



**OSHAKATI TOWN COUNCIL
LAND AND HOUSING NEEDS APPLICATION FORM**

A. Client Details *(for individual clients only)*

First Name:	Last Name:
Date of Birth:	ID Number:
Nationality:	Postal Address:
Residential Address:	Tel./Cellphone Number:
Email Address:	Work Tel. Phone Number:
Date of Birth:	ID Number:
Marital Status:	Ethnicity:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	No of Dependents:
Any Disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, provide the disability details below):</i>	Albinism? <input type="checkbox"/> Yes <input type="checkbox"/> No

B. Application Details

Application Type: <input type="checkbox"/> Housing <input type="checkbox"/> Land	Head of Household? <input type="checkbox"/> Yes <input type="checkbox"/> No
Purpose of Application <i>(housing application type only):</i>	Loan Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Land Zoning <i>(state if residential, business, industrial, etc.)</i>	Loan Amount (NAD) <i>(only if applicable)</i>
Institution:	Project:
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed	
Employer:	Occupation:
	Nett. Monthly Income (NAD):
Subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, provide subsidy amount)</i>	Subsidy Amount (NAD):
Usual Place of Residence:	Application Remarks:



NB: The following should be attached to this application form:

1. Certified copies of identity documents
2. Bank statement/Payslip
3. Proof of income with a supporting Police Declaration for self employed clients.
4. Copy of marriage certificate if legally married.
5. Receipt of proof of payment for the application form (if applicable).

I certify that the information provided above is correct.

SIGNATURE OF THE APPLICANT

___ / ___ / 20___
DATE

FOR OFFICE USE	
Received by:	Designation:
Signature:	Date: ___ / ___ / 20___ Time: ___h___

Commercial Centre of
the North