MUNICIPALITY OF TSUMEB

BUILD-TOGETHER PROGRAMME

APPLICATION FOR HOUSING LOAN

Please note: A false statement will disqualify the applicant Please print (Mark with "x" where applicable This application should be accompanied by

- Copy of Identity Document

Purchase of Erf and erection of house

- Marriage Certificate if applicable
- Duly completed Income Certificate

APPLICATION FOR BUILDING LOAN (Mark with an "X" where applicable)

- Erection of new house (ha	ive already an erf)	
- Purchasing of existing ho	use	
- Upgrading/Extensions to	existing house	
PERSONAL PARTICULARS	APPLICANT	CO-APPLICANT
SURNAME		
FIRST NAMES		
NAMIBIAN ID. NO.	v.	
POSTAL ADDRESS		
TEL NO.		
RESIDENTIAL ADDRESS		
DATE AND PLACE OF BIRTH		
MARRIED/UNMARRIED		
CITIZENSHIP		-
PERIOD OF RESIDENCE IN NAMIBIA		
OCCUPATION		
INCOME (certificate to be attached)		

DO YOU OWN/RENT A HOUSE? (Mark with an "X" where applicable)

WHERE IS THE HOUSE SITUATED	?
DO YOU HAVE ANY SAVINGS YE	S/ NO
IF YES, HOW MUCH	
DO YOU LIVE ALONE?	
DO YOU LIVE WITH FAMILY?	
DO YOU LIVE WITH FRIENDS? [] (Mark with an "X" where applicable	
DO YOU OWNED A HOUSE ELSEW	HERE IN NAMIBIA? YES/NO
IF "YES" STATE WHERE	
NUMBER OF DEPENDANTS: Old A	ge
	ployed
	rs
	hool
OTHER SOURCES OF INCOME:	Spouse
	Children
	Other
TOTAL INCOME FOR HOUSEHOLD PER	MONTH N\$
STATE HOW YOU INTEND BUILDING YOUR EXISTING HOUSE: (Mark with	G THE HOUSE OR UPGRADING an "X" where applicable)
Self-built with help of family	
Hire builder and family help	
Hire of builder	

LOAN GUARANTEE (Mark with "X	" where applicable)
Personal Guarantee	
Pension Fund Guarantee	
Employer Guarantee	
Detailed description of above guarantee:	i
DECLARATION BY GUARANTOR	
NAME:	
	TEL. NO.
LOAN GUARANTEED FOR AN AM	OUNT OF N\$
CICNIATUDE CILIADANTON	••••••
SIGNATURE GUARANTOR	DATE
DECLARATION BY APPLICANT (A	AND CO-APPLICANT)
I/WE ANI	D CO-APPLICANT
AGREE TO SUBMIT THE NECESS.	
MY/OUR LOAN BE APPROVED AN	
MONTHLY INSTALMENTS AS REQ	UIRED IN THE STIPULATIONS OF
	AGREEMENT. THE MUNICIPALITY
RESERVES THE RIGHT TO TAKE	
BORROWERS FAIL TO HONOUR T	HIS COMMITMENT.
I/WE HEREBY DECLARE THAT TH	IE INFORMATION GIVEN IN THIS
APPLICATION IS TRUE AND COR	
KNOWLEDGE.	
A DOLLA COLUMN	
APPLICANT	DATE
= - ·	
CO-APPLICANT	

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INCOME CERTIFICATE

(Proof of income i.e. Payslip to be attached)

(TO BE COMPLETED BY THE EMPLOYER)
(IF SELF-EMPLOYED, TO BE VERIFIED BY COMMISSIONER OF OATHS)

SURNAME OF WORKER
CHRISTIAN NAMES OF WORKER
PLACE AND DATE OF BIRTH OF WORKER.
I.D. NUMBER
OCCUPATION OF WORKER
NAME AND ADDRESS OF EMPLOYER
Tel
MONTHLY INCOME OF WORKER
IF SELF-EMPLOYED, DESCRIBE BUSINESS
OTHER INCOME E.G. RENT, BUSINESS ETC.
CEDEUSED TO DE 4 MINES DECLARATION DECLARATION
CERTIFIED TO BE A TRUE DECLARATION REGARDING INCOME OF APPLICANT
EMPLOYER: Date:
COMMISSIONER OF OATHS:
Date

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LOAN GUARANTEE FORM (Form MLGH-BT 4)

SURNAME	CHRISTIAN NAMES	
ID NO.	MARITAL STATUS	
DATE OF BIRTH	PLACE OF BIRTH	
LOAN VALUE: N\$	TERMS INTEREST RATE	
	WEEKLY/MONTHLY/SEASONAL	
TYPE OF GUARANTEE (Tick corre	ect one)	
PERSONAL GUARANTEE:	COMMUNITY GUARANTEE:	
PENSION FUND GUARANTEE:	EMPLOYER GUARANTEE:	
(
TO BE COMPLETED BY GUAL	RANTOR:	
DESCRIBE THE GUARANTEE I	N DETAIL:	
DETAILS OF GUARANTOR		
NAME	ID. NUMBER	
ADDRESS	PHONE NUMBER	
DECLARATION BY GUARANT		
1/WE	HEREBY DECLARE THAT I/WE	
GUARANTEE THE ABOVE LOAN FOR THE AMOUNT OF N\$		
SIGNATURE	DATE	
APPROVED / NOT APPROVED		

SIGNATURE	TO A CIDITE	