER PROPERTIES OWNED: PHYSICAL ADDRESS:.....

POSTAL ADDRESS:.....

TELEPHONE ADDRESS (HOME).....CELL:.....

DATE LAST EMPLOYED.....EMPLOYER'S NAME.....TEL NO:.....

PERIOD EMPLOYED:.....YRS. EMPLOYERS PHYSICAL ADDRESS:.....

CURRENT SOURCES OF INCOME: NET PENSION/SALARY\$.....OTHER SOURCES:.....

SPOUSE'S FULL NAME.....EMPLOYER.....

EMPLOYER'S PHYSICAL ADDRESS:.....

PERIOD EMPLOYED.....YRS. EMPLOYER'S TEL NO.....

DATE LAST EMPLOYED:.....

CURRENT SOURCES OF INCOME: NETPENSION/SALARY\$.....OTHER SOURCES.....

NAME AND ADDRESS OF PENSION FUND.....

BANKING DETAILS

(a) BANK..... BRANCH..... ACCOUNT NO:.....

DECLARATION BY APPLICANT:

I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TO THE BEST OF MY KNOWLEDGE COMPLETE, TRUE AND CORRECT. I ALSO CERTIFY THAT THE ABOVE PROPERTY IS EXCLUSIVELY FOR RESIDENTIAL PURPOSE.

PRINT NAME:..... SIGNATURE:..... DATE:.....

APPLICANT

COMMISSIONER OF OATHS: NAME:..... SIGNATURE AND STAMP:.....

OTHER REQUIREMENTS: Please submit the following documents together with the completed application Form:-

- 1. Rates bill only
- 2. Certified Copy of National Identity Card

FOR OFFICIAL USE ONLY

1) APPLICATION FEES PAID: RECEIPT NO:..... DATE:.....

DIRECTOR OF HOUSING AND COMMUNITY SERVICES

- 2) THE ABOVE APPLICATION IS :-
 - (a) Recommended
 - (b) Not Recommended

SOCIAL SERVICE OFFICER:..... DATE:.....

DIRECTOR OF HOUSING AND COMMUNITY SERVICES:..... DATE:.....

ADDITIONAL COMMENTS:.....

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3) CITY TREASURER:

THE APPLICATION IS:-

- c) Approved
- d) Disapproved

REVENUE COLLECTION MANAGER:..... DATE:.....

CITY TREASURER:..... DATE:.....

ADDITIONAL COMMENTS:.....

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