

REQUIRED DOCUMENT CHECKLIST

Employed Standard Documents

- 3 Months Payslips
- 3 Months Bank Statements
- Identity Document of Applicant
- Identity Document of Spouse
- Birth Certificates of Dependents
- Confirmation of Employment Contract

Self-Employed / Corporate Entities

- Proof of Income / Accountant Letter
- 3 Months Entity Bank Statements
- SARS Schedule Tax Return
- Annual Financial Statements

A. PERSONAL PARTICULARS

SURNAME	FIRST NAME(S)
<input type="text"/>	<input type="text"/>
IDENTITY NUMBER	DATE OF BIRTH
<input type="text"/>	<input type="text"/>
NATIONALITY	CITY / POSTAL CODE
<input type="text"/>	<input type="text"/>
CELL PHONE	TELEPHONE (H)
<input type="text"/>	<input type="text"/>
CURRENT EMPLOYER	OCCUPATION
<input type="text"/>	<input type="text"/>
EMPLOYER'S ADDRESS	
<input type="text"/>	
TELEPHONE (W)	LENGTH OF SERVICE
<input type="text"/>	<input type="text"/>

B. HOUSEHOLD COMPOSITION

Single
 Couple
 Couple with Children
 Single Parent Unit

IDX	FULL NAME	DATE OF BIRTH	RELATIONSHIP
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>



C. RESIDENCY HISTORY

PREVIOUS ADDRESS

FROM DATE TO DATE

CURRENT HOUSING STATUS:
 Home Owner Rental Unit Living with Family Informal

LANDLORD NAME LANDLORD NUMBER

BASIC RENT PER MONTH

D. INCOME PARTICULARS

REVENUE CHANNELS:
Applicant: Formal Informal Pension Grants
Partner: Formal Informal Pension Grants

NAME	SOURCE	GROSS MONTHLY INCOME
		R
		R
Total Household Income:		R

E. PROPERTY CHOICE

1 Bed Unit 2 Bed Unit
 Ground Floor Upper Level

F. DISCOVERY SOURCE

Newspaper Radio
 Referral Other

G. DECLARATIONS & SIGNATURES

Possess a certified registered firearm on the property: [] Yes [] No

I declare that all particulars are true and correct. I grant DCI Community Housing Services the right to perform a credit check to assess my creditworthiness. All occupants consent to the processing of personal information under the Protection of Personal Information Act (POPIA).

PRIMARY APPLICANT SIGNATURE _____ PARTNER / SPOUSE SIGNATURE _____
PLACE/DATE: _____ PLACE/DATE: _____



Tel :
021 879 7363



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