

VICTORIA FALLS MUNICIPALITY

FOLLOW –UP FORM OF A APPLICATION FOR RESIDENTIAL ACCOMODATION

- 1. Name of applicant..... Marital Status.....
 - 2. I.D Number:..... Spouse’s Name.....
 - 3. Residential Address:..... Spouse’s ID No.....
 - 4. Date of Birth..... No of Depandants:.....
 - 5. Employment (a) Self:..... (b) Company /Organisation:.....
 - 6. Family Income (Amount).....
 - 7. No of year in Victoria Falls:..... No of years on the Waiting List.....
 - 8. Type of density applied for :.....
 - 9. Leased / rented property:.....
 - 10. Amount of rentals being paid:.....
 - 11. Are you a member of a Housing Co-operative/Group?.....
 - 12. If so, what is the name of the Co-operative /Group?.....
 - a) When did you join the group?.....
 - b) Are you a regular member and your payments up to date?.....
 - 13. Summary of Remarks:
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- SIGNATURE..... DATE:.....

NB DECLARATION OF FALSE INFORMATION CAN LEAD TO DISQUALIFICATION

OFFICE USE

SCORING

	Score	Remarks
No of years in Vic Falls		
No of years on the waiting list		
Payments on the waiting list to – date		
Family / House hold income		
Special Group / exceptional cases; a) War Veterans b) Disabled c) Orphans d) Widows/er e) Civil Servants/essential Workers f) Council Employees g) 111health h) Company /institutional applicant i) Etc		
Affordability (can one afford to meet financial requirements?)		
Size of Household		
Does the applicant and/or spouse owns a property in town or any other urban area		

14. Comments/Remarks

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Recommended Action

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Action taken.....