



STELLENBOSCH

STELLENBOSCH • PNIEL • FRANSCHHOEK
MUNICIPALITY • UMASIPALA
SURVEY

FOR OFFICE USE ONLY

FORM NUMBER:

INTERVIEWER:

CHECKED:

COORDINATES:

SETTLEMENT:											CLUSTER / SECTION									
OWNERSHIP TYPE	OWNER		Y	N	RENT		Y	N	STRUCTURE NO :											
STRUCTURE OWNER:																				
NUMBER OF PERSONS IN STRUCTURE:											SAME HOUSEHOLD:				Y	N				
HOUSING WAITING LIST	Y	N																		
CONSENT	Y	N																		
DISABLED PERSONS	Y	N																		
													ADDITIONAL HOUSEHOLDS:							
													NUMBER OF PERSONS:							
													WARD NO:							

HEAD OF HOUSEHOLD

NAMES :

SURNAME:

ID NUMBER:

DOB: _____ **SEX** M | F **AGE:** _____

CONTACT NUMBER: _____

EMPLOYMENT STATUS: EMPLOYED Y N UNEMPLOYED Y N **GRANT** P D C SG

EMPLOYER: _____ **S** M Y N

INCOME: _____ **FREQUENCY** PW PM FN

MARITAL STATUS: MARRIED DIVORCED SINGLE
WIDOW WIDOWER LIVING COMPANION

INDIGENT NUMBER

SASSA NUMBER

TRANSPORT Bus Taxi Train Private Shared **SINCE** _____

How long have you resided here (years)?
SINCE _____

PARTNER

NAMES :

SURNAME:

ID NUMBER:

DOB: _____ **SEX** M | F **AGE:** _____

CONTACT NUMBER: _____

EMPLOYMENT STATUS: EMPLOYED Y N UNEMPLOYED Y N **GRANT** P D C SG

EMPLOYER: _____ **S** M Y N

INCOME: _____ **FREQUENCY** PW PM FN

SASSA NUMBER

HEALTH NUMBER:

ACCES TO BASIC SERVICES

WATER: Y N **TAP IN HOUSE** _____ **COMMUNAL TAP** _____

SANITATION: Y N **TOILET IN HOUSE** _____ **COMMUNAL TOILET** _____

IMMEDIATE ACCESS ROAD: Y N **TAR** _____ **GRAVEL** _____

ELECTRICITY: Y N **METER NUMBER** _____

INFORMATION OF DEPENDANTS

NAME & SURNAME	RELATIONSHIP					IDENTITY DOCUMENT								PRS	PS	SS	C/U
	D	S	GC	FC	EF												
	D	S	GC	FC	EF												
	D	S	GC	FC	EF												
	D	S	GC	FC	EF												
	D	S	GC	FC	EF												
	D	S	GC	FC	EF												

SCHOOL/CHRECHE _____ **DAY PARENTS/AFTER CARE** _____

TRANSPORT _____

HEAD OF HOUSEHOLD _____ **SIGNATURE** _____ **DATE:** _____

FINGER PRINT

LEFT THUMB **RIGHT THUMB**