



Central University of
Technology, Free State

CENTRAL UNIVERSITY OF TECHNOLOGY, FREE STATE
SENTRALE UNIVERSITEIT VIR TEGNOLOGIE, VRYSTAAT
YUNIVESITHI E BOHARENG YA THEKENOLOJI, FOREISTATA

LS 139.3

CLAIM FORM FOR PRIVATE RENTAL OF PROPERTY

PARTICULARS OF THE TENANT (student)

Surname and initials					
Student number		Months claimed: From		To	
Address of premises/room/flat occupied by the student					
		Postal Code			

- Accommodation costs will be covered before any amount will be paid for meal allowances.
- Accommodation/meal allowances will only be paid after the loan has been paid by NSFAS and there is credit balance on the account /EFC has been paid.

PARTICULARS OF LANDLORD/AGENCY

1. In the case of an AGENCY

Name of agency					
Address of agency					
Postal Code		Contact telephone number: Code		Number	
Surname and initials of duly authorised person					
Contact telephone number	Code		Number		
Rental amount per month	R				

OFFICIAL STAMP
OF AGENCY

Date stamped by
agency

/ / 2022

2. In the case of PRIVATE NEGOTIATIONS

LS 139.3

The landlord of the rented property is: (Mark the appropriate choice with an "X")

The owner/Leasehold owner

☐

The site permit holder

☐

The Residential permit holder

☐

Title deed details	Site permit details	Residential permit details

Details of Landlord

Surname

Initials

Identity number

Certified ID document of the Landlord must be attached to this claim form

Residential address

Postal Code

Contact telephone number:

Code

Number

Rental amount per month

R

I, _____ (surname and name in **block letters**), hereby confirm that the information in this document is correct, and **written** notice will be given to the University in case of the cancellation/alteration of the agreement. To my knowledge, the student is **the sole** occupant of the above-mentioned premises.

Signature of Landlord

Date signed

Signature of the Student

Date signed

FOR OFFICE USE**TO BE COMPLETED BY THE DULY AUTHORISED PERSON OF THE APPLICABLE TRANSITIONAL COUNCIL IF RENTAL OF ACCOMMODATION IS NOT VIA A REGISTERED AGENCY BUT VIA PRIVATE NEGOTIATIONS**

I certify that the information supplied on this form has been verified and is a true reflection of the information possessed by the Transitional Council - Housing Division:

Place

Date

Time

Official of council:

Surname

Initial

Contact telephone number

Code

Number

Information correct

☐

Information incorrect

☐

Reason for choice (if applicable):

Comment:

**OFFICIAL STAMP
OF COUNCIL**Signature:
Official of
CouncilDate verified
and signed

/ / 2022