



PERSONAL CIRCUMSTANCES QUESTIONNAIRE

EACH ADULT (18Yrs+) OCCUPIER TO COMPLETE THIS QUESTIONNAIRE IN FULL

DISCLAIMER: This survey is conducted for the purposes of obtaining insight into the personal circumstances of the occupants on the Property specified herein, in order to better understand the respective occupants' socio-economic circumstances so as to provide available alternative accommodation. We, the City of Cape Town's (Department of Human Settlements), respect your right to 'privacy' and the protection of your 'personal information' as defined in the Protection of Personal Information Act, 4 of 2013 ("POPIA"). By completing this survey, you understand and consent that (i) personal information will be processed by the City of Cape Town, for purposes of and in relation to the City of Cape Town's assessment of appropriate available alternative accommodation, and that such processing shall comply with the provisions of POPIA and any other applicable law; (ii) At any stage, you may withdraw consent but acknowledge that the City of Cape Town may still process your personal information if the law allows or requires this; and (iii) You have the right to request access to your personal information and where necessary request the deletion, correction or destruction such person information. Furthermore, we may, where permitted or required to do so by applicable law, process your personal information and your special personal information without your knowledge or permission, and will do so in accordance with POPIA's conditions for lawful processing of personal information. Kindly note that non-disclosure or submission of compulsory documents will result in the City's inability to make an assessment of the Occupants Personal Circumstances. (By signing this form you consent to the City of Cape Town verifying the information provided herein)

IMPORTANT: Please note that this is the latest version of the personal circumstances form. Older versions of this form will not be accepted and processed by our Department"

IN THE MATTER BETWEEN : (Office Use)	_____
	AND
Case Number:	

FULL NAME & SURNAME	
NAME:	SURNAME:
ALIAS / NICKNAME :	

NATIONALITY		
South African (Attach a copy of SA ID)	YES:	NO:

Non-South African

Country : _____

(Attach the documentation from The Department of Home Affairs which indicates that you can lawfully reside in South Africa)

SA IDENTITY NUMBER

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PASSPORT NUMBER (Non RSA Citizen)

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AGE

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GENDER

Male

Female

Other

PREFERRED LANGUAGE

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CONTACT DETAILS

TEL. NO. (HOME):

--

TEL. NO. (WORK):

--

TEL NO. (MOBILE):

--

E-MAIL ADDRESS:

--

NEXT OF KIN CONTACT INFO

--

MARITAL STATUS

SINGLE

--

MARRIED

--

DIVORCED

--

CUSTOMARY MARRIAGE

--

WIDOWED

--

CO-HABITATION

--

DEPENDANTS

(Living at same address)

Tick a box

Number of dependents

NONE

--

--

MINOR CHILD

--

--

ADULT CHILD (18-25yrs)

--

--

ELDERLY PARENTS

--

--

EXTENDED FAMILY

--

--

OTHER

--

--

OCCUPATION

Tick a box

Specify type of work

EMPLOYED

--

--

SELF EMPLOYED

--

--

UNEMPLOYED

--

--

PENSIONER

--

--

OTHER (e.g. Piece Work / Seasonal worker / Student Etc.)

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MONTHLY INCOME <i>(Proof of income / Grant to be provided)</i>	
GROSS MONTHLY INCOME <i>(From all sources)</i>	R
PENSION	R
SPOUSE SUPPORT	R
CHILD SUPPORT	R
GRANT <i>(Specify type of Grant)</i>	R
OTHER	R

MONTHLY EXPENDITURE <i>(Proof of expenditure may be requested)</i>			
BOND	R	TRANSPORT COSTS	R
RENT	R	ELECTRICITY	R
MUNICIPAL SERVICES	R	EDUCATION	R
VEHICLE REPAYMENT	R	MEDICAL COSTS	R
CREDIT CARD REPAYMENT	R	SPOUSE SUPPORT	R
OVERDRAFT REPAYMENT	R	CHILD SUPPORT	R
LOAN REPAYMENT	R	CLOTHING ACCOUNTS	R
FURNITURE REPAYMENT	R	FOOD COSTS	R
INSURANCE PAYMENTS	R	ENTERTAINMENT COST	R
TELEPHONE	R	OTHER :	R
TOTAL EXPENDITURE:			R

ADDRESS				
IS THE PROPERTY YOU ARE EVICTED FROM YOUR PRIMARY PLACE OF RESIDENCE?		Address:	DURATION OF STAY (Yrs.)	
YES	NO			
IF NOT, PROVIDE DETAILS OF YOUR PRIMARY RESIDENCE		Address:	DURATION OF STAY (Yrs.)	
PREVIOUS PRIMARY RESIDENCE		Address:	DURATION OF STAY (Yrs.)	

PROPERTY OWNERSHIP		
HAVE YOU PREVIOUSLY OWNED RESIDENTIAL PROPERTY?	YES	NO
DO YOU OWN THE PROPERTY AT PRESENT?	YES	NO
IF YES, PROVIDE DETAILS OF SUCH PROPERTY:		

HOUSEHOLD DETAILS

(All persons residing at the same address i.e. spouse, common law partner, dependents, elderly parents, extended family, boarders etc.)

FIRST NAME	SURNAME	AGE	ID NUMBER/DATE OF BIRTH	RELATIONSHIP

AGED, All older people (60+ Years) staying at this address.

FIRST NAME	SURNAME	AGE	ID NUMBER	ANY SPECIAL CONDITIONS

MINOR CHILDREN

All minor children residing at this address

FIRST NAME	SURNAME	AGE	LOCATION & NAME OF SCHOOL

MEDICAL & DISABILITY

*All disabled people or people who have a chronic medical condition staying at this address.
Provide supporting medical documents*

FIRST NAME	SURNAME	AGE	ID NUMBER	MEDICAL / DISABILITY CONDITION

RELATIVES

*Details of relatives **NOT** residing with you*

FIRST NAME	SURNAME	AGE	RELATIONSHIP	ADDRESS
				Address: Cell : _____ Email: _____
				Address: Cell : _____ Email: _____
				Address: Cell : _____ Email: _____
				Address: Cell : _____ Email: _____

HOUSING		
WILL YOU BE RENDERED HOMELESS IF YOU ARE EVICTED?	YES	NO
IF YES, PLEASE PROVIDE INFORMATION ON THE STEPS YOU HAVE TAKEN IN THE MEANTIME TO OBTAIN ALTERNATIVE ACCOMMODATION		

STATE FUNDED HOUSING		
HAVE YOU BENEFITTED FROM STATE FUNDED HOUSING?	YES	NO
IF YES, WHAT FORM OF HOUSING AND WHERE?		
IF NOT, HAVE YOU APPLIED FOR ANY FORM OF HOUSING?	YES	NO
WHEN DID YOU MAKE AN APPLICATION FOR STATE FUNDED HOUSING? (i.e. HOUSING WAITING LIST)		
WHAT IS THE APPLICATION REFERENCE NUMBER?		

ANY OTHER RELEVANT INFORMATION FROM THE OCCUPIER

CHECKLIST OF DOCUMENTS

COPY OF ID (COMPULSORY)	
COPY OF FOREIGN PASSPORT (COMPULSORY)	
SA HOME AFFAIRS DOCUMENTATION (Non SA Residents) (COMPULSORY)	
PROOF OF INCOME (e.g. Pay slip) (COMPULSORY WHEN RECEIVING AN INCOME)	
PROOF OF SPOUSAL / CHILD SUPPORT (PAID OR RECEIVED)(BANK STATEMENT REQUIRED)	
PROOF OF GRANT(S) (COMPULSORY)	
PROOF OF EXPENDITURE	
SUPPORTING MEDICAL REPORTS (COMPULSORY)	
PROOF OF ACTIONS TAKEN TO DATE TO FIND ALTERNATIVE ACCOMMODATION (COMPULSORY)	

DEPONENT/S

SIGNED and SWORN to before me at on this the day of 2024, the Deponent having acknowledged that he knows and understands the contents of this Affidavit, the regulations contained in Proclamation R1258 dated the 21st July 1972, as amended, having being complied with.

COMMISSIONER OF OATHS

NAME:

POSITION:

ADDRESS: