

NAME: _____

ANNEXURE B

**STATEMENT OF INCOME AND EXPENDITURE
BY RESIDENTS OF HOMES FOR THE AGED & HOMES FOR THE DISABLED**

A. INCOME	Reference number where applicable	MONTHLY INCOME	
		Self	Spouse
1. PENSION RECEIVED (type of pension)			
1.1 _____			
1.2 _____			
1.3 _____			
1.4 _____			
2. ANNUITY (name of fund)			
2.1 _____			
2.2 _____			
2.3 _____			
2.4 _____			
3. INCOME FROM TRUST FUNDS AND MAINTENANCE ALLOWANCES (name of fund/person)			
3.1 _____			
3.2 _____			
3.3 _____			
3.4 _____			
4. SHARES			
4.1 _____			
4.2 _____			
4.3 _____			
5. DIRECTORS FEES (name of company)			
5.1 _____			
5.2 _____			

	AMOUNT	MONTHLY INCOME	
		Self	Spouse
6. CASH INVESTMENTS (specify financial institution)			
6.1 _____			
6.2 _____			
6.3. _____			

	PRESENT VALUE	MONTHLY INCOME	
		Self	Spouse
7. FIXED PROPERTY (e.g. farms, dwellings, etc.)			
7.1 _____			
7.2 _____			
7.3 _____			
8. OTHER SOURCES OF INCOME (e.g. Income from business, userfruct - specify)			
8.1 _____			
8.2 _____			
8.3 _____			

TOTAL

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		Self	Spouse
B. TOTAL VALUE OF ASSETS SOLD AND DONATIONS MADE OVER THE LAST 5 YEARS (specify)			
1. ASSETS SOLD	<u>Date sold:</u>		
1.1 _____			
1.2 _____			
1.3 _____	<u>Amount received:</u>		
1.4 _____			
1.5 _____	<u>Amount for which transfer duties were paid:</u>		
1.6 _____			
1.7 _____			
2. ASSETS DONATED	<u>Date:</u>		
2.1 _____	<u>Value:</u>		
2.2 _____			
3. CASH DONATED	<u>Date:</u>		
3.1 _____	<u>Amount:</u>		
3.2 _____			
C. EXPENDITURE OF A CONTINUOUS NATURE (Documentary proof of expenditure must be furnished) Specify: e.g. Medical fund, medical expenses, tax, subscription fees, bond instalments, etc.			
1.1 _____			
1.2 _____			
1.3 _____			

TOTAL

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I HEREWITH DECLARE THAT THE INFORMATION FURNISHED BY ME, IS TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

SIGNATURE OF APPLICANT/AUTHORISED PERSON

DATE

1. I CERTIFY THAT BEFORE ADMINISTERING THE OATH/AFFIRMATION I ASKED THE DEPONENT THE FOLLOWING QUESTIONS AND WROTE 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 CONCIENCE?

ANSWER: _____

2. I CERTIFY THAT THE DEPONENT HAS ACKNOWLEDGED THAT HE/SHE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS DECLARATION WHICH WAS SWORN TO/ AFFIRMED BEFORE ME AND THE DEPONENT'S SIGNATURE/THUMB PRINT/MARK WAS PLACED THEREON IN MY PRESENCE.

COMMISSIONER OF OATHS FOR THE
REPUBLIC OF SOUTH ARFICA

DATE

PLACE

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

R

Gross Income

MINUS approved expenditure:

Specify

NETT INCOME ***

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*** The latter amount must be entered on the screening certificate.

Income group code

OFFICER EMPLOYED BY THE DEPT. OF SOCIAL DEVELOPMENT

DATE