



SUBSTITUTION OF TENANT FORM

Social Housing Tenants

PLEASE COMPLETE IN BLOCK LETTERS

PARTICULARS OF EXISTING SOCIAL HOUSING TENANT

TITLE INITIALS DATE OF BIRTH

FULL NAME & SURNAME

ID NUMBER GENDER MALE FEMALE

POSTAL ADDRESS
 POSTAL CODE

PHYSICAL ADDRESS
Domicilium Citandi et executandi
 POSTAL CODE

RATE NUMBER WATER ACC NO

ELECTRICITY ACC NO

MUNICIPAL RENTAL ACC NO (if applicable)

CELLPHONE NUMBER: HOME NO:

(Preferred)

E-MAIL ADDRESS
(Provide separate addendum furnishing the same particulars where there is more than one tenant)

PARTICULARS OF NEW SOCIAL HOUSING TENANT

TITLE INITIALS DATE OF BIRTH

FULL NAME & SURNAME

ID NUMBER GENDER MALE FEMALE

POSTAL ADDRESS
 POSTAL CODE

PHYSICAL ADDRESS
Domicilium Citandi et executandi
 POSTAL CODE

CELLPHONE NUMBER: HOME NO:

(Preferred)

E-MAIL ADDRESS
(Provide separate addendum furnishing the same particulars where there is more than one tenant)



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DECLARATION BY NEW SOCIAL HOUSING TENANT

I, the undersigned, _____, do hereby declare that:

1. All the information supplied on this Form is true and correct. All other information on the Municipality's records remains unchanged or will be updated concurrently with this Form.
2. The Substitution of myself as a Social Housing Tenant, if granted, will not release me from any obligations incurred under the existing account/s of the previous Social Housing Tenant and shall not be deemed to constitute the opening of a new account with the Municipality.
3. I acknowledge and understand that all the terms and conditions in the existing Municipal Services Agreement concluded between the previous Social Housing Tenant and the Municipality shall remain in full force and will be binding on me, except to the extent where variations have been mutually agreed to, in writing.
4. I accept the rights and obligations of the previous Social Housing Tenant, including all Debts, any Credit Authority and Deposits and undertake to honour all my obligations to the Municipality and to pay all amount that may become due and payable to the Municipality arising from my Substitution as Social Housing Tenant.

CRITERIA AND DOCUMENTS TO ACCOMPANY THIS APPLICATION

Social Housing Tenants – Substitution

1. Lease agreement and any Addendum/Agreement of Cession and assignment between the Tenant and the Municipality/Government Department/ Public legal body.
2. Proof of receipt of a subsidy from the National or Provincial Government.
3. Certified copy of Identity Document of new Social Housing Tenant
4. Signed Acknowledgment of Debt where there is historic debt on the property - *see clause 4.15 and 28.3 of the Municipality's Credit Control and Debt Collection Policy (Policy)*.
5. The New Social Housing Tenant will assume the rights and obligations of the previous Social Housing Tenant, including all Debts, any Credit Authority and Deposits.

By appending my signature to this form, I acknowledge that I will forfeit the Deposit that I paid to the Municipality when opening the Municipal Account and that, if this Substitution is approved, the new Social Housing Tenant will inherit the Deposit in accordance with the Municipality's Policy.

SIGNATURE OF PREVIOUS SOCIAL HOUSING TENANT

PRINT NAME

DATE

SIGNATURE OF NEW SOCIAL HOUSING TENANT

PRINT NAME

DATE



EtheKwini Revenue
Florence Mkhize Building
251 Anton Lembede Street
Durban
4001

**SUBSTITUTION OF TENANT
FORM**
Social Housing Tenants

Tel: 031 324 5000
Fax: 031 324 5500
E-Mail: revline@durban.gov.za
Website: <http://www.durban.gov.za>

For Office Use Only

Account No: _____

Application: Approved / Not Approved _____

Reason/s for refusal _____

Approved / Not Approved By:

Name _____ Signature: _____ Date: _____

Designation _____