

Sole Parent Support application



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Why not apply online?

Go to workandincome.govt.nz

If you need more information go to our **website** or call us on **0800 559 009**.

We suggest you read the instructions on pages 1 to 4 of this application form before starting to fill it in, so you get a feel for what is needed.

Support we can give sole parents

Sole Parent Support is a weekly payment that helps single parents find part-time work or get ready for future work.

To get Sole Parent Support you must be:

- aged 20 years or older
- a parent or caregiver who has one or more dependent children aged under 14 years in your care
- not in a relationship
- without adequate financial support
- prepared to meet your obligations and complete the activities Work and Income requires.

You need to meet some other conditions. The information we collect on this application form will help us work out what assistance we can give you.

What you need to do next

You need to do several things before Work and Income can help you.

1. Carry out any activities we ask you to do to help you prepare for or find work.
2. Fill out this application form.
3. Get other people to fill out parts of the application form, if you need to (for example, if you're applying for a Disability Allowance, a health practitioner needs to fill out the Disability Allowance medical certificate).
4. Collect all the documents you need to show us. We tell you about these documents in the application form (look for the ) and we also have a list on pages 3 and 4.
5. Bring this application form and the documents to a meeting. If you don't already have a meeting arranged, contact us on **0800 559 009** so we can set one up for you.

You must give us all the information we need.

If you don't have all the information we need, talk with us and we may be able to help.

If we find out later that any information you give us is not true, or that you knew information you should have told us and did not tell us, we may stop paying your benefit. You might need to pay money back. In some cases you could even be prosecuted.

Our commitment *to YOU*



We will get to know you,
your situation and
your needs

Ka mōhio
ki a koe

—
know
you

We will make sure you
understand everything
you need to know



We will use your
feedback to improve
our service

We will respect your
privacy and be clear
about how we use
your information and
who we share it with



We will let you know
everything you may
be eligible for

Ka tautoko
i a koe

—
support
you

We will help you
however we can,
as soon as we can



The information
we give you will
be accessible and
consistent no matter
how you contact us

We will be honest
about our mistakes
and put them right



We will respect you
and what is important
to you

Ka mahi
tahi ki a koe

—
with
you

We will work
together to achieve
shared goals



We will let you know
your options, rights
and obligations

Our actions will
follow our words



How did 
wedo?

Let us know by visiting msd.govt.nz/feedback
or call us on 0800 559 009

Sole Parent Support

what to bring



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Once you've filled out the application form, use this checklist to tick off all the documents you need for your meeting with us.

Talk to us if you don't have any of the documents, have given them to us recently or if there might be a delay in getting them.

What you need to bring

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.

Proof of who you are:

If you were born in New Zealand, bring one type of official identification that has your full legal name and your date of birth (for example, your birth certificate, passport, driver licence, firearms licence, deed poll).

If you were born overseas, bring proof that you have a right to live in New Zealand (for example, a citizenship certificate, a New Zealand passport, a passport from another country with residence class visa or proof of permanent residence).

If your name has changed, bring your marriage certificate, deed poll, or other proof of the name change.

All people applying need to bring **two** more documents that help to prove who you are (for example, a marriage certificate, bank statement, phone or power account, driver licence).

A form or letter from Inland Revenue showing your tax number.

Proof of your bank account details, such as a bank statement or deposit slip.

One of the documents above must be at least two years old.

There are more things you need to bring in the table over the page.

Applicant forms

Depending on answers in the applicant form (pages 5 to 18) you may need to bring:

- Proof of your assets and their value.
- Proof of payments, if you receive a benefit, allowance or pension from overseas.
- Full birth certificates for each dependent child in your care.
- Your marriage or civil union certificate, for a current relationship.
- Your business accounts, if you have your own business.
- Proof of any before-tax income for the 52 weeks, before the application (for example, wages, holiday pay and any other income) and details of your income for the last 26 weeks.
- Trust documents, if you're involved in a trust (for example, trust deed, deed of debt, gift statements, accounts).

Extra help forms

Depending on your answers in the extra help forms (pages 19 to 28), you may need to bring:

If you're applying for an **Accommodation Supplement**:

- proof of accommodation costs
- proof of your assets and their value.

If you're applying for a **Disability Allowance**:

- proof of health-related costs
- a Disability Allowance medical certificate for each person you apply for.

If you're applying for **Temporary Additional Support**:

- proof of any essential ongoing costs
- proof of accommodation costs
- proof of your rates rebate if you get one
- proof of your assets and their value.

Sole Parent Support applicant form



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myMSD

Apply online instead
It's quicker and easier

my.msd.govt.nz

In the applicant form, 'you', 'your', and 'yourself' means the person applying for Sole Parent Support.

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

1

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

Have you ever been known by any other name?

No Yes

1.

2.

4

What name would you like us to call you?

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

ATTACHMENT FOR Q1:
Bring proof of who you are. What you need to bring is explained on page 3.

HOW TO ANSWER Q3:
For example, have you had married names, English names, changes by deed poll, or aliases?

ATTACHMENT FOR Q3:
Bring your marriage certificate, deed poll, or other proof of any name change.

Tell us more about you

5

What date were you born?

Day	Month	Year

6

Are you:

Male
 Female
 Gender diverse

7

What is your Inland Revenue tax number?

--	--	--	--	--	--	--	--	--	--

8

What bank account would you want your payments to be paid into?

The account is in the name of:

The account number is:

Bank	Branch	Account number	Suffix
	/		

ATTACHMENT FOR Q7:
Bring a form or letter from Inland Revenue showing your tax number.

ATTACHMENT FOR Q8:
You need to provide proof of your bank account details, such as a bank statement or deposit slip.

Tell us how we can contact you

9

Where do you live?

Flat/House number Street name

Suburb

Town/City

HOW TO ANSWER Q9:
If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

10

Is your mailing address different from where you live?

No
 Yes
 [↓ Tell us your mailing address](#)

HOW TO ANSWER Q10:
Mailing address can include a PO Box, rural delivery details, or C/O address.

11

How else can we contact you?

Tick the best way for us to first contact you

Home phone	()	
Mobile phone	()	
Other phone	()	

HOW TO ANSWER Q11:
Please only give us contact details you'd like us to use.

12

Do you agree to get emails from us?

No
 Yes
 [↓ Tell us your mailing address](#)
 I don't have an email address

Tell us your ethnicity

13

Tick the group(s) you most identify with.

Māori → Which tribe(s) or iwi?
 New Zealand European Niuean Samoan Indian
 Other European Tokelauan Tongan Chinese
 Cook Island Māori Please write below
 Don't want to answer

INFORMATION FOR Q13:
We collect this information for statistics we use in research and future development work.

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.

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?

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.

ATTACHMENT FOR Q14:
If you answered 'No' you'll need to provide proof of your assets and their value (page 18).

16

When did you arrive in New Zealand?

Day Month Year

17

What country were you born in?

18

Have you lived in New Zealand continuously for at least two years since you became a New Zealand citizen or permanent resident?

No Yes

HOW TO ANSWER Q18:
Please answer even if you're a New Zealand citizen by birth.

ATTACHMENT FOR Q18:
If you answered 'no' you'll need to provide proof of your assets and their value (page 18).

Tell us if you've lived or worked overseas

19

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

 No

Go to question 22

 Yes

↓ Please list the details below

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

INFORMATION FOR Q19:

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 Q19:

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.

20

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

 No

Go to question 22

 Yes

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Retirement or old age | <input type="checkbox"/> Superannuation | <input type="checkbox"/> Disability or health condition |
| <input type="checkbox"/> Widow or survivor | <input type="checkbox"/> Child or dependent | <input type="checkbox"/> War related |
| <input type="checkbox"/> Other | | |

21

If you ticked 'Yes' for question 20, 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 whether you're a veteran

22

Have you served with the New Zealand Armed Forces?

 No

 Yes

If you've ticked 'Yes', you may be entitled to a:

- Veteran's Pension (for more information call **0800 650 656**), and/or a
- War Disablement Pension or associated payments (for more information call Veterans' Affairs New Zealand on **0800 4 VETERAN (0800 483 8372)**).

Tell us about the people in your household

Tell us about your dependent children

23

Who are the dependent children in your care?

↓ Please provide details below

Child 1

Full name Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 2

Full name Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 3

Full name Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 4

Full name Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

If you need to include more than three children in your application, please write these details about each one on a separate sheet of paper, and bring them with this application form.

HOW TO ANSWER Q23:

Please give the names of children you support financially and who live with you as a member of your family, including:

- your own children
- adopted children
- stepchildren
- children at boarding school
- grandchildren / mokopuna.

The child's name should be the same as on the child's birth certificate.

Tell us the names of all parents of each child.

ATTACHMENT FOR Q23:

Bring the birth certificate for each dependent child.

HOW TO ANSWER Q24:

Record the names of all known parents, including those:

- named on the child's birth certificate
- named in a Deed of Acknowledgement of Paternity, or
- named as the child's parent by the Court.

24

Have you named all the parents for each child?

No Yes

INFORMATION FOR Q25:

You may need to complete a Child Support application for each dependent child.

25

Have you applied for Child Support for each child?

No Yes

26

Do you have a shared care arrangement for any of your dependent children?
 No Yes

Name of child	Hours a week in your care	Name of person you have shared care with

INFORMATION FOR Q27:

Working for Families tax credits are payments to families with children to help with day-to-day living costs. People getting a benefit who have dependent children generally qualify.

27

If you qualify for any Working for Families tax credits do you want them paid with your benefit?
 No Yes

If you tick 'Yes', we'll tell Inland Revenue for you – so you do not need to.

Tell us about other children that were dependent on you

28

Have you had any children in your care in the last 52 weeks who are no longer dependent on you?
 No Yes

Name of child	Date of birth	Date they became no longer dependent

Tell us about your relationship status

Definition of a relationship for benefit purposes

Whether people are single or a couple affects eligibility for certain income assistance and the rate at which we can pay that assistance.

When we work out your entitlement to income assistance, we'll consider you to be in a relationship if you're married, in a civil union, or in a de facto relationship, and have a degree of companionship.

By degree of companionship, we mean two people:

- are committed to each other emotionally for the foreseeable future, *and*
- are financially interdependent.

To give you a better idea of what we mean by this, think about whether your relationship includes some of the things below:

- you live together at the same address most of the time
- you share responsibilities, for example bringing up children (if any)
- you socialise and holiday together
- you share money, bank accounts or credit cards
- you share household bills
- you have a sexual relationship
- people think of you as a couple
- you give each other emotional support and companionship.

HOW TO ANSWER Q29:

Tick this statement to confirm you understand the definition of a relationship for benefit purposes.

If you don't understand what we mean by a relationship please leave this blank until you talk with us. In the meantime, go to question 30.

29

Do you understand our definition of a relationship?
 I understand the definition of a relationship for benefit purposes

30

Do you have a partner?

By 'partner' we mean someone you're in a relationship with. If you're not sure, please leave this section blank until you talk to us. In the meantime, go to question 50.

No **Go to question 36** Yes

31

What is your partner's full name?

32

What is your partner's date of birth?

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

ATTACHMENT FOR Q33:
Bring your marriage or civil union certificate for your current relationship.

33

What is your relationship status with your partner?

↓ Tick one of the following boxes

Married In a civil union In a relationship

34

Are you living at the same address as your partner?

No Yes **Go to question 50**

35

Why are you living apart from your partner?

They're in prison → **Date they were imprisoned**
Day Month Year

Your partner doesn't need to fill out the partner form.

Go to question 50

Other ↓ Please explain why below

Tell us about a change in relationship status

36

Are you applying for Sole Parent Support because of a change in relationship status?

No **Go to question 49** Yes For example you've separated from your partner or your partner has died.

37

How has your relationship status changed?

↓ Tick the box that applies

My partner has died

Go to question 38

I've separated from my partner

Go to question 42

I've lost the financial support of a former partner

Go to question 47

Other

↓ Please explain below

Go to question 49

Tell us about your partner who has died

38

What was your partner's name?

39

What was the date of your partner's death?

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

40

Was your partner's death the result of an accident?

No

Go to question 50

Yes

41

Have you applied for accident compensation or are you going to?

No

Yes

Go to question 50

Tell us about your separation

42

What is the name of the person you separated from?

43

When did you separate from your partner?

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

44

Are you and the partner you separated from still living in the same house?

No

Yes

↓ Please explain why

45

Please describe below, in your own words, the reason or event in your relationship that resulted in you separating from your partner.

46

What do you consider to be the future of your relationship?

Go to question 49

Tell us about financial support you've lost

47

What is the name of the former partner who was giving you this financial support?

48

When did this support stop?

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

Tell us about someone who knows your relationship status

49

Please provide the details of someone who's willing to give us information about your relationship status in writing.

What is their full name?

Where do they live?

Flat/House number Street name

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Suburb

Town/City

What phone number we can contact them on?

HOW TO ANSWER Q49:

We may ask this person to tell us about your relationship status in writing.

They need to:

- be 18 years or over
- have known you for at least two years
- live in New Zealand
- not be your ex-partner
- be outside of your immediate family.

They can't be a:

- parent or step-parent, in-law
- child, stepchild or whāngai child
- sibling (like brother or sister)
- grandparent
- grandchild/mokopuna.

If you can't provide the details of a person please talk with us.

Tell us about your work in the last 52 weeks

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

Answer this section about your work

50

Have you worked in the last 52 weeks?

 No

Go to question 62

 Yes

Tell us about your current work

51

Are you working?

 No

Go to question 56

 Yes

HOW TO ANSWER Q52:

By full-time, we mean you generally work at least 30 hours a week.

INFORMATION FOR Q52:

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 52, 54 and 55.

52

What type of work do you do?

 Full-time

 Part-time

 Casual

 Seasonal

 Self-employed

 Voluntary

53

Do you pay for childcare while you're working?

 No

 Yes

↓ Please tell us how much you pay

 \$

 Weekly

 Fortnightly

 Monthly

54

Who are you working for?

Employer's name

Employer's contact details

Address

Phone number

()

Fax

()

Email

HOW TO ANSWER Q55:

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).

55

How much are you paid each week?

	Type of payment (include goods or services)	Amount before tax	Amount after tax
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$

Tell us about any work during the last 52 weeks that has finished

HOW TO ANSWER Q57:

If you've had more than one job end in the last 52 weeks please record details of all other employers on a separate sheet of paper.

For each job include the employer's:

- name
- address
- phone number
- email and fax
- the job's start and end dates.

HOW TO ANSWER Q60:

Holiday pay includes long-service leave payments, and termination pay includes payments in lieu of notice.

HOW TO ANSWER Q61:

Don't include any of the payments you got in Q60.

INFORMATION FOR Q62:

Paid Parental Leave is paid to eligible parents to care for their newborn or newly adopted child. It's paid by Inland Revenue.

You may get Best Start tax credits when the Paid Parental Leave ends.

56

Have you had any work in the last 52 weeks that you're no longer doing?

No

Go to question 63

Yes

57

Who did you last work for?

Employer's name

Employer's contact details

Address		
Phone number	()	Fax ()
Email		

58

How long did you work there?

Date you started work

Day	Month	Year

Date of last day at work

Day	Month	Year

59

Why did this work end?

60

Did you get any of the following payments when you left?

No

Go to question 62

Yes

Please tick the box and write in the before-tax amount

Sick pay

\$	
----	--

Holiday pay

\$	
----	--

Termination pay

\$	
----	--

Redundancy pay

\$	
----	--

Other

\$	
----	--

Please tell us what for

61

How much was your pay for the four weeks before you left?

	Before tax	After tax
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$

62

Have you applied, or will you apply, for Paid Parental Leave?

No

Go to question 63

Yes

Please write the details below

Which child is it for?

How much is it each week?

\$	
----	--

What date will it end?

Day	Month	Year

Tell us about your income and assets

Tell us about income in the last 52 weeks?

63

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

- 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
- 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
- Payments from boarders or flatmates 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've inherited money No Yes
- Income from trusts No Yes
- Other No Yes

ATTACHMENT FOR Q63:
Bring a copy of your business accounts.

64

Did you answer 'yes' to any of the sources of income listed in question 63?

No Yes

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

Where did the income come from?	Amount before tax
	\$
	\$
	\$
	\$
	\$

ATTACHMENT FOR Q64:
You need to show us proof of income you've received in the last 52 weeks and details of your income for the last 26 weeks.

HOW TO ANSWER Q65:
Other types of payment include advantages such as free or subsidised goods and services (for example, free food, subsidised accommodation).

65

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 Q66:
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 16.

66

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?	How much will the payment be?	How often do you expect the payment?
	\$	
	\$	
	\$	
	\$	
	\$	

Are you involved with a trust?

67

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 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

--

Tell us about your assets

68

Do you have any of the following cash 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
- Other cash assets No Yes

69

If you answered 'yes' to any of the assets listed above, please write the details below.

Type of asset	You	Jointly owned
	\$	\$
	\$	\$
	\$	\$
	\$	\$

70

Do you have any of the following non-cash assets?

- Property you don't live in No Yes
- Boat, caravan or motorhome No Yes
- Other No Yes

71

If you answered 'yes' to any of the non-cash assets listed above, please write the details below.

Type of asset	How much is it worth?	How much do you owe on it?
	\$	\$
	\$	\$
	\$	\$

ATTACHMENT FOR Q68:
You may be asked to provide proof of your assets and their value.

HOW TO ANSWER Q70:
Examples of property you don't live in include land, holiday homes, bach/crib, investment properties.

ATTACHMENT FOR Q71:
You may be asked to provide proof of these details.

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Extra help form: Accommodation Supplement

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

Tell us if you want to apply

72

Do you want to apply for the Accommodation Supplement?

No

Go to question 88

Yes

If you answered 'yes' you'll need to provide proof of your assets and their value (page 18)

Tell us who you live with

73

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

74

Do you pay rent?

No

Go to question 80

Yes

INFORMATION FOR Q74:

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

75

Do you pay rent to Kāinga Ora (previously Housing New Zealand) or an approved community housing provider?

No

Yes

Go to question 88

You won't be able to get Accommodation Supplement

76

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

\$

ATTACHMENT FOR Q77:

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

77

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

\$

ATTACHMENT FOR Q78:

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

78

Do you pay water rates separately from your rent?

No

Yes



Tell us how much you pay

\$

How often?

79

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

Go to question 88

Tell us about board costs

① INFORMATION FOR Q80:

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

② HOW TO ANSWER Q81:

For example food, electricity, telephone.

📎 ATTACHMENT FOR Q81:

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

80

Do you pay board?

No

Go to question 83

Yes



Please list what costs your board includes

81

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

82

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

Go to question 88

Tell us about home ownership costs

① HOW TO ANSWER Q84:

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.

📎 ATTACHMENT FOR Q84:

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

📎 ATTACHMENT FOR Q85:

Bring receipts for any repair and maintenance costs.

83

Do you own the home you live in?

No

Go to question 88

Yes

84

What are your home ownership costs?

	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		\$	

85

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

No

Yes



Please write the total amount

86

Do you have a mortgage from Housing New Zealand?

No

Yes



Please write the total amount

87

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

No

Yes

Amount \$

Rating year 1 July

to 30 June

Extra help form: Disability Allowance

The Disability Allowance helps with extra costs if you or a family member has a health condition, injury or disability lasting more than six months. The allowance can help with extra costs directly related to the health condition, injury or disability.

Tell us about the person you're applying for 88

Do you want to apply for the Disability Allowance?

No Go to question 93 Yes

If you ticked 'yes' to question 88, you'll also need your doctor, specialist or nurse practitioner to fill out the Disability Allowance medical certificate on page 23. You need to complete one Disability Allowance application for each person you're applying for, so please ask us if you need more.

ATTACHMENT FOR Q89: 89

You need to provide a Disability Allowance medical certificate for each person you apply for.

INFORMATION FOR Q89:

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 dependent child

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

First name

Surname or family name

Tell us about any payments you get for these health needs 90

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

No Yes ↓ Please write the details below

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

91

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

No Yes If 'yes', you may not be entitled to a Disability Allowance

Describe your extra costs 92

HOW TO ANSWER Q92:

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 Q114:

You'll need to show proof of these costs.

What extra health-related costs do you have?

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



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Health practitioner to complete

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

↓ Please provide the details below

No

Go to Health Practitioner Verification

4

What is the nature of the person's disability?

↓ Please tick the major disabilities or specify below

Psychological or psychiatric conditions

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

Nervous 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)

Immune system disorders

- 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 There may be no entitlement to Disability Allowance
- 6 to 12 months
- 1 to 2 years
- 2 to 3 years
- Permanent (never reassess)

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 because of 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

Extra help form: 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 **93**

Do you want to apply for Temporary Additional Support?

No **Go to page 29** Yes

If you answered 'yes' you'll need to provide proof of your assets and their value (page 18)

Tell us about any Working for Families tax credits you get **94**

Do you get any Working for Families tax credits 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 credits below

Type of tax credits	How much?	How often? (For example, weekly, fortnightly)
	\$	
	\$	
	\$	

Tell us what essential work-related costs you need to pay to keep working **95**

Are you working?

No **Go to question 97** Yes

Do you have any essential costs that you have to pay to keep working?

No Yes ↓ Please write the details below

INFORMATION FOR Q96:
These are the only work-related essential costs that we may be able to help you with.

ATTACHMENT FOR Q96:
You'll need to show proof of these costs.

Type of cost	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	\$	

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

97

Are you receiving, or are you applying for, an Accommodation Supplement?

No Yes [Go to question 112](#)

98

Do you pay rent?

No [Go to question 104](#) Yes

99

Do you pay rent to Kāinga Ora (previously Housing New Zealand) or an approved community housing provider?

No Yes

100

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

\$

101

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

\$

102

Do you pay water rates separately from your rent?

No Yes [Tell us how much you pay](#)

\$ How often

103

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

[Go to question 112](#)

104

Do you pay board?

No [Go to question 107](#) Yes [List what costs your board includes](#)

105

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

\$

106

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

[Go to question 112](#)

INFORMATION FOR Q98:
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 Q101:
You'll need to show proof of what you pay for rent.

ATTACHMENT FOR Q102:
You'll need to show proof of what you pay for water rates.

HOW TO ANSWER Q104:
For example food, electricity, telephone.

INFORMATION FOR Q104:
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 Q105:
You'll need to show proof of what you pay for board.

107

Do you own the home you live in?

No **Go to question 112** Yes

108

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		\$	\$

HOW TO ANSWER Q108:

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.

ATTACHMENT FOR Q108:

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

ATTACHMENT FOR Q109:

Bring receipts for any repair and maintenance costs.

109

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

No Yes **→ Please write the total amount** \$

110

Do you have a mortgage from Housing New Zealand?

No Yes **→ Please write your interest rate** %

111

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

112

Do you or your family have any regular essential costs?

No Yes **↓ Please provide the details below**

INFORMATION FOR Q112:

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.

ATTACHMENT FOR Q112:

You'll need to show proof of these costs.

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

If you don't apply for the Disability Allowance on page 21 and your costs are health-related, please tell us.

HOW TO ANSWER Q113:
Don't include toll or mobile phone costs.

113

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

No Yes

How much do you pay?

How often? (weekly, fortnightly, monthly)

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

114

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

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What you need to do (your obligations)



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When you're getting payments from us, there are some things you need to do to make sure you're getting paid the right amount.

If you don't do these things, we could pay you the wrong amount. It could also mean we have to reduce or stop your payments. We don't want you to miss out on money you need so please read these carefully.



- ① A **job** could be part-time, casual or full-time, paid or unpaid.
- ① Having another baby while you're getting a benefit changes your obligations about looking for work.

Let us know when things change

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

Changes to your income or availability for work, 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 a relationship, marriage, or civil union
- the number of children in your care, including having another baby.

Changes to where you live or how much it costs, like a rise or drop in your rent, board, mortgage or rates.

We also need to know if you:

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

If we have the wrong information we could pay you the wrong amount. If we pay you too much you might have to pay us back.



- ① We can't pay you while you're out of New Zealand unless we've agreed to it.

Tell us if you're going overseas

If you're travelling overseas, you need to let us know.

You need to let us know before you leave New Zealand. If there's a good reason you can't, then you need to let us know as soon as you can.



- ① **Part-time work** means work of at least 20 hours a week.
- ① A **suitable job** is any work I'm capable of doing and can get to. Work could be full-time, part-time or temporary work, or work that is seasonal or subsidised.

Look for part-time work

Generally you need to look for part-time work if the youngest child in your care is between 3 and 13.

You need to:

- do things we ask you to do to help you get ready to work
- be available for a suitable job, and do everything you can to get one
- take part in job interviews we ask you to go to
- accept any suitable job offer.

If potential employers or training providers are legally allowed to ask you to take a drug test, you need to pass the test.

You also need to:

- meet with us when we ask
- keep us up-to-date with what you're doing to find work.



- ① **Health condition** includes illness, disability, or injury.
- ① **Getting ready to work** might include job training courses, seminars, work experience, or work assessment.

Do what you can to get ready to work

You'll need to do what you can to get ready to work while you have:

- **children in your care aged under 3**
- **a health condition that stops you from working 15 or more hours a week.**

We won't ask you to look for work until you're able to. Until then, you need to:

- make a plan and do everything you can to get ready to work
- meet with us when we ask.



Keep up-to-date with children's health and education

Looking after your children includes making sure they're:

- **enrolled with health practitioner or medical centre**
- **up-to-date with core Well Child/Tamariki Ora checks**
- **enrolled in and going to early childhood education from the age of 3 until they start school**
- **going to school from when they start at the age of 5 or 6.**

If we ask, you'll need to talk to us about what you're doing to care for your children's health and education.



① You can find ideas on how to do this at msd.govt.nz/reducing-costs

Make any changes you can so you don't need Temporary Additional Support

Temporary Additional Support (TAS) is short-term help to meet your costs.

If you get TAS you need to do what you can to:

- reduce costs
- earn extra money
- get other help with costs.

What can happen if you don't meet your obligations

You need to do the things listed above to keep getting payments from us.

If you don't do these things your payments may go down or stop. In some cases you could even be prosecuted.



① You can find full details about what can happen if you don't meet your obligations at msd.govt.nz/not-meeting-your-obligations

Your payments can go down or stop if you:

- don't tell us something we need to know
- don't do something we asked you to do to look for work
- refuse an offer of suitable work
- are not doing what you need to do to get ready for work
- fail or refuse to take a drug test.

Your rights

You have the right to ask us to review any decision we make about your payments.



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

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How we protect your privacy



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Collecting your information

We collect your personal information so we can provide income support under the Social Security Act 1964, and connect you with employment, education, and housing services.

- 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 1993 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 msd.govt.nz/privacy

Signature page

Office copy

Applicant

I have answered all the questions that apply to me and my situation.

The information I have given you is true and complete.

I understand the things I need to do while I'm getting payments.

I will do what I need to do to meet my obligations.

I understand what you do with my personal information and how you protect my privacy.

Applicant's name (print)

Applicant's signature

Date

Day	Month	Year

Helper's statement

Complete this if you've helped the applicant to complete this application form.

Your first and middle names

Your surname or family name

Your address

Your phone number

Tick the box for the statement that applies

- I completed this application form at the request of the person applying. They told me they understood what they were signing. The statements and answers I have completed are true and complete as given to me by the person applying.
- I completed this application form at the request of the partner of the person applying. They told me they understood what they were signing. The statements and answers I have completed are true and complete as given to me by the partner of the person applying.

Helper's signature

Date

Day	Month	Year

Signature page

Applicant's copy

Applicant

I have answered all the questions that apply to me and my situation.

The information I have given you is true and complete.

I understand the things I need to do while I'm getting payments.

I will do what I need to do to meet my obligations.

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

Please use the document checklist to help you make sure you bring all the documents you need to your meeting with us.

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SuperGold Card application



A SuperGold Card gives you opportunities to stretch your money further. You'll find all sorts of ways to make savings every day – near you and across New Zealand.

You can find SuperGold offers by visiting supergold.govt.nz or by downloading the SuperGoldNZ app on your smartphone or tablet.

What you need to provide

You need to complete and return this form to us if you're over 65 and don't qualify for NZ Super or Veteran's Pension. You'll also need to provide proof of who you are from the table below.

Proof of who you are:

If you were born in New Zealand, provide one type of official identification that has your full legal name and your date of birth (for example, your birth certificate, passport, driver licence, firearms licence, deed poll).

If you were born overseas, provide proof that you have a right to live in New Zealand (for example, a citizenship certificate, a New Zealand passport, a passport from another country with residence class visa or proof of permanent residence).

If your name has changed, provide your marriage certificate, deed poll, or other proof of the name change.

All people applying need to provide **two** more documents that help to prove who you are (for example, a marriage certificate, bank statement, phone or power account, driver licence).

One of the documents above must be at least two years old.

Adding a photo to your card

You can choose to have your photo added to your SuperGold Card after you've received it.

To do this, visit your nearest AA Driver and Vehicle Licensing outlet. You'll need to take your SuperGold Card and the originals of the identification you provided from the checklist above.

SuperGold Card applicant form



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

Client number

 | |

Tell us the names you've been known by

1

What is your full name?

 Mr Mrs Ms Miss Other

First and middle names

Surname or family name

ATTACHMENT FOR Q1:

Provide proof of who you are. What you need to bring is explained on page 1.

2

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

 No Yes

First and middle names

Surname or family name

HOW TO ANSWER Q3:

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

3

Have you ever been known by any other name?

 No Yes

1.

2.

ATTACHMENT FOR Q3:

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

4

What name would you like us to call you?

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

Tell us more about you

5

What date were you born?

Day	Month	Year

6

Are you:

Male
 Female
 Gender diverse

7

What is your Inland Revenue tax number?

--	--	--	--	--	--	--	--	--	--

Tell us how we can contact you

8

Where do you live?

Flat/House number Street name

--	--

Suburb

--

Town/City

--

9

Is your mailing address different from where you live?

No
 Yes

10

How else can we contact you?

Tick the best way for us to first contact you

Home phone	()	
Mobile phone	()	
Other phone	()	
Email		

Tell us your ethnicity

11

Tick the group(s) you most identify with.

Māori

New Zealand European
 Niuean
 Samoan
 Indian

Other European
 Tokelauan
 Tongan
 Chinese

Cook Island Māori
 Other

 Don't want to answer

--

HOW TO ANSWER Q8:
If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

HOW TO ANSWER Q9:
Mailing address can include a PO Box, rural delivery details, or C/O address.

HOW TO ANSWER Q10:
Please only give us contact details you'd like us to use.

INFORMATION FOR Q11:
We collect this information for statistics we use in research and future development work.

Tell us about your residence status

HOW TO ANSWER Q12:

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

12 Do you usually live in New Zealand?

No Yes

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

New Zealand citizen by birth

Go to question 16

Granted New Zealand citizenship

→ Date citizenship granted

Day	Month	Year

Go to question 14

Granted permanent residency

→ Date permanent residence granted

Day	Month	Year

Go to question 14

Other

↓ What is your residence status?

14 When did you arrive in New Zealand?

Day	Month	Year

15 What country were you born in?

Armed forces service

INFORMATION FOR Q11:

You may qualify for a specially branded Veteran SuperGold Card if you've served in the New Zealand Armed Services and have **Qualifying Operational Service**.

16 Have you served with the New Zealand Armed Services in a war, emergency or peace-keeping operation?

No Yes

Go to question 20

↓ Tick the boxes for the operations you were deployed to

War

Emergency

Peace-keeping

17 Where were the theatres of operation and approximate dates?

18 What services did you serve with? Tick all that apply

Army

Navy

Airforce

Merchant Navy – WWII

19 What is your service number?

Tell us about your relationship status

20 Do you have a partner?

By 'partner' we mean someone you're in a relationship with.

No **Go to Signature section**

Yes

21 What is your partner's full name?

Mr Mrs Ms Miss Other

First and middle names

Surname or family name

22 What date was your partner born?

Day Month Year

23 What is your relationship status with your partner?

↓ Tick one of the following boxes

Married

In a civil union

In a relationship

Declaration and signature

- The SuperGold Card is a personal card. This means:
 - I must present the card to obtain any of its permitted discounts or concessions
 - I can't give my card away, lend, assign or pledge it to anyone else
 - I can't use my card if I've been asked to send it back and/or I've been sent a new card.
- I understand the conditions for the card's use
- The information I've given, or that's has been given about me in the application is true and complete.

Our online Privacy Notice tells you how we collect, use, share and keep your personal information safe. It also has information about how you can access your personal information that we hold, and your right to ask for it to be corrected if you think it is incorrect. To see our Privacy Notice go to workandincome.govt.nz/privacy

Applicant's name (print)

Applicant's signature

Date

Day Month Year

Go to Helper's statement and Next steps on the next page

Helper's statement

Complete this if you've helped the applicant complete this application form.

Your first and middle names

Your surname or family name

Your address

Your phone number

I completed this application form at the request of the person applying. They told me they understood what they were signing. The statements and answers I have completed are true and complete as given to me by the person applying.

Helper's signature

Date

Day

Month

Year

Next steps

You can either:

- Send this form and your documents (not originals) to the address below
- Take this form and your documents to your nearest Ministry of Social Development Service Centre

Send this form to:

SuperGold Card Centre
Ministry of Social Development
PO Box 5054
Wellington 6145

Supported Living Payment application



MINISTRY OF SOCIAL
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Why not apply online?

Go to **workandincome.govt.nz**

If you need more information go to our **website** or call us on **0800 559 009**.

We suggest you read pages 1 to 4 of this application form before starting to fill it in, so you get a feel for what is needed.

Who can get this support

You may be able to get the Supported Living Payment if you're:

- permanently and severely restricted in your ability to work because of a health condition, injury or disability. This means:
 - your condition will last more than two years, OR
 - your life expectancy is less than two years AND
 - you can't regularly work 15 hours or more a week
- totally blind
- caring full-time for someone at home who would otherwise need hospital level or residential care (or equivalent) who is not your husband, wife or partner.


If you're applying because you:

- have a health condition, injury, disability or you're totally blind, you need to be 16 years or over
- are providing full-time care, you need to be:
 - 18 years or over with no dependent children, or
 - 20 years or over with dependent children.

You'll need to meet your obligations and some other conditions. The information we collect on this application form will help us work out what assistance we can give you.

What you need to do next

You and your partner (if you have one) need to do several things before Work and Income can help you.

1. Fill out this application form.
2. Get other people to fill out parts of the application form, if you need to (for example, if you're applying for a Disability Allowance, a health practitioner needs to fill out the Disability Allowance medical certificate).
3. Collect all the documents you need to show us. We tell you about these documents in the application form (look for the ) and we also have a list on pages 3 and 4 (for example, you'll need to provide medical information on either your health or the health of the person you care for).
4. Bring this application form and the documents to a meeting. If you don't already have a meeting arranged, contact us on **0800 559 009** so we can set one up for you.

You must give us all the information we need.

If you don't have all the information we need, talk with us and we may be able to help.

If we find out later that any information you give us is not true, or that you knew information you should have told us and did not tell us, we may stop paying your benefit. You might need to pay money back. In some cases you could even be prosecuted.

Our commitment to YOU



We will get to know you, your situation and your needs

Ka mōhio
ki a koe
—
know
you

We will make sure you understand everything you need to know



We will use your feedback to improve our service

We will respect your privacy and be clear about how we use your information and who we share it with



We will let you know everything you may be eligible for

Ka tautoko
i a koe
—
support
you

We will help you however we can, as soon as we can



The information we give you will be accessible and consistent no matter how you contact us

We will be honest about our mistakes and put them right



We will respect you and what is important to you

Ka mahi
tahi ki a koe
—
with
you

We will work together to achieve shared goals



We will let you know your options, rights and obligations

Our actions will follow our words



How did 
wedo?

Let us know by visiting msd.govt.nz/feedback
or call us on 0800 559 009

Supported Living Payment what to bring



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Once you've filled out the application form, use this checklist to tick off all the documents you need for your meeting with us.

Talk to us if you don't have any of the documents, have given them to us recently or if there might be a delay in getting them.

What you need to bring

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.

Proof of who you are:

For you For your partner (if you have one)

If you were born in New Zealand, bring one type of official identification that has your full legal name and your date of birth (for example, your birth certificate, passport, driver licence, firearms licence, deed poll).

If you were born overseas, bring proof that you have a right to live in New Zealand (for example, a citizenship certificate, a New Zealand passport, a passport from another country with residence class visa or proof of permanent residence).

If your name has changed, bring your marriage certificate, deed poll, or other proof of the name change.

All people applying need to bring **two** more documents that help to prove who you are (for example, a marriage certificate, bank statement, phone or power account, driver licence).

A form or letter from Inland Revenue showing your tax number.

Proof of your bank account details, such as a bank statement or deposit slip.

One of the documents above must be at least two years old.

There are more things you need to bring in the table over the page.

Applicant and partner forms

Depending on answers in the applicant form (pages 5 to 23) and partner form (pages 33 to 39), you may need to bring:

	For you	For your partner (if you have one)
Proof of your assets and their value.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of payments, if you receive a benefit, allowance or pension from overseas.	<input type="checkbox"/>	<input type="checkbox"/>
Full birth certificates for each dependent child in your care.	<input type="checkbox"/>	<input type="checkbox"/>
Your marriage or civil union certificate, for a current relationship.	<input type="checkbox"/>	<input type="checkbox"/>
Your business accounts, if you have your own business.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of any before-tax income for the 52 weeks, before the application (for example, wages, holiday pay and any other income) and details of your income for the last 26 weeks.	<input type="checkbox"/>	<input type="checkbox"/>
Trust documents, if you're involved in a trust (for example, trust deed, deed of debt, gift statements, accounts)	<input type="checkbox"/>	<input type="checkbox"/>

Documents about your health

If you're applying due to a health condition, injury or disability that you have, you need to bring in a medical certificate from a health practitioner, or existing reports or assessments (for example a Needs Assessment and Service Coordination (NASC) assessment or a report from a specialist).

Forms for the person you are providing full-time care for

If you're applying because you're caring for someone who would otherwise require hospital care, or a similar level of care, you need to bring a medical certificate for them. This is on pages 15 to 18 and needs to be completed by a health practitioner - in most cases the usual doctor or specialist of the person being cared for.

Forms for the person you're providing full-time care for

Extra help forms

Depending on your answers in the extra help forms (pages 24 to 32), you may need to bring:

If you're applying for an **Accommodation Supplement**:

• proof of accommodation costs

• proof of your assets and their value.

If you're applying for a **Disability Allowance**:

• proof of health-related costs

• a Disability Allowance medical certificate for each person you apply for.

If you're applying for **Temporary Additional Support**:

• proof of any essential ongoing costs

• proof of accommodation costs

• proof of your assets and their value.

Supported Living Payment applicant form



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myMSD

Apply online instead
It's quicker and easier

my.msd.govt.nz

In the applicant form, 'you', 'your', and 'yourself' means the person applying for Supported Living Payment.

If we say 'your partner' this only applies if you have one.

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

1

What is your full name?

Mr Mrs Ms Miss Other

First and middle names

Surname or family name

ATTACHMENT FOR Q1:

Bring proof of who you are. What you need to bring is explained on page 3.

2

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

No Yes

First and middle names

Surname or family name

HOW TO ANSWER Q3:

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

3

Have you ever been known by any other name?

No Yes

1.

2.

ATTACHMENT FOR Q3:

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

4

What name would you like us to call you?

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

Other

Tell us your ethnicity

13

Tick the group(s) you most identify with.

Māori → Which tribe(s) or iwi?
 New Zealand European Niuean Samoan Indian
 Other European Tokelauan Tongan Chinese
 Cook Island Māori Other ↓ Please write below Don't want to answer

INFORMATION FOR Q13:
We collect this information for statistics we use in research and future development work.

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.

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?

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.

ATTACHMENT FOR Q14:
If you answered 'no' you'll need to provide proof of your assets and their value (page 23).

16

When did you arrive in New Zealand?

Day Month Year

17

What country were you born in?

18

Have you lived in New Zealand continuously for at least two years since you became a New Zealand citizen or permanent resident?

No Yes

HOW TO ANSWER Q18:
Please answer even if you're a New Zealand citizen by birth.

ATTACHMENT FOR Q18:
If you answered 'no' you'll need to provide proof of your assets and their value (page 23).

Tell us if you've lived or worked overseas

INFORMATION FOR Q19:
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 Q19:
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.

ATTACHMENT FOR Q21:
You'll need to show us proof of these payments, such as a pension certificate.

Tell us whether you're a veteran

19

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

No **Go to question 22** Yes **↓ Please list details below**

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

20

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

No **Go to question 22**
 Yes **↓ Tick the box that best describes your benefit, pension or allowance**

- | | | |
|--|---|---|
| <input type="checkbox"/> Retirement or old age | <input type="checkbox"/> Superannuation | <input type="checkbox"/> Disability or health condition |
| <input type="checkbox"/> Widow or survivor | <input type="checkbox"/> Child or dependent | <input type="checkbox"/> War related |
| <input type="checkbox"/> Other | | |

21

If you ticked 'yes' for question 20, 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?		

22

Have you served with the New Zealand Armed Forces?

No Yes

If you've ticked 'yes', you may be entitled to a:

- Veteran's Pension (for more information call **0800 650 656**), and/or a
- War Disablement Pension or associated payments (for more information call Veterans' Affairs New Zealand on **0800 4 VETERAN (0800 483 8372)**).

Tell us about the people in your household

Tell us about your dependent children

23

Do you have dependent children in your care?

No

Go to question 29

Yes



Please provide details below

Child 1

Full name

Date of birth

--	--	--

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 2

Full name

Date of birth

--	--	--

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 3

Full name

Date of birth

--	--	--

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 4

Full name

Date of birth

--	--	--

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

If you need to include more than four children in your application, please write these details about each one on a separate sheet of paper, and bring them with this application form.

HOW TO ANSWER Q23:

Please give the names of children you support financially and who live with you as a member of your family, including:

- your own children
- adopted children
- stepchildren
- children at boarding school
- grandchildren / mokopuna.

The child's name should be the same as on the child's birth certificate.

Tell us the names of all parents of each child.

ATTACHMENT FOR Q23:

Bring the birth certificate for each dependent child.

24

Are you a sole parent?

No

Go to question 27

Yes

HOW TO ANSWER Q25:

Record the names of all known parents, including those:

- named on the child's birth certificate
- named in a Deed of Acknowledgement of Paternity, or
- named as the child's parent by the Court.

25

Have you named all the parents for each child?

No Please talk with us Yes

26

Have you applied for Child Support for each child?

No Please talk with us Yes

27

Do you have a shared care arrangement for any of your dependent children?

No Yes ↓ Please list the details below

Name of child	Hours a week in your care	Name of person you have shared care with

INFORMATION FOR Q26:

If you're a sole parent you may need to complete a Child Support application for each dependent child.

INFORMATION FOR Q28:

Working for Families tax credits are payments to families with children to help with day-to-day living costs. People getting a benefit who have dependent children generally qualify.

28

If you qualify for any Working for Families tax credits do you want them paid with your benefit?

No Yes

If you tick 'yes', we'll tell Inland Revenue for you - so you do not need to.

Tell us about other children that were dependent on you

29

Have you had any children in your care in the last 52 weeks who are no longer dependent on you?

No Yes ↓ Please list their details below

Name of child	Date of birth	Date they became no longer dependent

Tell us about your relationship status

Definition of a relationship for benefit purposes

Whether people are single or a couple affects eligibility for certain income assistance and the rate at which we can pay that assistance.

When we work out your entitlement to income assistance, we'll consider you to be in a relationship if you're married, in a civil union, or in a de facto relationship, and have a degree of companionship.

By degree of companionship, we mean two people:

- are committed to each other emotionally for the foreseeable future, *and*
- are financially interdependent.

To give you a better idea of what we mean by this, think about whether your relationship includes some of the things below:

- you live together at the same address most of the time
- you share responsibilities, for example bringing up children (if any)
- you socialise and holiday together
- you share money, bank accounts or credit cards

HOW TO ANSWER Q30:

Tick this statement to confirm you understand the definition of a relationship for benefit purposes.

If you don't understand what we mean by a relationship please leave this blank until you talk with us. In the meantime, go to question 31.

ATTACHMENT FOR Q34:

Bring your marriage or civil union certificate for your current relationship.

- you share household bills
- you have a sexual relationship
- people think of you as a couple
- you give each other emotional support and companionship.

30

Do you understand our definition of a relationship?

I understand the definition of a relationship for benefit purposes

31

Do you have a partner?

By 'partner' we mean someone you're in a relationship with. If you're not sure, please leave this section blank until you talk to us. In the meantime, go to question 49.

No Yes

Go to question 37

Your partner needs to complete the Partner form on page 31

32

What is your partner's full name?

33

What is your partner's date of birth?

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

34

What is your relationship status with your partner?

↓ Tick one of the following boxes

Married In a civil union In a relationship

35

Are you living at the same address as your partner?

No Yes

Go to question 38

36

Why are you living apart from your partner?

They're in prison

→ Date they were imprisoned

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

Your partner doesn't need to fill out the partner form.

Go to question 38

Other ↓ Please explain why below

INFORMATION FOR Q37:
This information helps us work out when your payments can start from.

37

Have any of the following happened in the last 28 days?

↓ Tick the box that applies and write the date it happened

My partner has died	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Day	Month	Year
I've separated from my partner	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Day	Month	Year
I've lost the financial support of a former partner	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Day	Month	Year

This information helps us work out when your payments can start from.

Tell us about your ability to work

38

Do you have a health condition, injury or disability that stops you from working 15 hours or more a week, or are you totally blind?

No [Go to question 51](#)

Yes

39

Please tell us about your health condition, injury or disability in your own words, and how it affects the work you can do.

40

Please tell us about the work you can do.

Tell us about any ACC cover

41

Do you have an injury, or does your health condition or disability result from an injury or accident?

No [Go to question 49](#) Yes

42

When did the injury or accident happen?

| || Day | Month | Year |

43

How did the injury or accident happen?

44

Have you applied, or will you apply, for earnings-related accident compensation payments?

No



Please write the reasons you're not applying

Go to question 49

Yes

45

Who will make these payments?

ACC

Another workplace accident insurer

Go to question 49

46

Have you applied to ACC?

No



Go to question 49

Yes



Which ACC office did you apply at?

47

When did you apply?

Day

Month

Year

48

What is your ACC reference number?

Tell us about any insurance cover

49

Do you have insurance to replace all or part of your income if you can't work?

No



Go to question 56 on page 19

Yes



Please write the name of the insurance company or scheme below

50

How much do you expect to get from insurance, before tax?

Weekly

\$

Lump sum

\$

Go to question 56 on page 19

Tell us about the person you're supporting

Tell us about the person

51

Are you applying because you are or will be caring full time for someone at home who would otherwise need hospital or similar level care?

No

[Go to question 56 on page 19](#)

Yes

Examples of this level of care are:

- residential disability care
- extended care services for severely disabled children and young people
- inpatient or residential hospital care
- rest home care.

The supported person can't be your husband, wife or partner.

ATTACHMENT FOR Q51:

You'll need to provide a medical certificate for the person you're caring for. This is on pages 15 to 18 and needs to be completed by a health practitioner – in most cases the usual doctor or specialist of the person being cared for.

52

What is the full name of the person being cared for?

First and middle names

Surname or family name

HOW TO ANSWER Q52:

Please write the name that's on the person's birth certificate or passport.

53

What date were they born?

Day

Month

Year

54

What is their relationship to you?

55

What date did you start caring for this person?

Day

Month

Year

Supported Living Payment medical certificate



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Health practitioner to complete

Information for medical practitioners

The health practitioner completing this form should generally be the usual health practitioner of the person being cared for.

To be eligible for this benefit:

- the applicant must be caring full-time for someone (except their spouse or partner) at home and
- the person being cared for would otherwise have to receive either:
 - residential disability care
 - extended care services for severely disabled children and young people
 - hospital-level care (in-patient or residential hospital care)
 - rest home care
 - care equivalent to any of these kinds of care.

The carer named in this application is applying for financial assistance while they're supporting your patient. Please provide relevant medical details about the person being cared for, your patient, so Work and Income can determine the carer's entitlement to this benefit.

Please complete all questions on the form.

For more information go to workandincome.govt.nz/medical

Personal details

HOW TO ANSWER Q2:
The carer is the person who'll be providing care and attention.

HOW TO ANSWER Q3:
Where the person being cared for is known by more than one name, please provide the person's name as it appears on their passport or birth certificate.

1 Carer's client number

2 Carer's name.
First name(s) Surname or family name

3 Name of person being cared for.
First name(s) Surname or family name

4 Date of birth of person being cared for.

Day Month Year

Medical details

INFORMATION FOR Q5:
Work and Income may arrange a second opinion.

5 Who do you consider best placed to provide this information?
 Yourself Second opinion Other

6 Are you the usual health practitioner of the person being cared for?
 No Yes

7 When did you last see the person being cared for? (Including today)
Date last seen: Never
Day Month Year

8 Please indicate what information this assessment is based on.

9 HOW TO ANSWER Q9:
Please list the diagnoses in the order of their impact, starting with the most significant.
The READ/SNOMED Code is optional if the description is provided.

9

What are the main diagnoses of the person being cared for?

Code	Description	Tick if covered by ACC
1.		<input type="checkbox"/>
2.		<input type="checkbox"/>
3.		<input type="checkbox"/>

10 INFORMATION FOR Q10:
A Needs Assessment and Service Coordination (NASC) assessment is not required for this benefit. However, a NASC assessment may provide you with useful information to assist with your assessment of the level of care otherwise required.

10

Has the person being cared for had a recent Needs Assessment and Service Coordination (NASC) assessment?

No **Go to question 12** Yes

11 HOW TO ANSWER Q12:
Not all factors will apply for children and young people, eg shopping. Factors should only be indicated if the person requires support over and above what is ordinarily needed by someone of the same age or what is developmentally appropriate.

11

Did the NASC assessment indicate the need for a level of care consistent with the requirements of this benefit? (See the information at the top of page 15)

No Yes I did not receive a copy of the assessment

12

Indicate the main factors that determine the need for care and attention of the person being cared for? (Please tick all applicable boxes)

Psychological / health related

- Physical limitations
- Psychiatric / psychological condition
- Cognitive / neurological condition
- Sensory impairment
- Undergoing current treatment
- Frequent hospitalisation / treatment demands
- Terminal illness
- High levels of physical support
- Mobility restrictions
- Chronic pain

Safety

- Respiratory support
- Falls risk
- Wandering
- Risk to life / life threatening condition
- Home safety / security

Personal care / household management

- Hygiene / grooming – including dressing and showering or bathing
- Toileting / continence
- Medication
- Shopping
- Finances
- Eating / drinking
- Meal preparation
- Housework / laundry

Memory, cognition and behaviour

- Memory loss
- Poor orientation to surroundings
- Delusions / hallucinations
- Mood / anxiety
- Inappropriate social behaviour
- Limited insight

Other Please specify below

13

Comment on how these factors impact on the need for care and attention of the person being cared for.

Full-time Care and Attention

Full-time care and attention means that the person will require 24-hour access to care and attention. This does not mean the carer is expected to give 24-hour care, but they must be available if required. The level of care and attention must be over and above the ordinary care and attention required by someone of the same age. The person being cared for would otherwise need hospital-level or residential care (or equivalent) and not be the carer's husband, wife or partner.

A carer can be away from the home for a few hours a day, and still be considered to be providing full-time care, if arrangements are made for the care of the person, and their safety is not compromised. The carer's absence could be for a number of reasons including part-time employment or study.

The carer must provide the care and attention at home. The home can be that of the person being cared for or of the carer.

'Care and attention' is the terminology used in the Social Security Act 2018 which sets out the criteria for this assistance.

14

Does the person being cared for require full-time care and attention?

No Yes

Levels of Care

Residential disability care

Residential disability care is the level of care provided for the care and attention of children, young people and adults whose needs can't be met in their own home with home-based services, generally because of their disability/impairment related needs.

Extended care services for severely disabled children and young people

Extended care is the level of care provided for the care and attention of a child or young person where the extent of their disability is such that suitable care can be provided only by an approved organisation or body. In some cases, the extended care arrangement may be an approved foster care placement.

Hospital-level care

Hospital care is the level of care provided by a non-government organisation (NGO) or District Health Board (DHB) as in-patient or residential hospital care, including geriatric hospital-level care.

Hospital care exceeds the level of care provided if a person is solely under the care of a hospital specialist or receiving out-patient care.

Rest home care

Rest home care is the level of care provided for the care and attention of people whose needs can't be met in their own home with home-based services, generally because of their age-related needs. This relates to the full continuum of residential rest home care.

Equivalent care

This is any type of care which is equivalent to any of the levels of care mentioned above.

15

What level of care would the person being cared for otherwise need if they were not cared for at home? (Please tick the applicable box)

- Residential disability care
- Extended care services for severely disabled children and young people
- Hospital-level care (in-patient or residential hospital care)
- Rest home care
- Another form of care equivalent to levels above
- Doesn't require care at the levels above

16

Is the need for care and attention time limited or permanent?

Time limited Please specify the expected duration below

Permanent

17

When should Work and Income review this care arrangement?

18

Would you like Work and Income to contact you about this medical certificate?

No Yes

HOW TO ANSWER Q17:
Please indicate if or when the level of care needed is likely to change, requiring a review of this care arrangement.

Health practitioner's verification

I have discussed the information contained in this form with the person being cared for (or their guardian or their legal representative).

No Please state reason below Yes

HPI number

Health practitioner's full name

Practice name and address

Telephone number ()

Health practitioner's signature

Date

Day Month Year

This information is required under the Social Security Act 2018.

Privacy: The information you provide is covered by our Privacy Statement which lets the client 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 *privacy*.

Tell us about your work in the last 52 weeks

By 'work' we mean any employment 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

56

Have you worked in the last 52 weeks?

No

Go to question 69

Yes

57

Are you working? If you're applying because you are caring for someone, don't include this as work.

No

Go to question 62

Yes

58

How many hours do you work a week?



Please describe the type of work you do

Full-time

Part-time

Casual

Seasonal

Self-employed

Voluntary

59

Are you a sole parent and pay for childcare while you're working?

No

Yes



Please tell us how much you pay

Weekly

Fortnightly

Monthly

60

Who are you working for?

Employer's name

Employer's contact details

Address		
Phone number	()	Fax ()
Email		

61

How much are you paid each week?

	Type of payment (include goods or services)	Amount before tax	Amount after tax
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$

HOW TO ANSWER Q58

If your hours vary week to week provide an average (for example the average hours worked a week over the last four weeks).

INFORMATION FOR Q58

By full-time, we mean you generally work at least 30 hours a week.

HOW TO ANSWER Q60

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 58, 60 and 61.

HOW TO ANSWER Q61:

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).

Tell us about any work during the last 52 weeks that has finished

HOW TO ANSWER Q63:
If you've had more than one job end in the last 52 weeks please record details of all other employers on a separate sheet of paper.

For each job include the employer's:

- name
- address
- phone number
- email and fax
- the job's start and end dates.

HOW TO ANSWER Q66:
Holiday pay includes long-service leave payments, and termination pay includes payments in lieu of notice.

HOW TO ANSWER Q67:
Don't include any of the payments you got in Q66.

INFORMATION FOR Q68:
Paid Parental Leave is paid to eligible parents to care for their newborn or newly adopted child. It's paid by Inland Revenue. You may get Best Start tax credits when the Paid Parental Leave ends.

62 Have you had any work in the last 52 weeks that you're no longer doing?

No **Go to question 69** Yes

63 Who did you last work for?

Employer's name

Employer's contact details

Address		
Phone number	() ()	Fax () ()
Email		

64 How long did you work there?

Date you started work			Date of last day at work		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year	Day	Month	Year

65 Why did this work end?

66 Did you get any of the following payments when you left?

No **Go to question 68**

Yes **↓ Please tick the box and write in the before-tax amount**

<input type="checkbox"/> Sick pay	\$ <input type="text"/>
<input type="checkbox"/> Holiday pay	\$ <input type="text"/>
<input type="checkbox"/> Termination pay	\$ <input type="text"/>
<input type="checkbox"/> Redundancy pay	\$ <input type="text"/>
<input type="checkbox"/> Other	\$ <input type="text"/>

↓ Please tell us what for

67 How much was your pay for the four weeks before you left?

	Before tax	After tax
1.	\$ <input type="text"/>	\$ <input type="text"/>
2.	\$ <input type="text"/>	\$ <input type="text"/>
3.	\$ <input type="text"/>	\$ <input type="text"/>
4.	\$ <input type="text"/>	\$ <input type="text"/>

68 Have you applied, or will you apply, for Paid Parental Leave?

No **Go to question 69** Yes **↓ Please write the details below**

Which child is it for?

How much is it each week? \$

What date will it end?

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

Tell us about your income and assets

Tell us about income in the last 52 weeks?

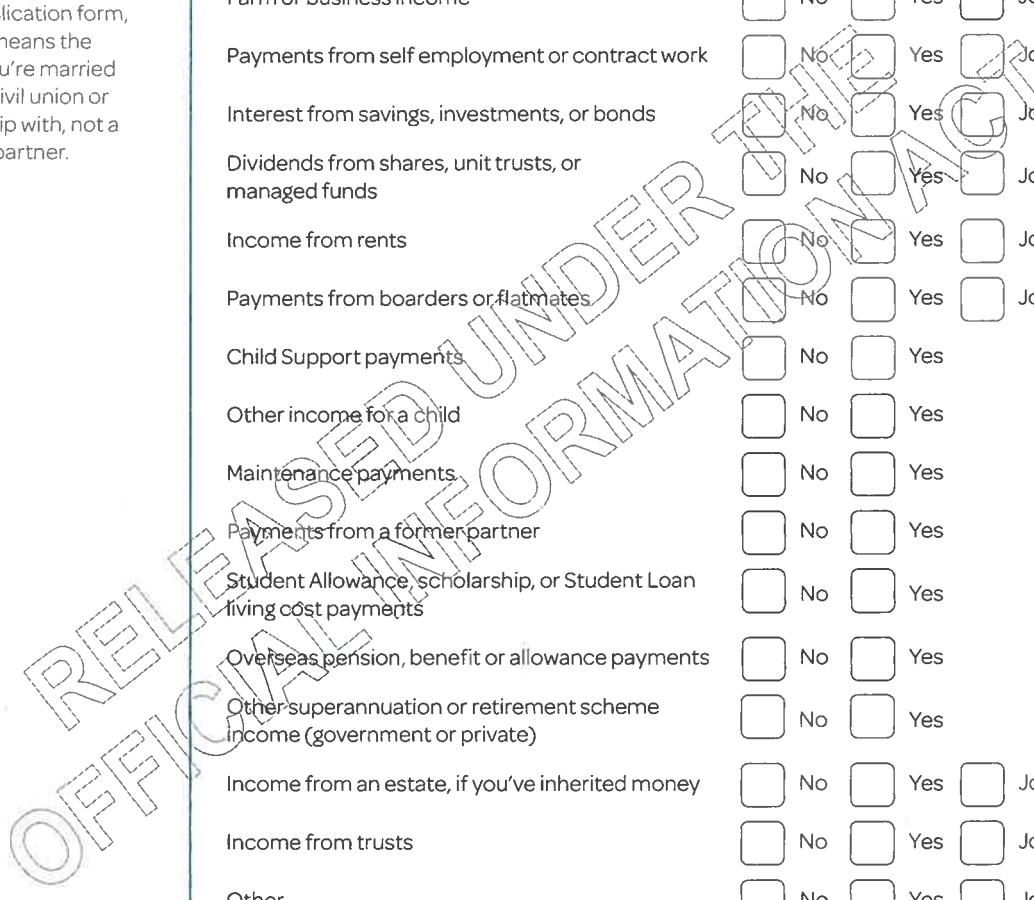
69

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

- 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 Q69:
Bring a copy of your business accounts.

INFORMATION FOR Q69:
In this application form, 'partner' means the person you're married to or in a civil union or relationship with, not a business partner.



70

Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 69?

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

ATTACHMENT FOR Q70:
You need to show us proof of income you've received in the last 52 weeks and details of your income for the last 26 weeks.

HOW TO ANSWER Q71:

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

71

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 Q72:

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 21.

72

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?		How often do you expect the payment?
	You	Jointly with partner	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

Are you involved in a trust?

73

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 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

ATTACHMENT FOR Q73:

You'll need to show us trust documents, such as the trust deed, deed of debt, gift statements, accounts.

Tell us about your assets

ATTACHMENT FOR Q74:
You may be asked to provide proof of your assets and their value.

74

Do you or your partner have any of the following cash 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
- Other cash assets No Yes

75

If you answered 'yes' to any of the assets listed above, please write the details below.

Type of asset	You	Your partner	Jointly owned
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

HOW TO ANSWER Q76:
Examples of property you don't live in include, land, holiday homes, bach/crib, investment properties.

76

Do you or your partner have any of the following non-cash assets?

- Property you don't live in No Yes
- Boat, caravan or motorhome No Yes
- Other No Yes

ATTACHMENT FOR Q77:
You may be asked to provide proof of these details.

77

If you answered 'yes' to any of the non-cash assets listed above, please write the details below.

Type of asset	How much is it worth?	How much do you owe on it?
	\$	\$
	\$	\$
	\$	\$

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Extra help form: Accommodation Supplement

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

Tell us if you want to apply **78**

Do you want to apply for the Accommodation Supplement?

No [Go to question 94](#) Yes

If you answered 'yes' you'll need to provide proof of your assets and their value (page 23)

Tell us who you live with **79**

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

Tell us about rental costs **80**

Do you pay rent?

No [Go to question 86](#) Yes

INFORMATION FOR Q80:

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

81 Do you pay rent to Kāinga Ora (previously Housing New Zealand) or an approved community housing provider?

No Yes [Go to question 94](#) You won't be able to get Accommodation Supplement

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

\$

ATTACHMENT FOR Q83:

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

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

\$

ATTACHMENT FOR Q84:

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

84 Do you pay water rates separately from your rent?

No Yes [Tell us how much you pay](#)

\$ How often?

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

[Go to question 94](#)

Tell us about board costs

INFORMATION FOR Q86:

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

HOW TO ANSWER Q86:

For example food, electricity, telephone.

ATTACHMENT FOR Q87:

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

86

Do you pay board?

No

Go to question 89

Yes

List what costs your board includes

87

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

88

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

Go to question 94

Tell us about home ownership costs

HOW TO ANSWER Q90:

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.

ATTACHMENT FOR Q90:

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

ATTACHMENT FOR Q91:

Bring receipts for any repair and maintenance costs.

ATTACHMENT FOR Q93:

You'll need to show proof of your rates rebate.

89

Do you own the home you live in?

No

Go to question 94

Yes

90

What are your home ownership costs?

	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		\$	

91

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

No

Yes

Please write the total amount

92

Do you have a mortgage from Housing New Zealand?

No

Yes

Please write your interest rate

93

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

No

Yes

Amount \$

Rating year 1 July

to 30 June

Extra help form: Disability Allowance

The Disability Allowance helps with extra costs if you or a family member has a health condition, injury or disability lasting more than six months. The allowance can help with extra costs directly related to the health condition, injury or disability.

Tell us about the person you're applying for 94

Do you want to apply for the Disability Allowance?

No Go to question 99 Yes

If you ticked 'yes' to question 94, you'll also need your doctor, specialist or nurse practitioner to fill out the Disability Allowance medical certificate on page 27. You need to complete one Disability Allowance application for each person you're applying for, so please ask us if you need more.

ATTACHMENT FOR Q95
You need to provide a Disability Allowance medical certificate for each person you apply for.

INFORMATION FOR Q117:
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? 95

You Your partner Your dependent child

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

First name	Surname or family name

Tell us about any payments you get for these health needs 96

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

No Yes ↓ Please write the details below

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

Is this health condition covered by ACC or War Disablement Pension? 97

No Yes If 'yes', you may not be entitled to a Disability Allowance

Describe your extra costs 98

What extra health-related costs do you have?

HOW TO ANSWER Q98:
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 Q98:
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
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

Disability Allowance medical certificate



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Health practitioner to complete

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 registered 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)

Nervous 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)

Immune system disorders

- 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 There may be no entitlement to Disability Allowance
- 6 to 12 months
- 1 to 2 years
- 2 to 3 years
- Permanent (never reassess)

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 because of the stated disability:

Type of consultation	Cost	How often (eg daily, weekly, monthly)	Registered Medical 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	Registered Medical 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
 Day Month Year

Extra help form: 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 99

Do you want to apply for Temporary Additional Support?

No [Go to page 40](#) Yes

If you answered 'yes', you'll need to provide proof of your assets and their value (page 23)

Tell us about any Working for Families tax credits you get 100

Do you or your partner get any Working for Families tax credits 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 credits below

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

Tell us what essential work-related costs you need to pay to keep working 101

Are you or your partner working?

No [Go to question 103](#) Yes

INFORMATION FOR Q102: 102

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

ATTACHMENT FOR Q102:
You'll need to show proof of these costs.

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

No Yes ↓ Please write the details below

Type of cost	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	\$	

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

INFORMATION FOR Q104:
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 Q107:
You'll need to show proof of what you pay for rent.

ATTACHMENT FOR Q1038:
You'll need to show proof of what you pay for water rates.

HOW TO ANSWER Q110:
For example food, electricity, telephone.

INFORMATION FOR Q1110:
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 Q111:
You'll need to show proof of what you pay for board.

103 Are you receiving, or are you applying for, an Accommodation Supplement?
 No Yes [Go to question 118](#)

104 Do you pay rent?
 No [Go to question 110](#) Yes

105 Do you pay rent to Kāinga Ora (previously Housing New Zealand) or an approved community housing provider?
 No Yes

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

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

108 Do you pay water rates separately from your rent?
 No Yes [Tell us how much you pay](#)
\$ How often

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

[Go to question 118](#)

110 Do you pay board?
 No [Go to question 113](#) Yes [List what costs your board includes](#)

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

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

[Go to question 113](#)

113

Do you own the home you live in?

No

Go to question 118

Yes

HOW TO ANSWER Q114:

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.

ATTACHMENT FOR Q114:

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

ATTACHMENT FOR Q115:

Bring receipts for any repair and maintenance costs.

114

What are your home ownership costs?

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	\$	

115

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

No

Yes



Please write the total amount

\$

116

Do you have a mortgage from Housing New Zealand?

No

Yes



Please write your interest rate

%

117

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

No

Yes

Amount \$

Rating year 1 July

20

to 30 June

20

Tell us about other essential costs

118

Do you or your family have any regular essential costs?

No

Yes



Please provide the details below

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

INFORMATION FOR Q118:

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.

ATTACHMENT FOR Q118:

You'll need to show proof of these costs.

If you don't apply for the Disability Allowance on page 26 and your costs are health-related, please tell us.

HOW TO ANSWER Q119:
Don't include toll or mobile phone costs.

119

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

No Yes

How much do you pay? \$

How often? (weekly, fortnightly, monthly)

ATTACHMENT FOR Q119:
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

120

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

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Supported Living Payment partner form



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This partner form should be completed by the partner of the person applying for Supported Living Payment. If you don't have a partner, or your partner doesn't need to complete this form, please go to the Obligations and Privacy section on page 41.

In this form, 'you', 'your', and 'yourself' means the partner of the person applying for Supported Living Payment.

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

Tell us the names you have been known by

ATTACHMENT FOR Q1:
Bring proof of who you are. What you need to bring is explained on page 3.

1

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 Yes

No Tell us the name that is on your birth certificate

First and middle names

Surname or family name

HOW TO ANSWER Q3:
For example, have you had married names, English names, changes by deed poll, or aliases?

3

Have you ever been known by any other name?

No Yes Write them all out below

1.

2.

ATTACHMENT FOR Q3:
Bring your marriage certificate, deed poll, or other proof of any name change.

4

What name would you like us to call you?

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

Write the full name

Tell us more about you

5

What date were you born?

Day	Month	Year

6

Are you:

Male
 Female
 Gender diverse

7

What is your Inland Revenue tax number?

--	--	--	--	--	--	--	--	--	--	--	--

8

What bank account would you want your payments to be paid into?

The account is in the name of:

--

The account number is:

	Bank	Branch						Account number		Suffix			
	/	/	/	/	/	/	/	/	/	/	/	/	/

ATTACHMENT FOR Q7:
Bring a form or letter from Inland Revenue showing your tax number.

ATTACHMENT FOR Q8:
You need to provide proof of your bank account details, such as a bank statement or deposit slip.

Tell us how we can contact you

9

Where do you live?

Flat/House number / Street name

--

Suburb

--

Town/City

--

HOW TO ANSWER Q9:
If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

10

Is your mailing address different from where you live?

No
 Yes
 ↓ Tell us your mailing address

--

HOW TO ANSWER Q10:
Mailing address can include a PO Box, rural delivery details, or C/O address.

11

How else can we contact you?

Tick the best way for us to first contact you

Home phone	()		
Mobile phone	()		
Other phone	()		

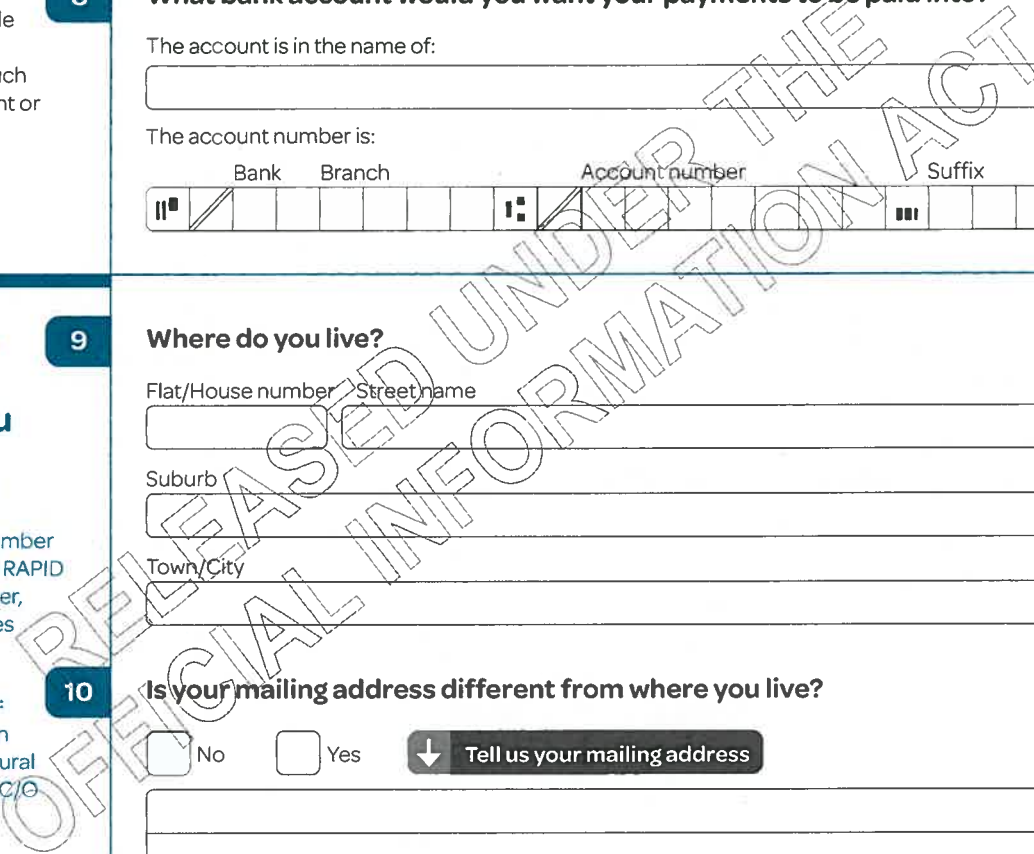
HOW TO ANSWER Q11:
Please only give us contact details you'd like us to use.

12

Do you agree to get emails from us?

No
 Yes
 ↓ Tell us your email address
 I don't have an email address

--



Tell us your ethnicity

13

Tick the group(s) you most identify with.

Māori → Which tribe(s) or iwi?
 New Zealand European Niuean Samoan Indian
 Other European Tokelauan Tongan Chinese
 Cook Island Māori Other ↓ Please write below Don't want to answer

INFORMATION FOR Q13:
We collect this information for statistics we use in research and future development work.

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.

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?

HOW TO ANSWER Q14:
This means you consider New Zealand your home, you are a legal resident, you usually live here and you intend to stay.

16

When did you arrive in New Zealand?

Day Month Year

17

What country were you born in?

HOW TO ANSWER Q18:
Please answer even if you're a New Zealand citizen by birth.

18

Have you lived in New Zealand continuously for at least two years since you became a New Zealand citizen or permanent resident?

No Yes

Tell us if you have lived or worked overseas

19

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

 No

Go to question 22

 Yes

↓ Please list the details below

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

INFORMATION FOR Q19:

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 Q19:

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.

20

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

 No

Go to question 22

 Yes

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Retirement or old age | <input type="checkbox"/> Superannuation | <input type="checkbox"/> Disability or health condition |
| <input type="checkbox"/> Widow or survivor | <input type="checkbox"/> Child or dependent | <input type="checkbox"/> War related |
| <input type="checkbox"/> Other | | |

21

If you ticked 'yes' for question 20, please give details of the payments you get.

ATTACHMENT FOR Q21:

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

	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 whether you're a veteran

22

Have you served with the New Zealand Armed Forces?

 No

 Yes

If you've ticked 'yes', you may be entitled to a:

- Veteran's Pension (for more information call **0800 650 656**), and/or a
- War Disablement Pension or associated payments (for more information call Veterans' Affairs New Zealand on **0800 4 VETERAN (0800 483 8372)**).

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

23

Are you working?

 No

Go to question 27

 Yes

HOW TO ANSWER Q24:

By full-time, we mean you generally work at least 30 hours a week.

24

What type of work do you do?

 Full-time

 Part-time

 Casual

 Seasonal

 Self-employed

 Voluntary

INFORMATION FOR Q24:

If you have more than one job please record details of your other employers on a separate sheet of paper.

25

Who are you working for?

Employer's name

Employer's contact details

Address	
Phone number	Fax ()
Email	

HOW TO ANSWER Q26:

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).

26

How much are you paid each week?

Type of payment (include goods or services)	Amount before tax	Amount after tax
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$

INFORMATION FOR Q27:

Paid Parental Leave is paid to eligible parents to care for their newborn or newly adopted child. It's paid by Inland Revenue.

You may get Best Start tax credits when the Paid Parental Leave ends.

27

Have you applied, or will you apply, for Paid Parental Leave?

 No

Go to question 28

 Yes

Please write the details below

Which child is it for?

How much is it each week?

 \$

What date will it end?

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

Tell us about your income

Tell us about income in the last 52 weeks?

28

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

- 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 Q28:
Bring a copy of your business accounts.

INFORMATION FOR Q28:
In this application form, 'partner' means the person you're married to or in a civil union or relationship with, not a business partner.

29

Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 28?

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 Q30:

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

30

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 Q31:

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 36.

31

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

Are you involved in a trust?

32

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 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

[Empty text box for name of trust]

ATTACHMENT FOR Q32:

You'll need to show us trust documents; such as the trust deed, deed of debt, gift statements, accounts.

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What you need to do (your obligations)



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When you're getting payments from us, there are some things you need to do to make sure you're getting paid the right amount. So does your partner, if you have one.

If you don't do these things, we could pay you the wrong amount. It could also mean we have to reduce or stop your payments. We don't want you to miss out on money you need so please read these carefully.



- ① A **job** could be part-time, casual or full-time, paid or unpaid.
- ① Having another baby while you're getting a benefit changes your obligations about looking for work.

Let us know when things change

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

Changes to your income or availability for work, 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.

Changes to where you live or how much it costs, like a rise or drop in your rent, board, mortgage or rates.

We also need to know if you:

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

If we have the wrong information we could pay you the wrong amount. If we pay you too much you might have to pay us back.



- ① Generally we can't pay you while you're out of New Zealand unless we've agreed to it.

Tell us if you're going overseas

If you're travelling overseas, you need to let us know.

You need to let us know before you leave New Zealand. If there's a good reason you can't, then you need to let us know as soon as you can.



- ① **Getting ready to work** might include job training courses, seminars, work experience, or work assessment.
- ② **Health condition** includes illness, disability, or injury.
- ③ **Full-time care and attention** means the person needs 24-hour access to care and attention that's over and above what's ordinarily needed by someone of the same age.

Do what you can to get ready for work

If you're able to, you'll need to do what you can to get ready for work while you:

- have a health condition that stops you from working 15 or more hours a week
- are caring for a person who needs full-time care and attention at home (other than your partner or spouse).

Your partner (if you have one) will generally need to do what they can to get ready for work if there are children in your care aged under 3.

We won't ask you to look for work until you're able to. Until then, you need to:

- make a plan and do everything you can to get ready for work
- meet with us when we ask.



- ① **Full-time work** for partners means work of at least 30 hours a week.
- ② **Part-time work** for partners with children means work of more than 20 hours and less than 30 hours a week.
- ③ **Getting ready to work** might include job training courses, seminars, work experience, or work assessment.
- ④ A **suitable job** is any work you're capable of doing and can get to. Work could be full-time, part-time or temporary work, or work that is seasonal or subsidised.

Partners who need to look for work

If you have a partner, they'll generally need to:

- look for full-time work if they're not caring for children under the age of 14
- look for part-time work if the youngest child in your care is between 3 and 13 years.

They'll also need to:

- do things we ask them to do to help them get ready for work
- be available for a suitable job, and do everything they can to get one
- take part in job interviews we ask them to go to
- accept any suitable job offer.

If potential employers or training providers are legally allowed to ask them to take a drug test, they'll need to pass the test.

When we ask, your partner will also need to:

- meet with us
- let us know what they're doing to find work.



Keep up-to-date with children's health and education

Looking after children in your care includes making sure they're:

- enrolled with a health practitioner or medical centre
- up-to-date with core Well Child/Tamariki Ora checks
- enrolled in and going to early childhood education from the age of 3 until they start school
- going to school from when they start at the age of 5 or 6.

If we ask, you'll need to talk to us about what you're doing to care for your children's health and education.



- ①** You'll set up a Youth Service Plan with your coach to cover:
- education, training and work-based learning
 - budgeting and how you'll manage your money
 - parenting (if you have children).

Work with a Youth Coach, if you're asked to

You'll need to work with a Youth Coach if you're:

- aged 16-17 and don't have children
- aged 16-19 and have children.

You'll meet with them to talk about how things are going with your Youth Service Plan.



- ①** You can find ideas on how to do this at msd.govt.nz/reducing-costs

Make any changes you can so you don't need Temporary Additional Support

Temporary Additional Support (TAS) is short-term help to meet your costs.

If you get TAS you need to do what you can to:

- reduce costs
- earn extra money
- get other help with costs

What can happen if you don't meet your obligations

You need to do the things listed above to keep getting payments from us. So does your partner, if you have one.

If you don't do these things your payments may go down or stop. In some cases you could even be prosecuted.



- ①** You can find full details about what can happen if you don't meet your obligations at msd.govt.nz/not-meeting-your-obligations

Your payments can go down or stop if you:

- don't tell us something we need to know
- are not doing what you need to do to get ready for work.

If your partner has to look for work, payments can also go down or stop if they:

- don't do something we asked them to do to look for work
- refuse an offer of suitable work
- refuse to take, or fail a drug test needed by an employer or training provider.

Your rights

You have the right to ask us to review any decision we make about your payments.



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



How we protect your privacy



MINISTRY OF SOCIAL
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Collecting your information

We collect your personal information so we can provide income support under the Social Security Act 2018, and connect you with employment, education, and housing services.

- 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 1993 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 msd.govt.nz/privacy

Signature page

Office copy

Applicant

I have answered all the questions that apply to me and my situation.

The information I have given you is true and complete.

I understand the things I need to do while I'm getting payments.

I will do what I need to do to meet my obligations.

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

Applicant's partner

I have answered all the questions that apply to me and my situation.

The information I have given you is true and complete.

I understand the things I need to do while I'm getting payments.

I will do what I need to do to meet my obligations.

I understand what you do with my personal information and how you protect my privacy.

Applicant's partner's name (print)

Applicant's partner's signature

Date

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

Helper's statement

Complete this if you've helped the applicant or their partner to complete this application form.

Your first and middle names

Your surname or family name

Your address

Your phone number

Tick the box for the statement that applies

I completed this application form at the request of the person applying. They told me they understood what they were signing. The statements and answers I have completed are true and complete as given to me by the person applying.

I completed this application form at the request of the partner of the person applying. They told me they understood what they were signing. The statements and answers I have completed are true and complete as given to me by the partner of the person applying.

Helper's signature

Date

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

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Signature page

Applicant's copy

Applicant

I have answered all the questions that apply to me and my situation.

The information I have given you is true and complete.

I understand the things I need to do while I'm getting payments.

I will do what I need to do to meet my obligations.

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

Please use the document checklist to help you make sure you bring all the documents you need to your meeting with us.

Applicant's partner's copy

Applicant's partner

I have answered all the questions that apply to me and my situation.

The information I have given you is true and complete.

I understand the things I need to do while I'm getting payments.

I will do what I need to do to meet my obligations.

I understand what you do with my personal information and how you protect my privacy.

Applicant's partner's name (print)

Applicant's partner's signature

Date

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

Please use the document checklist to help you make sure you bring all the documents you need to your meeting with us.

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Temporary Additional Support application form



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

Tell us about yourself

Write your Client number here. It can be found on your Community Services Card.

Client number

□	□	□	□	□	□	□	□	□	□	□	□
---	---	---	---	---	---	---	---	---	---	---	---

Tell us your details

1

What is your full name?

First and middle names

Surname or family name

--	--

2

What date were you born?

--	--	--

Day Month Year

3

Where do you live?

Flat/House number Street name

--	--

Suburb

Town/City

--	--

HOW TO ANSWER Q3:

If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

4

Is your mailing address different from where you live?

No

Yes

↓ Tell us your mailing address

--

HOW TO ANSWER Q5:

Please only give us contact details you'd like us to use.

5

How else can we contact you?

Tick the best way for us to first contact you

Home phone	()		
Mobile phone	()		
Other phone	()		

6

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

Tell us about your income and assets

Tell us about income in the last 52 weeks? 7

ATTACHMENT FOR Q7:
Bring a copy of your business accounts.

INFORMATION FOR Q7:
In this application form, 'partner' means the person you are married to or in a civil union or relationship with, not a business partner.

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

- 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 Q8:
You need to show us proof of income you have received in the last 52 weeks and details of your income for the last 26 weeks.

8 Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 7?

No Yes

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

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

Tell us about any Working for Families tax credits you get

9

Do you or your partner receive 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

↓ Please write the details of any tax credit below

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

Tell us about your assets

10

Do you or your partner have any of the following cash assets?

- No Yes
 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
 Other cash assets

ATTACHMENT FOR Q10:
You may be asked to provide proof of your assets and their value.

11

If you answered 'yes' to any of the assets listed above, please write the details below.

Type of asset	You	Your partner	Jointly owned
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

HOW TO ANSWER Q12:
Examples of property you don't live in include, land, holiday homes, bach, crib, investment properties.

12

Do you or your partner have any of the following non-cash assets?

- No Yes
 Property you don't live in
 No Yes
 Boat or caravan
 No Yes
 Other

13

If you answered 'yes' to any of the non-cash assets listed above, please write the details below.

Type of asset	How much is it worth?	How much do you owe on it?
	\$	\$
	\$	\$
	\$	\$

Are you involved with a trust?

14

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 sold or gifted 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

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

15

Are you or your partner working?

 No

Go to question 17

 Yes

16

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

 No

 Yes

↓ Please write the details below

INFORMATION FOR Q16:

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

How often? (For example, weekly, fortnightly)

Type of cost	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	\$	

ATTACHMENT FOR Q16:

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

17

Are you receiving, or are you applying for, an Accommodation Supplement?

No

Yes

Go to question 32

18

Do you pay rent?

No

Go to question 24

Yes

19

Do you pay rent to Kāinga Ora (formerly Housing New Zealand)?

No

Yes

20

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

\$

21

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

\$

22

Do you pay water rates separately from your rent?

No

Yes

Tell us how much you pay

\$

How often

23

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

Go to question 32

24

Do you pay board?

No

Go to question 27

Yes

List what costs your board includes

25

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

\$

26

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

Go to question 32

INFORMATION FOR Q18:

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

ATTACHMENT FOR Q21:

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

ATTACHMENT FOR Q22:

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

INFORMATION FOR Q24:

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 Q25:

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

27

Do you own the home you live in?

 No

Go to question 32

 Yes

28

What are your home ownership costs?

	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		\$	

29

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

 No

 Yes

→ Please write the total amount

 \$

30

Do you have a mortgage from Housing New Zealand?

 No

 Yes

→ Please write your interest rate

 %

31

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

 No

 Yes

Amount \$

Rating year 1 July 20

to 30 June 20

Tell us about other essential costs

32

Do you or your family have any regular essential costs?

 No

 Yes

↓ Please provide details below

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

If you don't apply for the Disability Allowance on page 27 and your costs are health-related, please tell us.

HOW TO ANSWER Q28:

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.

ATTACHMENT FOR Q28:

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

ATTACHMENT FOR Q29:

Bring receipts for any repair and maintenance costs.

INFORMATION FOR Q32:

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.

ATTACHMENT FOR Q32:

You'll need to show proof of these costs.

2 HOW TO ANSWER Q33:
Do not include toll or mobile phone costs.

33

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

No

Yes



Please write the details below

How much do you pay?

\$

How often? (weekly, fortnightly, monthly)

Tell us what you have done to try to pay your essential costs

34

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

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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.

Change to where you live or how much it costs, like a rise or drop in your rent, board, mortgage or rates.

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