ANNEXURE I-5

AFFIDAVIT FOR A CARE DEPENDENCY GRANT

sassa
SOUTH AFRICAN SOCIAL SECURITY AGENCY

I, the undersigned

Surname	
Full names	
Identity Number	Age
Residing at *(physical address)*	Postal Code

Do hereby state under oath that I am applying for a Care Dependency Grant for the following child:

Name & Surname		Date of Birth	C C Y Y M M D D
Name of Clinic / Hospital where child was born:		ID number of Child	

I am the parent* / foster parent* / primary care giver* of the child mentioned above and he / she resides with me. *(* delete that which is not applicable)* I confirm that the child is not in an institution funded by the state.

Marital Status (mark appropriate box with **X**)								
Married					Unmarried			
In community	Out of community	Civil Union	Customary Union	Asiatic Religion	Never Married	Divorced	Widow / Widower	Deserted > 3 months

To be completed if Married / Divorced / Widow(er)

My (ex) spouse / partner's full Names & Surname	
	ID

State reasons if applicant does not have any of the following documents for his/her (ex) spouse or partner.

ID Document	Decree of Divorce	Death Certificate
Reason	Reason	Reason
Reason	Reason	Reason

Sources of Income	(mark **X** in applicable box)			
Type of income / Profits	**Self**	**Spouse**	**Dependant Child**	**N/A**
Salary or wage				
Profits, Withdrawals or other Benefits from a Business / Farm (owned)				
Payments from a Trust or Inheritance				
Payment from Property Rights				
Pension or Annuity				
Ex-Gratia Payments Received				
Maintenance Received				
Rental Income				
Profits, Withdrawals, or other Benefits from a Business / Farm (rented)				
Income from Assets (interest / dividends)				
Income from any RSA or International Organisation				

If the applicant and / or spouse have NO source of income, please indicate below how he / she currently survive

Declaration
I declare that all information furnished in this affidavit is to the best of my knowledge true and correct. I have no objection to taking the prescribed oath and I consider the prescribed oath to be binding on my conscience.

	I certify that the deponent has acknowledged that he / she knows and understand the contents of this declaration that was sworn to and affirmed before me and that the deponent's signature / thumb print was placed in my presence.		**Name of Commissioner**
Deponent's Signature / Thumb Print		**Signature: Commissioner of Oaths**	**Rank / Force No.**

Date	C	C	Y	Y	M	M	D	D	Place	

Commissioner / SAPS Stamp