File No
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## **INCOME SECTION**

		APPL	ICATION FO	R EXEN		N FRON		ENT OF GENER	AL RATES	
1.0	Name o		Title: MR/MRS							
1.1	Residen Address	ntial								
1.2 1.3 1.4	ID No. Tel No. Ww/Wi	dower d Pensioner								
2.0		ARS OF PRO								
2.1 2.2 2.3 2.4 2.5 If ye 2.6 If ye	Account N Address of Property Type of bu G.A.V Rs N.A.V Rs Yearly Rat Is the buil let s state mo Has there	o  f  illding  e  ding Yes  onthly rent (I	No Pari ent book to be sprovement to the ement/extensio	tly Wh submittene buildin	olly ed): Rs ng		Yes No	)		
 	Owner If no specif Name of a relation to	nd	Is applica	nt \	es No					
3.2 3.3	owner		Social Sec	urity No	)					
	Self Spouse	Age	Occ	upation		Monthly In	come	Pension	Other Income	Total
4.0			PARTICUL	ARS OF	THE INF	IABITANT	'S OF THE F	PROPERTY		
	Na	ime	Relationship	Age	Occu	pation	Marital Status	Employer School	Monthly Income (Rs)	Sources of Income

<b>5.0</b> 5.1	ACCOUNT NUME	ER 	DETAIL	S OF OTHE	R PROPERTY/ ADDRE	PROPERTIES ON		ICANT RATES DUE
5.2 5.3 5.4 5.5	Rs		Whethe Rooms	er occupied occupied b		: Yes/No – If le	· ·	Rent p.m.
5.6			_				repairs	
6	C.E.B C.W.A Telephone Others	onth 1 M	RECURI onth 2		Average	ST 3 MONTHS		
7	Please specify an I hereby declare t			s are made		f my knowledge		be produced if any)
8		DE CUINAIT		FICE USE	ast 3 months		, ,	
	DOCUMENTS TO Utilities bills (electory slip for every) Certificate from common and other documents.	tricity, wat member o organizatio	ter, telep of househ	nold [		r household are	ederiving pensi	ons
	Utilities bills (electory) Pay slip for every Certificate from c	tricity, wat member o organizatio	ter, teler of househ n(s) you	and/or me	mbers of you	r household are	-	
	Utilities bills (elect Pay slip for every Certificate from c Any other docum	tricity, wat member o organizatio	rter, teleporter,	and/or me	mbers of you		-	

	_		
a) Low Household Income b) Poor health (applicant) c) Dependant relative (old, disable) d) High Average Household inco e) Average household income f) If others:	me		
Members of the Council	Signature	/ Date	
Members of the Council  ACCOMPANYING OFFICERS	Signature		
	Signature		
2. ACCOMPANYING OFFICERS  1		Date/	
2. ACCOMPANYING OFFICERS  1	Signature	Date/ Date/	
2. ACCOMPANYING OFFICERS  1	Signature Signature	Date/ Date/ Date/	