

Parent's income verification form



MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

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Return the completed form to:
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Please provide information on this form about the person named below so we can work out their eligibility for financial assistance. We're asking for this information under Section 298 of the Social Security Act 2018.

Person's full name First and middle names Surname or family name

Client number | |

Please fill out all the questions on this form and return it to us by Day Month Year

If you need help filling in this form, please contact me.

Thank you.

MSD staff member's name

MSD staff member's contact details

Phone number	()	Fax	()
Email			

MSD staff member's signature Day Month Year

First (main) guardian's details

1

What is your full name?

First and middle names

Surname or family name

2

How are you related to the person applying for the benefit?

3

Are you getting a benefit?

No

Yes

↓ If yes, what is your client number?

 | |

4

Do you have any other dependent children in your care?

No

Yes

↓ If yes, how many dependent children?

Tell us about your current work

5

Are you working?

No

Go to question 8

Yes

6

Who are you working for?

Employer's name

Employer's contact details

Address	
Phone number	()
Email	

7

How much are you paid each week?

Amount before tax

Amount after tax

Tell us about income

8

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 (private arrangement or through Inland Revenue) 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

INFORMATION FOR Q8:

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

ATTACHMENT FOR Q9:

You need to show us proof of income you've received in the last 52 weeks.

9

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

- No Yes **↓ If yes, tell us the total before-tax amounts, for the last 52 weeks**

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

HOW TO ANSWER Q10:

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

10

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

- No Yes **↓ If yes, tell us about the type of payment and its value**

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

The information I've given is true and complete.

Guardian's name (print)

Guardian's signature

Day

Month

Year

Second guardian's details

1

What is your full name?

First and middle names

Surname or family name

2

How are you related to the person applying for the benefit?

3

Are you getting a benefit?

No

Yes

↓ If yes, what is your client number?

 | |

4

Do you have any other dependent children in your care?

No

Yes

↓ If yes, how many dependent children?

Tell us about your current work

5

Are you working?

No

Go to question 8

Yes

6

Who are you working for?

Employer's name

Employer's contact details

Address	
Phone number	()
Email	

7

How much are you paid each week?

Amount before tax

 \$

Amount after tax

 \$

Tell us about income

8

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

The information I've given is true and complete.

Guardian's name (print)

Guardian's signature

Day Month Year