



Main Road
Eldorado Park
Johannesburg South
1811
WhatsApp: 084 082 2401
Call: 0610143721 /0843200004

Housing Application Form: Region

Project Name: **Social Housing & Rapid Placement Initiative**: REF #: _____ Gender: ☐ Male ☐ Female

SECTION A: APPLICANT PERSONAL DETAILS

Full Name: _____ ID Number: _____ Date of Birth: ____/____/____

Contact Number: _____ Email: _____ Physical Address: _____

Marital Status: ☐ Married; ☐ Divorced; ☐ Single; ☐ Living with partner

SECTION B: HOUSEHOLD DETAILS

Number of people in the household _____

Do you currently ☐ Own ☐ Rent ☐ Back Yard Dweller ☐ Shack rent or own

SECTION C: SERVICES

☐ Housing ☐ KasiConnect Community Value Bank Card ☐ KasiConnect Simcard

SECTION C: POPIA CONSENT DECLARATION

In terms of the Protection of Personal Information Act (POPIA), I hereby voluntarily consent to the collection, use, and storage of my personal and financial information provided in this form for the purpose of processing this housing application and related services. My information will be kept confidential and secure. The data will only be shared with authorized stakeholders involved in the housing program. I have the right to access, correct, or request deletion of my personal information at any time by contacting the responsible parties

SECTION D: SASSA DEDUCTION CONSENT / BANKING DETAILS

SA Grant Type (if applicable): ☐ Old Age ☐ Child Support ☐ Disability ☐ War Veterans: ☐ Foster Care ☐ Care Dependency ☐ Grant In Aid:

SASSA Grant Reference Number: _____

I, _____ (Full Name), hereby authorize the **South African Social Security Agency (SASSA)** to deduct the agreed housing repayment amount of **R399.00** directly from my monthly social grant and pay it to **SOPA NPC 2025/434194/08**.

I, _____ hereby authorize **SOPA NPC 2025/434194/08** or its appointed financial services provider to debit my bank account or SASSA grant account monthly with the agreed-upon housing payment of **R399.00** SASSA Beneficiaries & **R999.00** Applicants with a salary R10,000.00 and below.

Bank Name: _____ **Account Number:** _____ **Account Type:** ☐ Savings ☐ Cheque

☐ **Branch Code:** _____ **The deduction will commence from** ____/____/____.

SECTION E: DECLARATION & SIGNATURE

Terms & Conditions

This deduction has been explained to me.

I am aware I can cancel this application with two months written confirmation notice to both SASSA and SOPA NPC 2025/434194/08

Should you choose to cancel your application, your allocated home will be forfeited and reassigned to the next qualifying applicant on the waiting list.

Applicant Signature: _____ **Witness Name** _____ **Signature** _____ **Date:** ____/____/____

OFFICE USE ONLY

☐ Approved

☐ Pending

☐ Decline

Dr N Williams, Ms. J Bantam, Ms. B Liemberg