

Accommodation Supplement

The Accommodation Supplement helps with rent, board, or home ownership costs.

Tell us if you want to apply

41

Do you want to apply for the Accommodation Supplement?

No

Go to question 56

Yes

Tell us who you live with

42

Do you live alone?

No



Please write below the names of the others you live with

Yes

First name

Surname or family name

Relationship to you

First name	Surname or family name	Relationship to you

Tell us about rental costs

43

Do you pay rent?

No

Go to question 49

Yes

INFORMATION FOR Q43:

By rent we mean the amount you pay is for your accommodation only and does not include other costs such as food or electricity.

44

Do you pay rent to Kāinga Ora?

No

Yes

Go to question 56. You won't be able to get Accommodation Supplement

45

What is the total amount of rent paid each week for your home?

\$

46

How much of this total amount do you pay for you and your family?

\$

ATTACHMENT FOR Q46:

You may need to show proof of what you pay for rent.

47

Do you pay water rates separately from your rent?

No

Yes



Tell us how much you pay

\$

How often?

ATTACHMENT FOR Q47:

You may need to show proof of what you pay for water rates.

48

What is the name, address and telephone number of the person or organisation you pay rent to?

Go to question 56

Tell us about board costs

49

Do you pay board?

 No

Go to question 52

 Yes

List what costs your board includes

50

What is the total amount of board you pay each week for you and your family?

 \$

51

What is the name, address and telephone number of the person or organisation you pay board to?

Go to question 56

INFORMATION FOR Q49:

By board we mean the amount you pay for your accommodation where it includes food costs and may also include other costs like electricity.

ATTACHMENT FOR Q50:

You may need to show proof of what you pay for board.

Tell us about home ownership costs

52

Do you own the home you live in?

 No

Go to question 56

 Yes

53

What are your home ownership costs?

HOW TO ANSWER Q53:

Only include mortgages you used to buy or alter your home. Include both interest and principal.

List any other mortgages such as a second mortgage or revolving mortgage.

Don't include contents insurance.

How often do you make the payment (such as weekly, monthly or yearly)?

	Who do you pay?	How much do you pay?	How often do you make the payment (such as weekly, monthly or yearly)?
First mortgage		\$	
Other mortgage		\$	
House insurance		\$	
Mortgage insurance		\$	
Rates		\$	
Ground lease		\$	
Water rates		\$	
Body corporate fees		\$	

ATTACHMENT FOR Q53:

You'll need to show proof of your home ownership costs.

54

Did you have to pay for repairs and maintenance to your home in the last 12 months?

 No

 Yes

Please write the total amount

 \$

55

Have you received a rates rebate in the last 52 weeks?

 No

 Yes

Amount \$

Rating year 1 July 20

to 30 June 20

Health and disability costs

This helps with extra costs if you or a family member has a health condition or disability lasting more than six months. We call this payment a Disability Allowance.

Tell us about the person you're applying for 56

Do you want to apply for the Disability Allowance?

No Go to question 61 Yes

If you ticked 'yes' to question 56, you'll also need your doctor or nurse practitioner to fill out the Disability Allowance medical certificate on page 19. You need to complete one for each person you are applying for, so please ask us if you need more.

ATTACHMENT FOR Q57: You need to provide a Disability Allowance medical certificate for each person you apply for.

INFORMATION FOR Q57: You may be able to get a Child Disability Allowance for the same child. Please ask us.

Who in your family has health-related costs?

You Your partner Your dependent child

↓ Tell us the name of the children you are applying for

First name	Surname

Tell us about any payments you get for these health needs 58

Do you get payments from private medical insurance for any health-related needs?

No Yes ↓ Write the details below

What cost is covered	How much?	Name of person the payment is for
	\$	
	\$	
	\$	

59 Is this health condition covered by ACC or War Disablement Pension?

No Yes You may not be entitled to a disability allowance

Describe your extra costs 60

What extra health-related costs do you have?

HOW TO ANSWER Q60: Extra costs must be directly related to the health condition. Costs can include medical and prescription costs, medical alarms, lawn mowing, extra power or gas, transport and special equipment.

ATTACHMENT FOR Q60: You'll need to show proof of these costs.

Type of cost	Cost	How often (such as weekly, monthly, yearly)	Name of person costs relate to
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

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Disability Allowance medical certificate

Health practitioner to complete



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The Disability Allowance is available for reimbursement of additional costs arising from a disability where the following criteria are met:

1. The person has a disability which is likely to continue for at least six months; and
2. The disability has resulted in a reduction of the person's independent function to the extent that:
 - the person requires ongoing support to undertake the normal functions of life, or
 - the person requires ongoing supervision or treatment by a health practitioner.

For the purposes of qualifying for Disability Allowance, a disability means:

- physical disability or impairment
- physical illness

- psychiatric illness
- intellectual or psychological disability or impairment
- any other loss or abnormality of psychological, physiological, or anatomical structure or function (including sensory impairment)
- reliance on a guide dog, wheelchair, or other remedial means
- the presence in the body of organisms capable of causing illness.

The information you provide below is covered by our Privacy Statement which lets clients know we may contact health providers to check the health-related information they give us.

For more information go to workandincome.govt.nz and search on *Disability Allowance*.

Client details

1

Client number

2

Client's name First names Surname

Disability details

3

Does the person have a disability that meets the Disability Allowance criteria?

Yes No

4

What is the nature of the person's disability?

Psychological or psychiatric conditions

- Stress (160)
- Depression (161)
- Bipolar disorder (162)
- Schizophrenia (163)
- Other psychological/psychiatric (165)

Neurological system disorders

- Epilepsy (120)
- Multiple sclerosis (121)
- Parkinson's disease (122)
- Muscular dystrophy (123)
- Other nervous system disorders (124)

Cardio-vascular disorders

- Heart disease (130)
- Stroke (131)
- Other cardio-vascular (132)

- HIV / Aids (140)
- Other immune system disorders (141)

Metabolic and endocrine disorders

- Diabetes (150)
- Other metabolic or endocrine disorders (151)

Substance abuse

- Alcohol (170)
- Drug (171)
- Other substance abuse (172)

Sensory disorders

- Blindness (180)
- Other visual / eye (181)
- Hearing / ear (182)
- Other sensory disorders (183)

Accident

- Burns (190)
- Fractures, dislocations, soft tissue injury (191)
- Poisoning, toxic effects (192)
- Internal injuries (193)
- Injury to the nervous system (194)
- Back pain / injury (195)
- Overuse injury [RSI] (196)
- Complications of medical or surgical care (197)
- Other injury (198)

Other disorders

- Congenital conditions (103)
- Intellectual disability (164)
- Cancer (104)
- Infectious / parasitic diseases (105)
- Musculo-skeletal system disorder (106)
- Respiratory disorders (107)
- Genito-urinary disorders (108)
- Blood and blood forming organs (109)
- Skin disorders (110)
- Digestive system disorder (111)

5

Please indicate the expected duration of the disability:

- Less than 6 months
- 6 to 12 months
- 1 to 2 years
- 2 to 3 years
- Permanent (never reassess)

There may be no entitlement to Disability Allowance

Verification of doctor, specialist or nurse practitioner visits

6

Please list the type, cost and how often visits to doctors, specialists or nurse practitioners are necessary and result from the stated disability:

Type of consultation	Cost	How often (eg daily, weekly, monthly,)	Health practitioner's initials

Items, services, treatments, pharmaceuticals

7

Please list the pharmaceuticals, items, services or treatments that are necessary and of therapeutic value for the stated disability:

Item / service / treatment / pharmaceutical	Health practitioner's initials

Health practitioner's verification

Please print your details below.

HPI number

Health practitioner's full name

Practice name and address

Telephone number

 ()

Health practitioner's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Temporary Additional Support

Temporary Additional Support helps with essential costs for a short time when you've tried everything you can think of, and still can't pay for them.

Tell us if you want to apply

61

Do you want to apply for Temporary Additional Support?

No

Go to page 25

Yes

Tell us about any Working for Families tax credits you get

62

Do you or your partner get any Working for Families tax credits payments from Inland Revenue?

No tax credit

Family tax credit

Minimum family tax credit

Parental tax credit

In-work tax credit

Best Start tax credit



Please write the details of any tax credit credit below

Type of tax credit	You	Your partner	How often? (For example, weekly, fortnightly)
	\$	\$	
	\$	\$	
	\$	\$	

Tell us what essential work-related costs you need to pay to keep working

63

Are you or your partner working?

No

Go to question 65

Yes

64

Do you or your partner have any essential costs you have to pay to keep working?

No

Yes



Please write the details below

Type of tax credit	How much?	How often? (For example, weekly, fortnightly)
Running costs for a vehicle you use to get to and from work	\$	
Repayment costs for a vehicle you use to get to and from work	\$	
Public transport to and from work	\$	
Telephone, if it is a condition of your work	\$	
Childcare	\$	

INFORMATION FOR Q64:

These are the only work-related essential costs that we may be able to help you with.

ATTACHMENT FOR Q64:

You'll need to show proof of these costs.

Tell us how much it costs you for the place where you and your family live

INFORMATION FOR Q66:
By rent we mean the amount you pay is for your accommodation only and doesn't include other costs such as food or electricity.

ATTACHMENT FOR Q68:
You'll need to show proof of what you pay for rent.

ATTACHMENT FOR Q70:
You'll need to show proof of what you pay for water rates.

INFORMATION FOR Q72:
By board we mean the amount you pay for your accommodation where it includes food costs and may also include other costs like electricity.

ATTACHMENT FOR Q73:
You'll need to show proof of what you pay for board.

65 Are you receiving, or are you applying for, an Accommodation Supplement?
 No Yes **Go to question 80**

66 Do you pay rent?
 No **Go to question 72** Yes

67 Do you pay rent to Kāinga Ora?
 No Yes

68 What is the total amount of rent paid each week for your home?
\$

69 How much of this total amount do you pay for you and your family?
\$

70 Do you pay water rates separately from your rent?
 No Yes **Tell us how much you pay**
\$ How often

71 What is the name, address and telephone number of the person or organisation you pay rent to?

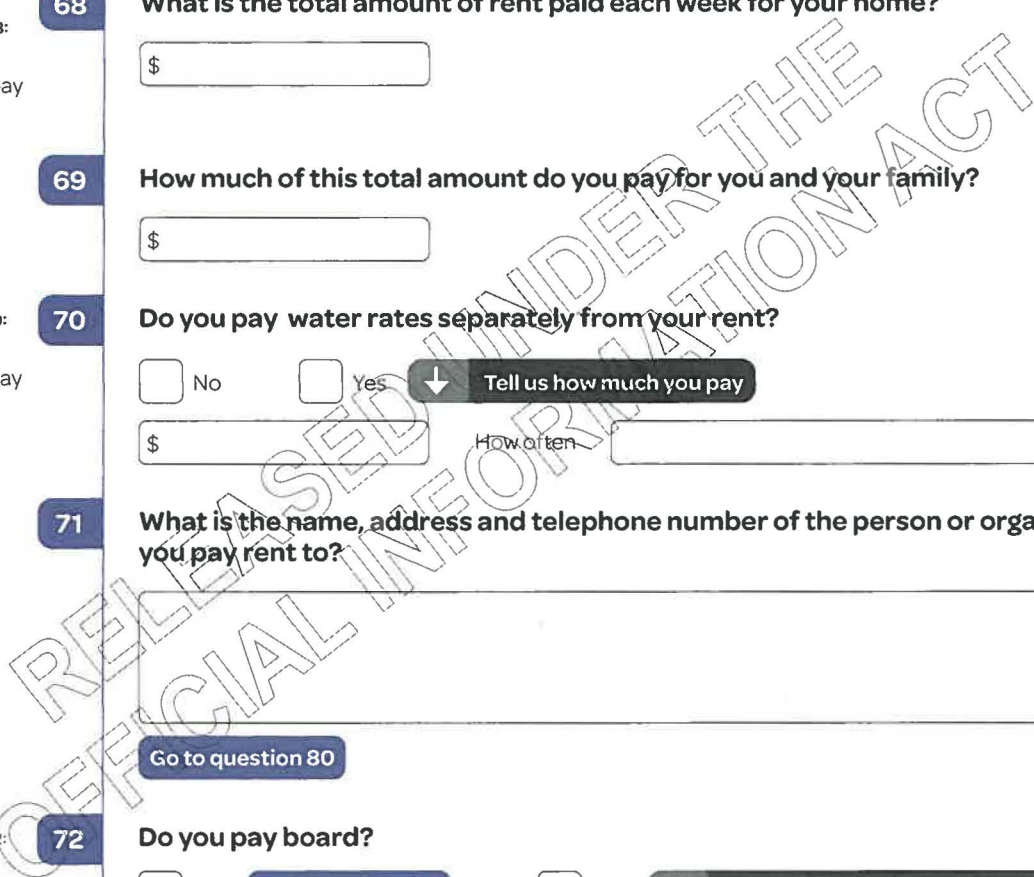
Go to question 80

72 Do you pay board?
 No **Go to question 75** Yes **List what costs your board includes**

73 What is the total amount of board you pay for you and your family?
\$

74 What is the name, address, and telephone number of the person or organisation you pay board to?

Go to question 80



75

Do you own the home you live in?

No

Go to question 80

Yes

HOW TO ANSWER Q76:

Only include mortgages you used to buy or alter your home. Include both interest and principal. List any other mortgages such as a second mortgage or revolving mortgage. Don't include contents insurance.

76

What are your home ownership costs?

How often do you make the payment (such as weekly, monthly or yearly)?

	Who do you pay?	How much do you pay?	
First mortgage		\$	
Other mortgage		\$	
House insurance		\$	
Mortgage insurance		\$	
Rates		\$	
Ground lease		\$	
Water rates		\$	
Body corporate fees		\$	

ATTACHMENT FOR Q76:

You'll need to show proof of your home ownership costs.

77

Did you have to pay for repairs and maintenance to your home in the last 12 months?

No

Yes



Please write the total amount

ATTACHMENT FOR Q77:

Bring receipts for any repair and maintenance costs.

78

Have you received a rates rebate in the last 52 weeks?

No

Yes

Amount \$

Rating year 1 July

to 30 June

Tell us about other essential costs

79

Do you or your family have any regular essential costs?

No

Yes



Please provide details below

INFORMATION FOR Q79:

Essential regular costs can include:

- hire purchase
- vehicle repayments
- costs relating to a health condition or disability
- lease or hire of an essential household item such as, fridge, washing machine, stove.

How often (for example, weekly, fortnightly)?

Start or purchase date

End date

Item	Amount	How often (for example, weekly, fortnightly)?	Start or purchase date	End date
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			

ATTACHMENT FOR Q79:

You'll need to show proof of these costs.

If you didn't apply for the Disability Allowance on page 17 and your costs are health-related, please tell us.

HOW TO ANSWER Q80:

Don't include toll or mobile phone costs.

80

Do you need a telephone for safety or security reasons, or because of special family circumstances?

No

Yes

↓ Please write the details below

[Empty text box for details]

How much do you pay?

\$ []

How often? (weekly, fortnightly, monthly)

[]

ATTACHMENT FOR Q80:

Unless we already have this information, please bring:

- proof of the need, such as a Court Order, or verification from Police, Women's Refuge, or a similar organisation
- proof of phone payments.

Tell us what you've done to try to pay your essential costs

81

What steps have you and your partner taken to get other help, reduce costs, or increase income?

[Empty text box for details]

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Extra Help partner's form



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This form should be completed by the partner of the person applying for Extra Help. If you don't have a partner please go to page 32.

In this form, 'you', 'your', and 'yourself' means the partner of the person applying for Extra Help.

Tell us about yourself

If you've received a benefit or extra financial help from us before, write your client number here if you know it. This number can be found on your Community Services Card if you have one.

Client number

1 Tell us the names you've been known by

ATTACHMENT FOR Q1:

Bring proof of your identity. What you need to bring is explained on page 3.

What is your full name?

Mr Mrs Ms Miss Other

First and middle names

Surname or family name

2

Is the name on your birth certificate the same as above?

No Yes

First and middle names

Surname or family name

3

HOW TO ANSWER Q3:

For example, have you had married names, English names, changes by deed poll, or aliases?

Have you ever been known by any other name?

No Yes

1.

2.

4

ATTACHMENT FOR Q3:

Bring your marriage certificate, deed poll, or other proof of any name change.

What name would you like us to call you?

The name I wrote in Question 1 The name I wrote in Question 2

Tell us your ethnicity

13

Tick the group(s) you most identify with.

INFORMATION FOR Q13:

We collect this information for statistics we use in research and future development work.

Māori → Which tribe(s) or iwi?

New Zealand European Niuean Samoan Indian

Other European Toilelauan Tongan Chinese

Cook Island Māori Other ↓ Please write below Don't want to answer

Tell us about your residence status

14

Do you usually live in New Zealand?

No Yes

15

What best describes your residence status in New Zealand? Tick only one box.

HOW TO ANSWER Q14:

This means you consider New Zealand your home, you're a legal resident, you usually live here and you intend to stay.

New Zealand citizen by birth → Go to question 18

Granted New Zealand citizenship → Date citizenship granted
Day Month Year

→ Go to question 16

Granted permanent residency → Date permanent residence granted
Day Month Year

→ Go to question 16

Other ↓ What is your residence status?

16

When did you arrive in New Zealand?

Day Month Year

17

What country were you born in?

Tell us if you've lived or worked overseas

18

Have you ever lived or worked in any countries outside of New Zealand?

No

Go to question 21

Yes

↓ Please provide details below

Name of country	Date you entered this country	Date you left this country	Reason for being in this country

INFORMATION FOR Q18:

Periods of overseas residence may:

- affect entitlement to some benefits
- mean you're eligible for an overseas benefit or pension.
- For more information, phone **0800 777 227**.

HOW TO ANSWER Q18:

Your reason for being in a country may be that you were there for a working holiday, you were living there, you were born there.

19

Do you receive or qualify for a social security benefit, pension or allowance from overseas?

No

Go to question 21

Yes

↓ Tick the box that best describes your benefit, pension or allowance

Retirement or old age

Superannuation

Disability or health condition

Widow or survivor

Child or dependent

War related

Other

↓ Please provide details below

ATTACHMENT FOR Q20:

You'll need to show us proof of these payments, such as a pension certificate.

20

If you ticked 'yes' for question 19, please give details of the payments you get.

	Payment 1	Payment 2
What country does the payment come from?		
How much do you get each time the payment is made (in overseas currency)?		
Is this amount before or after tax?		
How often do you get the payment (for example: weekly, fortnightly, monthly)?		
What is the name of your pension, allowance or benefit?		
What is the payment reference number?		

Tell us about your work in the last 52 weeks

By 'work' we mean any employment for which you get paid or get other advantages for, such as free or subsidised board, payments in kind, or drawings from a business.

Tell us about your current work

HOW TO ANSWER Q22:
By full-time, we mean you generally work at least 30 hours a week.
By part-time, we mean you generally work at least 15 hours a week.

HOW TO ANSWER Q23:
If you have more than one job please record details of your other employers on a separate sheet of paper.
For each job include the information asked for in questions 22 to 24.

HOW TO ANSWER Q24:
Include the amount you're paid and also the value of things you get from your employer instead of money.
If your income varies week to week - provide an average (for example the average of your last four weeks pay).

21 Are you working?

No **Go to question 25** Yes

22 What type of work do you do?

Full-time Part-time Casual
 Seasonal Self-employed Voluntary

23 Who are you working for?

Employer's name

Employer's contact details

Address	
Phone number	Fax ()
Email	

24 How much are you paid each week?

Type of payment (include goods or services)	Amount before tax	Amount after tax
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Tell us about your income

Tell us about income in the last 52 weeks?

25

Did you get income from any of the following sources in the last 52 weeks?

↓ Tick one box in each line below

- Wages or salary No Yes
- Termination pay No Yes
- Redundancy pay No Yes
- Accident compensation (eg ACC) No Yes
- Income insurance (replacement/protection) No Yes Jointly with partner
- Farm or business income No Yes Jointly with partner
- Payments from self employment or contract work No Yes Jointly with partner
- Interest from savings, investments, or bonds No Yes Jointly with partner
- Dividends from shares, unit trusts, or managed funds No Yes Jointly with partner
- Income from rents No Yes Jointly with partner
- Payments from boarders or flatmates No Yes Jointly with partner
- Child Support payments No Yes
- Other income for a child No Yes
- Maintenance payments No Yes
- Payments from a former partner No Yes
- Student Allowance, scholarship, or Student Loan living cost payments No Yes
- Overseas pension, benefit or allowance payments No Yes
- Other superannuation or retirement scheme income (government or private) No Yes
- Income from an estate, if you've inherited money No Yes Jointly with partner
- Income from trusts No Yes Jointly with partner
- Other No Yes Jointly with partner

ATTACHMENT FOR Q25:
Bring a copy of your business accounts.

INFORMATION FOR Q25:
In this application form, 'partner' means the person you're married to or in a civil union or relationship with, not a business partner.

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26

Did you answer 'yes' or jointly with partner' to any of the sources of income listed in question 25?

- No Yes

↓ Tell us the total before-tax amounts, for the last 52 weeks

Where did the income come from?	Payment made to?	
	You	Jointly with partner
	\$	\$
	\$	\$
	\$	\$
	\$	\$

HOW TO ANSWER Q27:

Other types of payment include advantages such as free or subsidised goods and services (for example, free food, subsidised accommodation).

27

Did you get other types of payment apart from money in the last 52 weeks?

No Yes

↓ Please tell us about the type of payment and its value

Type of payment	Where did it come from?	Its value
		\$
		\$
		\$

HOW TO ANSWER Q28:

How often do you expect the payment, such as weekly, fortnightly, monthly, one-off.

The types of income you need to include here are listed on page 30.

28

Do you expect to get income or other payments in the next 52 weeks?

No Yes

↓ Please write the details below. Tell us the before-tax amounts

Where will the payment come from?	Payment made to? You	Jointly with partner	How often do you expect the payment?
	\$	\$	
	\$	\$	
	\$	\$	

Are you involved with a trust?

29

Are you involved in a trust, or have you ever been involved in a trust?

'Involved' means one or more of the following:

- you've set up a trust, usually by making a gift of assets or property
- you've gifted or sold assets to a trust
- you make decisions about managing a trust
- you benefit from a trust, for example, by receiving income such as trust distributions.

No Yes

↓ Please write the name of the trust

Empty text box for writing the name of the trust.

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How we protect your privacy

Collecting your information

We collect your personal information, so we can provide income support, NZ Super or Veteran's Pension, Student Allowance, or Loans and connect you with employment, education and housing services. We do this under various Acts, which are all listed on our website at workandincome.govt.nz/privacy

- To help us do this, we collect information about your identity, your relevant history, and your eligibility for our services.
- We get this information directly from you, and we sometimes collect information about you from others, including other government agencies.
- You can choose not to give us your personal information, but we might not be able to help you if you don't.

Using your information

We use the information you give us to make decisions about the best way to help you.

- These decisions may be about:
 - whether you're eligible for our services
 - running our operations and ensuring our services are effective
 - the services we'll provide in the future.

Sharing your information

Sometimes, we need to share your information outside our Ministry to reach our goal of helping New Zealanders to be safe, strong, and independent.

- To do this, we may share your information with:
 - prospective employers to help you find work
 - contracted service providers that help us to help you
 - health providers if we need your medical information to assess your eligibility
 - other government agencies when we have an agreement with them
 - some other governments if you may be eligible to get or are getting an overseas pension.
- We also share personal information when the law says we have to.

Respecting you and your information

We make sure we follow the Privacy Act to do what's right when we use your information.

- We treat you and your information with respect, by acting responsibly and being ethical.
- We make sure any technology we use meets strict security standards so it keeps your information safe.

Get in touch if you have a question

You have a right to ask to see your personal information, and to ask for it to be corrected if it's wrong.

- If you have a question or a complaint, please get in touch.
- You can find full details about what we do with personal information in our privacy notice at: workandincome.govt.nz/privacy

Obligations and signature

Office copy

Let us know when things change

You need to let us know about changes that might affect the amount you're paid, like:

- starting, stopping or changing jobs
- starting or finishing part-time or full-time study
- changes to your pay or other income, including getting an overseas pension
- starting to run a business (for yourself or someone else).

Changes to information about you or your family, like:

- name, address, contact details or bank account number
- starting or ending a relationship, marriage, or civil union
- a partner passes away
- the number of children in your care, including having another baby

We also need to know if you:

- are travelling overseas
- go into or come out of hospital
- are being held in custody or on remand.

Your rights

If you don't think we have things right or there's something you don't understand:

- call us – we can usually fix it over the phone
- you have the right to ask us to review the decision. Find out how at msd.govt.nz/reviews

Signature

- I've answered all the questions that apply to me and my situation
- I understand the changes I need to let you know about
- The information I've given you is true and complete
- I understand what you do with my personal information and how you protect my privacy.

Applicant's name (print)

Applicant's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Partner's name (print)

Partner's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

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Obligations and signature

Applicant's copy

Let us know when things change

You need to let us know about changes that might affect the amount you're paid, like:

- starting, stopping or changing jobs
- starting or finishing part-time or full-time study
- changes to your pay or other income, including getting an overseas pension
- starting to run a business (for yourself or someone else).

Changes to information about you or your family, like:

- name, address, contact details or bank account number
- starting or ending a relationship, marriage, or civil union
- a partner passes away
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Signature

- I've answered all the questions that apply to me and my situation
- I understand the changes I need to let you know about
- The information I've given you is true and complete
- I understand what you do with my personal information and how you protect my privacy.

Applicant's name (print)

Applicant's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Partner's name (print)

Partner's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

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Funeral Grant application



Work and Income
Te Hirainga Tangata

A service of the Ministry of Social Development

A Funeral Grant may help with some of the funeral costs for a person who has died. Funeral Grants are asset and income tested. Other conditions also apply.

For more information:

- visit our website www.workandincome.govt.nz
- call **0800 552 002** (for seniors)
- call **0800 559 009** (for all others)

Funeral Grants may not be granted if the funeral costs are covered by another organisation, for example ACC, Veterans' Affairs. For more information visit their websites or call them:

- www.acc.co.nz or call **0800 101 996**
- www.veteransaffairs.mil.nz or call **0800 483 8372 (0800 4 VETERAN)**

Who can apply

The person applying for a Funeral Grant must be able to provide estate details and other information about the person who has died (including details about any children they were responsible for).

To apply you need to complete this application form and return it along with other information we need. You can post it or drop it off at your nearest Work and Income office, or contact us to make an appointment.

What you need to provide

You need to provide this application and other supporting documents. Use the list below to check what these will be.

Talk to us if you do not have the information, have given it to us recently or if there might be a delay in getting it.

INFORMATION NOTE:
Documents need to be originals, or copies of documents that have been certified as a **true copy** by a Solicitor/Lawyer, Notary Public, Registrar of the Court or Justice of the Peace.

Death confirmation (for example, the person's death certificate, funeral director confirmation, newspaper death notice).

Funeral expenses – the itemised funeral account. (If this is already paid, the original receipt and proof of bank account of the person who paid the funeral account, for example a bank statement or preprinted deposit slip.)

Proof of who you are (for example Community Services Card, SuperGold Card, driver licence, passport).

If you are representing an organisation (for example Public Trust, solicitors, funeral director) please provide proof you work for the organisation.

Funeral Grant application



Work and Income
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Tell us about the person who has died

If the person who died received NZ Super, a benefit or other help from us, write their client number if you know it. It can be found on their Community Services Card or SuperGold Card if they had one.

Client number

 | |

Details of the person who has died

ATTACHMENT FOR Q1:

Please bring confirmation of the person's death, eg death certificate, funeral director confirmation, newspaper notice. If you do not have it, please talk with us.

If the person who died was a stillborn child please bring a birth certificate, or letter from an obstetrician or midwife, or the hospital discharge report.

1

What is the full name of the person who has died?

First and middle names

Surname or family name

2

What was their date of birth?

Day Month Year

3

What date did they die?

Day Month Year

4

Did the person die as a result of an accident?

No

Yes

ACC may provide assistance. Please discuss with Work and Income before completing this form.

5

Did the person receive a Veteran's Pension, War Pension or serve in the New Zealand Armed Forces?

No Yes

Veterans' Affairs may provide assistance. Please discuss with Work and Income before completing this form.

6

Where did they die?

Town/City

Country

NZ residency status

7

Was the person ordinarily resident in New Zealand when they died?

- No
 Yes

Please discuss with Work and Income before completing this form.

INFORMATION FOR Q7:

This means that the person considered New Zealand their home, were legally resident, usually lived here and intended to stay.

Tell us about their relationship status

8

Was the person who died a child?

- No Yes

Go to question 13

INFORMATION FOR Q8 AND Q10:

A child is a single person under the age of 18 years, unless they were 16 or 17 years and financially independent.

9

Was the person who died survived by a partner?

- No Yes

Go to question 13

HOW TO ANSWER Q10:

The child's name should be the same as on the child's birth certificate. If you do not know, talk to us. You may need to provide more information.

10

Did the person who died have any children they were legally responsible for?

- No
 Yes

Go to question 11



Please provide the child's details below

Child's full name

Child's date of birth

Child's full name	Child's date of birth

Go to question 13

Single person's property details

INFORMATION FOR Q11:

You may need to provide proof of the value and equity in the home.

Examples of money owed against the home include mortgages, reverse annuity mortgages. If you do not know, please talk to us.

ATTACHMENT FOR Q11:

You need to provide the rates notice showing rating valuation if they owned their own home.

11

Did the person who died have any of the following on the date they died?

Car, boat, caravan	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Value \$ <input type="text"/>
Their own home (primary place of residence)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ <input type="text"/>

12

Is there any money owed against the home?

The person did not own their own home.

No

Yes **How much is owed?** \$

Tell us about the person's assets

13

Did the person who died have any of the following on the date they died?

Money in the bank or other savings	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Bonus Bonds, shares, debentures or stocks	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Money lent to other people or organisations	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other homes or property (other than their primary place of residence)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Boat or caravan	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Superannuation scheme	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Pension fund	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Life insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Prepaid funeral plan/whanau plan	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other assets	<input type="checkbox"/> No	<input type="checkbox"/> Yes

INFORMATION FOR Q14:

You may need to provide proof of assets and their value.

14

Did you answer 'Yes' to any of the assets listed in question 13?

No Yes **↓ Please provide more details about each one below**

Type of asset	How much is it worth?	How much is owed on it?
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Trust information

15

Was the person involved in a trust, or had they ever been involved in a trust?

'Involved' means one or more of the following:

- they had set up a trust, usually by making a gift of assets or property
- they had transferred assets to a trust
- they made decisions about managing a trust
- they benefited from a trust, for example, receiving income such as trust distributions.

 No Yes

Please write the name of the trust/s

Name of trust/s

Administration information

Tell us who is administering the estate

16

Who is administering the estate of the person who died?

Name of person or organisation

Person or organisation's address

Contact details

Phone ()

Mobile phone ()

Email

ATTACHMENT FOR Q15:

You will need to provide the trust documents; such as the trust deed, deed of debt, gift statements, accounts.

HOW TO ANSWER Q16

For example, a solicitor or public trustee.

Tell us about the funeral expenses

17

What expenses are you applying for?

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

ATTACHMENT FOR Q17:
You need to provide the itemised funeral account.

18

Has the funeral account been paid?

- No Any payment will be made directly to the funeral director
- Yes Any payment will be made directly to the person who paid the funeral account.

[Go to 'Next steps' section](#)

[Please provide bank account details below](#)

The account is in the name of:

The account number is:

Bank	Branch	Account number	Suffix
	/		/

Next steps:

If the person who died was a child under the age of 18 years
(but was not 16 or 17 years and financially independent)

[Go to question 19](#)

If the person who died had a partner

[Go to question 19](#)

If the person who died did not have a partner

[Go to question 30](#)

Funeral Grant

partner or parent/guardian form



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This section is to be completed by:

- the partner of the person who has died or
- the parent or guardian of a child who has died. A child is under the age of 18 years (unless they were 16 or 17 and financially independent).

Please tell us your details

19

Are you:

- the partner of the person who has died?
- the parent or guardian of the person who has died?

20

What is your full name?

Mr Mrs Ms Miss Other

First and middle names

Surname or family name

21

What is your date of birth?

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

22

Where do you live?

Number <input type="text"/>	Street name <input type="text"/>
-----------------------------	----------------------------------

Suburb

Town/City

Country

② HOW TO ANSWER Q23: Mailing address can include a postal box (PO Box), rural delivery details, or C/O address.

23

Is your mailing address different from where you live?

No Yes

24

How else can we contact you?

Tick the best way for us to contact you

Home phone	()	
Mobile phone	()	
Email		

Tell us about your income

25

Do you expect to get any income or payments in the next 52 weeks?

- Wages or salary No Yes
- Accident compensation (eg ACC) No Yes
- Income insurance (replacement/protection) No Yes
- Farm or business income No Yes
- Payments from self employment or contract work No Yes
- Interest from savings, investments, or bonds No Yes
- Dividends from shares, unit trusts, or managed funds No Yes
- Income from rents No Yes
- Child Support payments No Yes
- Other income for a child No Yes
- Maintenance payments No Yes
- Payments from a former partner No Yes
- Student Allowance, scholarship, or Student Loan living cost payments No Yes
- Overseas pension, benefit or allowance payments No Yes
- Other superannuation or retirement scheme income (government or private) No Yes
- Income from an estate, if you have inherited money No Yes
- Income from trusts No Yes
- Other No Yes

INFORMATION FOR Q25:

We need to know about any income for a surviving partner or the parent/s or guardian/s of a deceased child. Parents/guardians please show income from similar sources as a combined total. You do not need to tell us about NZ Super/Veteran's Pension or any assistance paid by Work and Income.

ATTACHMENT FOR Q26:

You need to provide proof of income received. Provide a copy of your business accounts if relevant.

26

Did you answer 'Yes' to anything listed in question 25?

No Yes

↓ Please provide more details about each one below

Where will the payment come from?	How much do you expect to get?	How often do you expect the payment?
	\$	
	\$	
	\$	
	\$	

Tell us about your assets

27

Do you have any of the following assets?

- Money in bank or other savings No Yes
- Bonus Bonds, shares, debentures or stocks No Yes
- Money lent to other people or organisations No Yes
- Property you do not live in No Yes
- Other No Yes

Do not include any cars, boats or caravans mainly used for family purposes.

HOW TO ANSWER Q27:

Examples of property you do not live in include, land, holiday homes, bach/crib, investment properties.

ATTACHMENT FOR Q28 **28**

You will need to provide proof of your assets and their value.

Did you answer 'Yes' to any of the assets listed in question 27?

No Yes **↓ Please provide more details about each one below**

Type of asset	How much is it worth?	How much is owed on it?
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Are you involved in a trust?

29

ATTACHMENT FOR Q29:

You will need to provide the trust documents; such as the trust deed, deed of debt, gift statements, accounts.

Are you involved in a trust, or have you ever been involved in a trust?

'Involved' means one or more of the following:

- you have set up a trust, usually by making a gift of assets or property
- you have transferred assets to a trust
- you make decisions about managing a trust
- you benefit from a trust, for example by receiving income such as trust distributions.

No Yes **↓ Please write the name of the trust**

Name of trust

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