

TABLE 1 (for Office use only)

All documents must be CERTIFIED COPIES and must be kept by the NHFC/PD (confirm receipt thereof by inserting a ✓ or ✗ in the applicable box)	Applicant	Spouse	Official use only
	1. R.S.A. bar coded identity document (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>
2. Bar coded permanent residence permit (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Birth certificate bearing the 13-digit ID Number / RSA ID of all financial dependents listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Marriage Certificate, Civil Union Certificate or Co-habiting Affidavit (where applicable)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Divorce settlement documents, including proof of custody of children (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Spouse's death certificate (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Proof of monthly income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Home Loan Approval in Principle / Grant Letter as issued by Lender / Bank (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Agreement of sale (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Building contract and Approved building plan (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Court orders or orders issued by the Commissioner of Child Welfare as proof of guardianship for foster children (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Proof of current residence (e.g. water/lights/ retail account statements, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Affidavits required in respect of informal marriages solemnised in terms of SA Civil Law and accompanied by sworn statements to prove the authenticity of the relationship of the applicants

TABLE 2(i) (for Office use only)

Process Record	Date	Signature	
		Official	Supervisor
1. Application received	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>
2. Electronic procedural check	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	
3. Application returned for correction from PD	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	
4. Application returned corrected	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	
5. Data captured	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	
6. Data verified	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	
7. Searches completed:			
a) Home Affairs	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>
b) Deeds Office	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>
c) National Housing Database Programme	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>
d) PERSAL, where applicable	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>
e) UIF	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>
f) GEFP, where applicable	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>
8. Date subsidy approved by PD	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	
9. Date Applicant notified of PD's decision	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	

TABLE 2(ii): FUNDING DETAILS IN RESPECT OF PURCHASE OF PROPERTY (for Office use only)

TOTAL PROPERTY PRICE	<input type="text" value="R"/>
a. Subsidy	<input type="text" value="R"/>
b. Amount of Home Loan	<input type="text" value="R"/>
c. Own cash contribution (if any)	<input type="text" value="R"/>
Total:	<input type="text" value="R"/>
d. Subsidy amount qualified for	<input type="text" value="R"/>
e. Total bond qualified for	<input type="text" value="R"/>
Total subsidy amount qualified for:	<input type="text" value="R"/>

SECTION A: PERSONAL DETAILS: *(To be completed by all Applicants)*

Write the time-period next to the selected 'Marital Status'. ("Spouse" is defined as a husband, wife or long term partner co-habiting with the Applicant for a period of at least 6 months in succession at the time of application.)

Marital Status:	Period	Marital status	Period
Married	<input type="text"/>	Habitually co-habiting with long term partner	<input type="text"/>
Divorced with dependants	<input type="text"/>	Divorced without dependants	<input type="text"/>
Single with dependants	<input type="text"/>	Single without dependants	<input type="text"/>
Widow/Widower with dependants	<input type="text"/>	Widow/Widower without dependants	<input type="text"/>

DETAILS of the APPLICANT(S)

Surname:

Maiden/Former Surname:

Full Names (first 3 only):

Gender: Female Male

Race group: African White
(for statistical purposes)
(If "other", please specify) Coloured Indian
 Other

SPOUSE (or deceased partner)

Female Male

African White
 Coloured Indian
 Other

RSA ID Number:

Residential address:

Postal code:

SECTION B: DETAILS OF ALL DEPENDANTS: *(to be completed by Applicant)*

Surname	Initials	ID / 13-digit birth certificate No.	Age	Relationship to Applicant	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	F <input type="checkbox"/> M <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	F <input type="checkbox"/> M <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	F <input type="checkbox"/> M <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	F <input type="checkbox"/> M <input type="checkbox"/>

SECTION C: MONTHLY INCOME DETAILS: *(to be completed by Applicant)*

	Applicant	Spouse
Indicate if you are: <i>[(*) if "Yes, insert details, e.g. Name of employer if employed, type of social grant, etc.]</i>		
Fulltime employed *	<input type="text"/>	<input type="text"/>
Self employed *	<input type="text"/>	<input type="text"/>
Social welfare *	<input type="text"/>	<input type="text"/>
Basic monthly income:	R <input type="text"/>	R <input type="text"/>
Housing allowance payable (Loan Interest Subsidy):	R <input type="text"/>	R <input type="text"/>
Social Welfare Grant:	R <input type="text"/>	R <input type="text"/>
TOTAL:	R <input type="text"/>	R <input type="text"/>
JOINT TOTAL (Applicant and Spouse)	R <input type="text"/>	
Amount of bond applied for	R <input type="text"/>	

SECTION D: DETAILS OF CITIZENSHIP *(to be completed by Applicant)*

Are you a South African citizen	<input type="text" value="YES"/>	<input type="text" value="NO"/>
If you are not a South African citizen supply the following information:		
Country of which you are a citizen	<input type="text"/>	
South African permanent residence permit number	<input type="text"/>	
Date permit was issued	<input type="text"/>	

SECTION E: DETAILS OF PROPERTY TO BE PURCHASED WITH SUBSIDY *(to be completed by Applicant)*

Name of seller:	<input type="text"/>		
District:	<input type="text"/>	Municipality:	<input type="text"/>
Township:	<input type="text"/>	Erf (Stand) / Lot Number:	<input type="text"/>
Township extension:	<input type="text"/>	Unit Number:	<input type="text"/>
Description of Dwelling:	<input type="text"/>		
Sectional Title: <i>(Name of building and street address)</i>	<input type="text"/>		
House: <i>(Street Address)</i>	<input type="text"/>		
Type of Tenure:	Ownership: <input type="text"/>	Living with family:	<input type="text"/>
	Rental: <input type="text"/>	Other, specify:	<input type="text"/>

SECTION F: DETAILS OF CONVEYANCER *(to be completed by Applicant)*

Name:	<input type="text"/>		
Postal address:	<input type="text"/>		
	<input type="text"/>	Postal code:	<input type="text"/>
Conveyance fee:	R <input type="text"/>		
Lender Approval Code:	<input type="text"/>		
Telephone no.:	<input type="text"/>	Fax no.:	<input type="text"/>
Email address:	<input type="text"/>		

SECTION G: DETAILS OF LENDER *(to be completed by Applicant)*

Name:	<input type="text"/>		
Postal address:	<input type="text"/>		
	<input type="text"/>	Postal code:	<input type="text"/>
Lender Approval Code:	<input type="text"/>		
Telephone no.:	<input type="text"/>	Fax no.:	<input type="text"/>
Email address:	<input type="text"/>		

SECTION H: DETAILS OF CONTRACTOR/BUILDER *(to be completed by Contractor/Builder)*

Name:	<input type="text"/>		
Postal address:	<input type="text"/>		
	<input type="text"/>	Postal code:	<input type="text"/>
NHBRC Registration number:	<input type="text"/>		
Telephone no.:	<input type="text"/>	Fax no.:	<input type="text"/>
Email address:	<input type="text"/>		

AFFIDAVIT BY APPLICANT & SPOUSE/PARTNER*

FLISP Conditions:

I/We,

Full name and Surname:

Full name and Surname:

The undersigned applicant, do hereby solemnly / under oath** declare:

1. That all the information contained in this FLISP Application form is true and correct and that all material facts have been disclosed therein.
2. That neither I nor my 'Spouse' (as defined in Section A of this form)
 - a. currently owns or has ever previously owned any residential property in full ownership, leasehold or deed of grant; has ever purchased a State-subsidised residential property of which transfer has not yet been taken;
 - b. has previously received financial assistance from the Government of the Republic of South Africa or Independent development Trust or the former Self Governing Territories or TBVC States or any other State financed subsidies in order to acquire a residential property; and have estates that, at the date of this application, have been sequestrated or made insolvent.
 - c. that the information supplied with regard to dependants, is correct.
3. That all details given in this application form with regard to me/us, income and employment status is true and correct.
4. I/We, further acknowledge:
 - a. that should the property which we are to acquire not have been transferred to us within three months after the date on which the Provincial Department has made the subsidy amount available to us, the Provincial Department shall, at its discretion, be entitled to withdraw the subsidy.
 - b. that we are aware that if any information supplied by us in this application is incorrect or fraudulent, the Provincial Department may take appropriate legal action against us and may also institute a criminal prosecution.
 - c. that the FLISP subsidy is a once-off amount that must be used to reduce the principal Loan amount to render the Loan repayment instalments affordable or to make good any shortfall between the qualifying Loan amount and the purchase price of the Unit, provided that the purchase price of a Unit may not exceed the maximum amount, which shall be announced annually by the National Department of Human Settlements (NDHS) and capped at R300 000 (three hundred thousand rand) inclusive of value added tax (VAT) for the 2012/13 and 2013/14 National Government financial year and shall not be used to increase the principal loan amount or to finance the costs attached to the transfer or the property or the registration of the mortgage bond.
 - d. that I have read the FLISP Conditions of Subsidy and fully understand the conditions as set out therein.

APPLICANT:

SPOUSE/PARTNER:

Full names:

Full names:

Surname:

Surname:

I.D. Number:

I.D. Number:

SIGNATURE OF APPLICANT

SIGNATURE OF SPOUSE/PARTNER

NOTES:

* A "Spouse/Partner" is defined as a Husband, Wife or Long Term Partner co-habiting with the Applicant for a period of at least 6 months in succession at the time of application.

** FLISP Conditions have been explained and signed in the presence of a Certified Commissioner of Oaths.



COMMISSIONER OF OATHS

I CERTIFY that the Deponent/s has/have acknowledged that he/she/they* know and understand the contents of their affidavits, which was/were signed and sworn to/affirmed** before me at on this day of of the year 20 .

COMMISSIONER OF OATHS DETAILS

Full names:

Surname:

Identity Number:

Capacity:

Postal Address:

Area:

SIGNATURE OF COMMISSIONER OF OATHS

OFFICIAL COMMISSIONER OF OATH'S DATE STAMP

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