



First Home Finance APPLICATION FORM

	Tick the applicable box	APPROVED	DECLINED
Insert the Individual Registration and PD Resolution Numbers,	here-below, if the First Hon	ne Finance Applicatio	on is Approved:
Individual Registration No.	Individual PD Resolution No.		
If the application is declined, state the reason(s) for the decline	: (for Office use only)		
1.			
2.			
3.			
4.			
In case of incomplete information, contact: (to be completed by applicant)			
Full names:	· · · · · · · · · · · · · · · · · · ·		
Address:			
	Postal code:		
Tel-Home: [code:]	Work: [code:]	
Cell-phone: [code:]	Fax: [code:]	
Email address:			

In the Application Form "PD" means the "Provincial Department" responsible for Housing and Human Settlements issues; and the "NHFC" refers to the "National Housing Finance Corporation", which is acting as the Implementing Agent on behalf of the relevant Provincial Department for the administration of First Home Finance.



TA	BLE 1 (for Office use only)			
	documents must be <u>CERTIFIED COPIES</u> and must be kept by the NHFC/PD and firm 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)			
2.	Bar coded permanent residence permit (where applicable)			
3.	Birth certificate bearing the 13-digit ID Number / RSA ID of all financial dependents listed			
4.	Marriage Certificate, Civil Union Certificate or Co-habiting Affidavit (where applicable)*			
5.	Divorce settlement documents, including proof of custody of children (where applicable)			
6.	Spouse's death certificate (where applicable)			
7.	Proof of monthly income			
8.	Home Loan Approval in Principle / Grant Letter as issued by Lender / Bank (where applicable)			
9.	Agreement of sale (where applicable)			
10.	Building contract and Approved building plan (where applicable)			
11.	Court orders or orders issued by the Commissioner of Child Welfare as proof of guardianship for foster children (where applicable)			
12.	Proof of current residence (e.g. water/lights/ retail account statements, etc.)			
	* Affidavits required in respect of informal marriages solemnised in terms of SA Civil Law and accompanied by swerelationship of the applicants	orn statements to	prove the authe	nticity of the

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

TABLE 2(ii): FUNDING DETAILS IN RESPECT OF PURCHASE OF PROPERTY (for Office use only)				
TOTAL PROPERTY PRICE	R			
a. Subsidy	R			
b. Amount of Home Loan	R			
c. Own cash contribution (if any)	R			
Total:	R			
d. Subsidy amount qualified for	R			
e. Total home loan qualified for	R			
Total subsidy amount qualified for:	R			



SECTION A: PERSO	NAL DETAILS: (To be completed	by all Applicants)	
Write the time-period next to			long term partner co-habiting with the Applicant for a
Marital Status:	Period	Marital status	Period
Married		Habitually co-habiting with	long term partner
Divorced with dependants		Divorced without depend	dants
Single with dependants		Single without dependar	nts
Widow/Widower with depend	dants	Widow/Widower without	t dependants
DETAILS of the APPLICANT(S)	SPOL	JSE (or deceased partner)
Surname:	-,		(
Maiden/Former Surname:			
Full Names (first 3 only):			
	F . ()		
Gender:	Female	Male	Female Male
Race group: (for statistical purposes)	African	White	African White
(If "other", please specify)	Coloured	Indian	Coloured Indian
	Other		Other
RSA ID Number:			
Residential address:			
		Pos	stal code:
Surname	Initials ID / 13	do be completed by Applicant) -digit birth certificate No.	Age Relationship to Applicant F M F M F M
Indicate if you are: [(*) if "Yes, insert details, e.g. Name of employer if employed, type of social grant, etc.] Basic monthly income: Housing allowance payable (Fulltime employed * Self employed * Social welfare * Loan Interest Subsidy):	Applicant R R	Spouse R R
Social Welfare Grant:		R	R
TOTAL:		R	J (R
JOINT TOTAL (Applicant an	d Spouse)	R	
Amount of home loan applied	for	R	







Are you a South African cit	izen	be completed by Applicant) YES	NO	
	an citizen supply the following ir			
Country of which you are a				
South African permanent r				
Date permit was issued				
SECTION E: DETAI	LS OF PROPERTY TO	BE PURCHASED WITH SUBSIDY (to be	completed by Applicant)	
Name of seller:		(10 20	oompleted by ripphedity	
District:		Municipality:		
Township:		Erf (Stand) / Lot Number:		
Township extension:		Unit Number:		
Description of Dwelling:				
Sectional Title: (Name of building and				
street address)				
House: (Street Address)				
Type of Tenure:	Ownership:	Living with family:		
	Rental:	Other, specify:		
Postal address: Conveyance fee:	R	Postal code	э:	
Lender Approval Code:	K	R		
		Foy no .		
		Eav po :		
Telephone no.:		Fax no.:		
Telephone no.:		Fax no.:		
Telephone no.: Email address:	LS OF LENDER [where			
Telephone no.: Email address: SECTION G: DETA	LS OF LENDER [where	Fax no.: e applicable] (to be completed by Applicant)		
Telephone no.: Email address: SECTION G: DETAI Name:	LS OF LENDER [where			
Telephone no.: Email address: SECTION G: DETAI Name:	LS OF LENDER [where		э:	
Telephone no.: Email address: SECTION G: DETAI Name: Postal address:	ILS OF LENDER [where	e applicable] (to be completed by Applicant)	e:	
Telephone no.: Email address:	ILS OF LENDER [where	e applicable] (to be completed by Applicant)	e:	
Telephone no.: Email address: SECTION G: DETAI Name: Postal address: Lender Approval Code:	ILS OF LENDER [where	e applicable] (to be completed by Applicant) Postal code	9:	
Telephone no.: Email address: SECTION G: DETAINAME: Postal address: Lender Approval Code: Telephone no.:	LS OF LENDER [where	e applicable] (to be completed by Applicant) Postal code	e:	
Telephone no.: Email address: SECTION G: DETAINAME: Postal address: Lender Approval Code: Telephone no.: Email address:		Postal code Fax no.:		
Telephone no.: Email address: SECTION G: DETAINAME: Postal address: Lender Approval Code: Telephone no.: Email address: SECTION H: DETAINAME		e applicable] (to be completed by Applicant) Postal code		
Telephone no.: Email address: SECTION G: DETA Name: Postal address: Lender Approval Code: Telephone no.: Email address: SECTION H: DETA Name:		Postal code Fax no.:		
Telephone no.: Email address: SECTION G: DETA Name: Postal address: Lender Approval Code: Telephone no.: Email address: SECTION H: DETA Name:		Postal code Fax no.: /BUILDER (to be completed by Contractor/Builder		
Telephone no.: Email address: SECTION G: DETAINAME: Postal address: Lender Approval Code: Telephone no.: Email address: SECTION H: DETAINAME: Postal address:	ILS OF CONTRACTOR	Postal code Fax no.:		
Telephone no.: Email address: SECTION G: DETAINAME: Postal address: Lender Approval Code: Telephone no.: Email address: SECTION H: DETAINAME Telephone H: DETAINAME SECTION H: DETAINAME Telephone no.:	ILS OF CONTRACTOR	Postal code Fax no.: /BUILDER (to be completed by Contractor/Builder		



AFFIDAVIT BY APPLICANT & SPOUSE/PARTNI	ER*			
First Home Finance Conditions:				
I/We,				
Full name and Surname:				
Full name and Surname:				
The undersigned applicant, do hereby solemnly / under oath** declare:				
That all the information contained in this First Home finance Applicatherein.	ation form is true and correct and that all material facts have been disclosed			
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 pro State-subsidised residential property of which transfer has not y	operty in full ownership, leasehold or deed of grant; has ever purchased a			
	ent of the Republic of South Africa or Independent development Trust or the State financed subsidies in order to acquire a residential property; and have rated or made insolvent.			
c. that the information supplied with regard to dependants, is corr	rect.			
3. That all details given in this application form with regard to me/us, in	ncome and employment status is true and correct.			
	n transferred to us within three months after the date on which the Provincial Provincial Department shall, at its discretion, be entitled to withdraw the			
•	application is incorrect or fraudulent, the Provincial Department may take ninal prosecution.			
c. that the First Home Finance 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).				
d. that I have read the First Home Finance Conditions of Subsidy	and fully understand the conditions as set our therein.			
ADDITIONAL				
APPLICANT: Full names:	SPOUSE/PARTNER: 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.
- ** First Home Finance 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/th	ey* know and understand the	e contents of their affidavits	s, which was/
were signed and sworn to/affirmed** before me at	on this	day of	
of the year 20 .			
COMMISSIONER OF OATHS DETAILS	OFFICIAL COMMIS	SSIONER OF OATH'S DAT	E STAMP
Full names:			
Surname:			
Identity Number:			
Capacity:			
Postal Address:			
Area:			
SIGNATURE OF COMMISSIONER OF OATHS			
SIGNAL OF COMMISCOCKET OF CATTLE			

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