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KZN Care Association

Helping Hands Caring Hearts

Declaration of Income and Expenditure by Resident of Home

Name: _____

ID Number: _____

Date of Admission: _____

Income (Monthly Income e.g. Interest, Dividends, Rents Etc)

Pension Received	Reference No	Self (Amount)	Spouse (Amount)

Annuity Name of Fund	Amount	Self (Amount)	Spouse (Amount)

Income from Trust & Maintenance	Amount	Self (Amount)	Spouse (Amount)

Shares	Reference No	Self (Amount)	Spouse (Amount)

Fixed Property (Farm, Dwelling Etc)	Details	Self (Amount)	Spouse (Amount)

Other sources of Income	Reference No	Self (Amount)	Spouse (Amount)

Running Expenses Specify Medical Fund	Taxes, Bonds Etc	Self (Amount)	Spouse (Amount)

Applicant/Proxy Signature

I certify that I have put the following questions to the declarant and have written down in his/her presence before I administered the Oath Declaration:

Are you familiar with the above declaration and do you understand it?

Have you any objections to taking the prescribed oath?

Do you consider the prescribed oath as binding on your conscience?

I certify that the declarant acknowledges that he/she is familiar with the contents of the Declaration and understands it.

Commissioner of Oaths

For Official Use by the Selection Officer of the Department of Social Development

Total Gross Income:

Minus approved deductions (specify):

Net Income

 Official in service of Department of Social Development