



THAT YEAR ASSESMENT FORM

That Year is embarking on a program to assist single mother who are in dire need. For us to assist you, it is essential that we establish the criteria and scope of the assistance that you require. In order for us to do this, we require that you complete the necessary application form and submit to an interview at your place of residence by members of our review panel.

TERMS OF ASSISTANCE

- That Year reserves the right to contact other parties to establish and confirm your need of assistance.
- That Year reserves the right to withdraw or cancel any application for assistance if there is not full cooperation and transparency from your behalf.
- That Year will not entertain any application where it is found that there is a dependency / excessive use of alcohol, drugs, or cigarettes.
- The applicant must be willing to enter into and join the membership of Living Word Hibiscus Coast Church for the means of attending Church services and training programs.

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THE APPLICATION FORM.

- Certified copies of individuals or each family member / spouse identity documents (or birth certificate in the case of minor children)
- Copies of last three (3) month's salary advices or payslips.
- Copies of the last three (3) month's bank statements.
- Confirmation of all banking details (See annexures A and B)
- Rental Contract

If further documentation is required, you will be contacted accordingly.

ACCEPTANCE OF CONDITION.

By the signing of this application form, you hereby confirm that all the information supplied herein is true and correct, and that you willingly accept the terms and conditions as laid down by That Year in this document.

1. GIVE DETAILS OF YOUR NEED OF ASSISTANCE.

2. PERSONAL INFORMATION.

APPLICANT.

Full name and surname	
Identity Number	
Contact Number	
Email	

3. PHYSICAL RESIDENTIAL ADDRESS.

ADDRESS	TYPE OF HOUSING	INDICATE WITH "X"
	Home Owner	
	Rental tenant *	
	House on plot	
	House on farm	
	Temporary accommodation	
	Caravan/Tent in caravan park.	
	Informal Settlement	
	Living with family or friends	
	Other *	

If you are a rental tenant. Supply copy of the lease agreement

4. CHILDREN OR OTHER DEPENDANTS.

Full names	Sex (M /F)	Age	Name of School	School Grade	Sassa grant (Y / N)

ARE YOUR CHILDREN IN ALTERNATIVE CARE?

YES	NO
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IF YES. PLEASE SUPPLY THE FOLLOWING INFORMATION.

INDICATE CARE POSITION OF CHILDREN WHO DO NOT PERMENANTLY LIVE WITH YOU.			
NAME OF CHILD	AGE	NAME OF ORGANIZATION AND CONTACT NUMBER	TOWN / CITY
FOSTER CARE			
CHILDRENS HOME / ORPHANGE			
PRIVATE LIVING (Family or friends)			

5. MARITAL STATUS.

	DIVORCED * Supply name and contact details of former spouse.
	SINGLE: WITH CHILDREN Supply name and contact details of child(ren) biological father / mother

- If divorced, please supply certified copies of the divorce agreement and parenting plan (in case of children)

6. INCOME SASSA GRANT OR PRIVATE PENSION OR HELP

ANY ONE IN HOUSEHOLD RECEIVING A STATE GRANT SUCH AS:	AMOUNT
Disability allowance	
Old age Pension	
Child / Children grants	
ALTERNATE SOURCE OF INCOME	
Maintenance	
Family and Friends	
Church assistance	
Other	

7. PREVIOUS JUDGEMENTS, INSOLVENCY OR DEBT COUNSELLING

Do you have a criminal record	Yes	No
Type of Offence		
Judgement		
Do you have an Interdict or protection order against you	Yes	No
If YES. Why was interdict granted?		
Are you currently under debt counselling?	Yes	No
If YES, give reason.		

8. CONTACT WITH WELFARE ORGANIZATIONS

Do you or any family member belong to a welfare organization	Yes	No
If YES, provide details of the organization and contact persons.		

9. INCOME AND EXPENSES:

PLEASE COMPLETE YOUR HOUSEHOLD INCOME AND EXPENSES. ALL PERSONS IN THE HOUSEHOLD WHO BRING IN AN INCOME MUST BE DECLARED. THIS INCLUDES ANY SASSA GRANTS, PENSION OR DISABILITY GRANTS, MAINTENANCE OR ANY OTHER INCOME.

COMBINED INCOME OF ALL ADULT MEMBERS OF THE HOUSEHOLD	
ADULT FEMALE	R
OTHER FEMALE ADULT	R
SASSA GRANTS	R
MAINTENANCE	R
OTHER INCOME	R

TOTAL HOUSEHOLD INCOME	R
EXPENSES:	
ACCOMMODATION. RENTAL / BOND (Include rates and taxes)	R
ELECTRICITY + WATER	R
TELEPHONE/CELLPHONE	R
PETROL	R
SCHOOL FEES (Include aftercare / crèche fees)	R
DSTV	R
DOMESTIC HELP	R
CIGARETTES	R
AMOUNT SPENT ON ALCOHOL	R
MOTOR VEHICLE PAYMENTS	R
GROCERIES	R
INSURANCE (SPECIFY)	R
MEDICATION / MEDICINES	R
ENTERTAINMENT	R
MAINTENANCE PAYMENTS	R
OTHER EXPENSES	R
PERSONAL EXPENSES	
CLOTHING (Include make-up and shoes)	R
FURNITURE	R
MEDICAL AID	R
CHILDREN TOYS	R
PRESENTS AND GIFTS	R
OTHER:	R
TOTAL MONTHLY EXPENSES	R

10. FURTHER INFORMATION

WHAT ARE YOUR HOBBIES OR INTERESTS	HOW DO YOU THINK THAT YOUR HOBBIES / INTERESTS CAN CONTRIBUTE TO A BETTER LIFESTYLE FOR YOU AND YOUR FAMILY?
WHO ARE YOUR SUPPORT NETWORKS? (IE: FRIENDS, FAMILY, CHURCH, ETC)	HOW CAN THEY HELP TO CHANGE / IMPROVE YOUR CURRENT CIRCUMSTANCES?
WHAT ARE YOUR PERSONAL STRENGTHS? (CREATIVITY, SELF DISCIPLINE, HONESTY, INTEGRITY)	HOW CAN YOU USE THESE STRENGTHS TO CHANGE / IMPROVE YOUR CIRCUMSTANCES

WHAT ARE YOUR SKILLS OR TALENTS? (IE: GOOD COMMUNICATION, LEADERSHIP SKILLS, TEAM PLAYER)	HOW CAN THESE SKILLS BE USED TO POSITIVELY IMPROVE YOUR CIRCUMSTANCES?
WHAT ASSETS DO YOU HAVE THAT YOU COULD USE TO GENERATE AN INCOME? (IE: SEWING MACHINE, GARDENING TOOLS / EQUIPMENT, WOODWORKING TOOLS ETC)	HOW DO YOU THINK YOU CAN USE THESE ASSETS TO POSITIVELY CHANGE/ IMPROVE YOUR CIRCUMSTANCES?

CURRENT EMPLOYER	
CONTACT NUMBER	
COMMENCEMENT DATE	
PREVIOUS EMPLOYER	
CONTACT NUMBER	
REASON FOR LEAVING	
DO YOU HAVE A CURRENT CV?	
CONTACT DETAILS	
SCHOOL EDUCATION	
NAME OF SCHOOL	
HIGHEST GRADE OBTAINED	
TRADE/TECHNICAL TRAINING	
REMEDIATION TRAINING	
INDUSTRIAL TRAINING	
TERTIARY EDUCATION	
NAME OF COLLEGE / UNIVERSITY	
QUALIFICATION OBTAINED	
OTHER TRAINING	
WHAT TYPE OF WORK CAN YOU DO?	
VEHICLE LICENCES	
VEHICLE CODE	
HEAVY VEHICLE CODE	
IS YOUR LICENCE VALID?	
HAS YOUR LICENCE BEEN ENDORSED?	

ANNEXURE A

THIS FORM **MUST** BE COMPLETED FOR EVERY ACCOUNT HELD BY YOU AT YOUR BANKING INSTITUTION. THE BANK OFFICIALS **MUST** SIGN AND STAMP THE APPROPRAITE BOX. THIS FORM MUST BE COMPLETED BY EVERY MEMBER OF THE HOUSEHOLD WHO HOLD A BANK ACCOUNT. SHOULD YOU NOT HOLD ANY BANK ACCOUNT, THIS DOCUMENT SHALL BE DEEMED STILL LEGAL AND BINDING.

TO WHO IT MANY CONCERN.

THIS SERVES TO CONFIRM THAT Mrs / Miss.....
 WITH IDENTITY NUMBER..... IS THE HOLDER OF THE FOLLOWING
 ACCOUNT/S.....
 WITH OUR BANKING INSITUTION.

BANK STAMP		OFFICAL OF BANK NAME SIGNATURE
BANK STAMP		OFFICAL OF BANK NAME SIGNATURE

I declare that I have read and fully understood all the required terms and conditions as laid out in this document. I also declare that the information supplied by me is true and correct at the time of signing.

Signed at..... On the..... Day of 20.....

APPLICANT: 1. (Full Name)

SIGNATURE.....