

STATEMENT OF INCOME AND EXPENDITURE
 (Documentary proof of income/expenditure
 must be attached)



NAME OF APPLICANT: _____

A. INCOME	Ref no	Monthly Income	
		Self	Spouse
1. PENSION RECEIVED (Type of pension) Paypoint [e.g. bank/post office]			
1.1			
1.2			
1.3			
2. ANNUITY (Name of fund)			
2.1			
2.2			
2.3			
3. INCOME FROM TRUST FUNDS AND MAINTENANCE ALLOWANCES (Name of fund/person)			
3.1			
3.2			
3.3			
4. SHARES (Name of fund)			
4.1			
4.2			
4.3			
5. DIRECTORS FEES (Name of company)			
5.1			
5.2			
5.3			
6. CASH INVESTMENTS (Specify financial institution)	Amount invested	Monthly Income	
		Self	Spouse
6.1			
6.2			
6.3			
6.4			
6.5			

7. FIXED PROPERTY (e.g. farms dwellings) Full description and where situated	Municipal assesment	Bond in arrears	Monthly Income	
			Self	Spouse
7.1				
7.2				
8. OTHER SOURCES OF INCOME (e.g. Income from business usufruct/Fidei Commisum) Please specify			Self	Spouse
8.1				
8.2				
8.3				
8.4				
TOTAL			R _____	

B. TOTAL VALUE OF ASSETS SOLD AND DONATIONS MADE OVER THE LAST 10 YEARS (Please specify)

1. Did you sell or donate any assets (fixed property) during the past ten (10) years?

If so, please give the following details:

[a] Assets sold (description)

[i] Date sold _____

[ii] Bruto amount received R _____

[iii] Minus selling costs (please specify apart on separate page) R _____

Netto income R _____

[b] Assets donated (description)

[i] Date donated _____

[ii] Amount donated R _____

[c] Cash donated (description)

[i] Date donated _____

[ii] Amount donated R _____

2. EXPENDITURE OF A CONTINUOUS NATURE (Documentary proof of expenditure must be furnished) Specify e.g. medical fund, subscription fees, municipal tax, instalments, etc in the case of property:

2.1 _____ R _____

2.2 _____ R _____

2.3 _____ R _____

TOTAL R _____

I hereby declare that the information furnished by me, is to the best of my knowledge, true and correct and that the declare income the **total income** of the applicant is for the tax year.

SIGNATURE OF APPLICANT/AUTHORISED PERSON DATE

*NB: All interest revenue must be certified per certificate of balance by financial institutions.
A false declaration is a punishable offence.*

DECLARATION

I **certify** that, before administering the oath/affirmation, I asked the deponent the following questions and wrote down his/her answers in his/her presence:

[a] Do you know and understand the contents of the declaration?

Answer: _____

[b] Do you have any objection in taking the prescribed oath?

Answer: _____

[c] Do you consider the prescribed oath to be binding on your conscience?

Answer: _____

I **certify** that the deponent has acknowledged that he/she knows and understands the contents of this declaration which has sworn to/affirmed before me and the deponent's signature/thumb print/mark was placed thereon in my presence.

COMMISSIONER OF OATHS

PLACE

DATE

FOR OFFICIAL USE	
NETTO INCOME	R _____
BOARDING PER MONTH	R _____

FOR OFFICIAL USE BY A SCREENING OFFICER OF THE DEPARTMENT OF SOCIAL DEVELOPMENT

Gross Income R _____

Minus approved expenditure (specify)

[a] _____ R _____

[b] _____ R _____

[c] _____ R _____

[d] _____ R _____

Netto Income R _____

Income group code

OFFICER EMPLOYED BY THE DEPARTMENT OF SOCIAL DEVELOPMENT

DATE