



ASSESSMENT FORM

Mr / Miss / Mrs & Surname..... Id No:.....

Full Name:..... Maiden Name:.....

Tel No:(H).....(W)..... Cellphone:.....

Physical Address:..... Postal Address:.....

..... Code:..... Code:.....

Email:..... Fax:.....

Period At Address:..... Owner / Tenant:.....

Marital Status:..... Occupation:.....

Marriage Type:..... Employer:.....

Dependants: Employee No:.....

Male / Female..... Age: Employment Period:.....

Male / Female..... Age: Employer Address:.....

Male / Female..... Age:

1. GROSS INCOME		
2. LESS: STATUTORY DEDUCTIONS		
- PAYE		
- UIF		
- PENSION FUND		
- MEDICAL AID		
3. NET INCOME		

4. LIVING EXPENSES	R
Food / Groceries	
Property Rental	
Municipal rates (where property owned)	
Utilities (i.e. electricity, water)	
Transport (where essential for work)	
Medical expenses	
Maintenance	
School Fees	
Telephone	
Clothing	
Insurance premiums	
Other essential living expenses	
TOTAL LIVING EXPENSES:	
MONTHLY REHABILITATION CONTRIBUTION:	

CLOTHING / RETAIL

<u>STATEMENT DATE</u>	<u>ACCOUNT NUMBER</u>	<u>COMPANY</u>	<u>MONTHLY PAYMENT</u>	<u>AMOUNT O/S</u>	<u>INTEREST RATE</u>

