

APPLICATION REF.....



CITY OF HARARE

Department of Corporate Services & Housing
P. O Box 1976
Remembrance Drive
Mbare
HARARE Phone : **710210-14**

APPLICATION FOR ACCOMODATION

PLEASE NOTE

This form should be presented in person to the Housing Officer at Remembrance Drive, Mbare, Harare. Application is valid for twelve (12) months unless renewed. Upon submission an application fee of US \$12 including VAT is chargeable.

A. THE FOLLOWING DOCUMENTS MUST BE PRODUCED TO SUPPORT THE APPLICATION

1. National Registration Card(s)
2. Marriage Certificate, Children’s Long Birth Certificate /Divorce Certificate/Affidavit/Spouse Death certificate(if applicable)
3. Current Pay Slip(s)

B. IMPORTANT NOTICE

THE APPLICANT NEEDS ONLY APPLY IF:

- (1) He/she is a resident working formally/informally within Harare
- (2) Is at least 18 years of age
- (3) Does not own any other property within Harare, Norton, Ruwa or Chitungwiza
- (4) Married Under Customary Law and marriage becomes polygamous the subsequent wife (ves) shall be allowed to join the Housing Waiting List independently.

C. IDENTIFICATION OF APPLICANT

FULL NAME:.....SEX.....

I.D NO.....DATE OF BIRTH.....

APPLICANT’S MONTHLY SALARY \$.....

MARITAL STATUS..... MARRIED SINGLE (Tick where applicable) DIVORCED WIDOWED

SPOUSE ’S FIRST NAME.....SURNAME.....

I.D NO.....D.O.B.....MARRIAGE CERT NO.....

SPOUSE’S MONTHLY SALARY \$.....

RESIDENTIAL ADDRESS.....

.....TELEPHONE NO.....

TENURE STATUS..... LODGER BORDER (Tick where applicable) TENANT TIED

IN CASE OF DISABILITY PLEASE TICK WHERE APPLICABLE (Attach Medical Proof)

(i) Applicant (ii) Spouse (iii) Child

D. TYPE OF ACCOMODATION SOUGHT

(i) Rented/House/Flat (ii) High Density Stand (iii) M/Density Stand (iv) Low Density Stand

E. DETAILS OF EMPLOYMENT: (TO BE COMPLETED BY PRESENT EMPLOYER)

EMPLOYER : CITY OF HARARE CIVIL SERVANT OTHER

EMPLOYER'S NAME.....

PHYSICAL/POSTAL ADDRESS.....

.....

CONTACT PHONE/CELL.....

STAFF NO..... NATURE OF WORK.....

EMPLOYER'S SIGNATURE..... DATE.....



F. DETAILS OF APPLICANT'S CHILDREN BELOW 18 YEARS

NAME	SEX	BIRTH ENTRY NO.	AGE	DATE OF BIRTH

G. DECLARATION BY APPLICANT

I declare that the above information is correct AND TRUE.

DATE.....

APPLICANT'S SIGNATURE.....

H. FOR OFFICE USE ONLY

APPLICATION NO.....DATE OF APPLICATION.....

RECEIPT NUMBER.....

DETAILS CHECKED BY

NAME.....

SIGNATURE.....

NOTE: Any applicant who gives false information will be disqualified for consideration of house/stand or flat etc. or have stand repossessed if allocation has already been done.