

Domestic Purposes Benefit Application – Women Alone



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

If you need help with this form call us on ☎ **0800 559 009**.

Who can get this benefit

If you need help filling in this form, please ask at your nearest Work and Income Service Centre.

Mehemea e hiahia me awhina a koe ki te whakaki i tenei panui, haere patai ki te poari o te Work and Income tata tonu ki a koe.

Afai e te mana'omia se fesoasoani i le faatumuina o so'o se pepa talosaga e uiga i penefiti, faamolemole faafesoota'i le ofisa o le Work and Income.

A Domestic Purposes Benefit for Women Alone can be paid to you when one of the following events has taken place after you have turned 50 years of age:

- your last dependent child is no longer dependent **and** you have been married, in a civil union, or a de facto relationship; or had the care of a dependent child for at least 15 years in total
- you have lost the support of your spouse or partner and were married, in a civil union, or a de facto relationship for at least five years **or**
- you have stopped providing full-time care for an incapacitated relative **and** you have provided this care for at least five years.

You must also:

- have lived in New Zealand continuously for two years at any one time since becoming a New Zealand citizen or permanent resident **and**
- usually live in New Zealand.

What to bring

Please ask Work and Income staff for help if:

- you do not have any of the documents we have asked for
- you think there could be a delay in providing this information
- you would like to know about extra help.

What other help can you get?

If you are finding it difficult to meet some of your daily living costs, such as food, power, accommodation or medical expenses, we may be able to help. There are different types of extra help we offer. How we can help you depends on your own individual situation. If you'd like to know more please read our brochure "How can we help you" or call us on

☎ 0800 559 009.

When you apply for a Domestic Purposes Benefit for Women Alone, you will need to complete this application form and provide the following:

- For New Zealand born clients, one form of government-issued documentation stating your full legal name and date of birth (eg your birth certificate, passport, driver's licence, firearms licence, deed poll etc)
- For clients born overseas, proof of your lawful residence in New Zealand (eg New Zealand passport, other country passport with residence visa, citizenship certificate, etc)
- Two more documents supporting your identity. These could include your marriage certificate, bank statement, phone or power account, driver's licence, etc)

Note: One of the documents requested above must be at least 2 years old.

- Proof of any name change.
- Marriage or civil union certificate (if you have one).
- A form or letter from Inland Revenue showing your IRD (tax) number.
- Gross income details (eg weekly gross wage and gross holiday pay) for the 52 week period immediately before application **and** details of your last 26 weeks gross income.
- Proof of any accommodation costs.
- Proof of bank account details.
- Proof or quotes for any expenses relating to your disability.
- Proof of any other essential ongoing costs (eg hire purchase agreements).
- Proof of assets.

Privacy Statement

The legislation administered by the Ministry of Social Development allows us to check the information that you give us in this form.

This may happen when you apply for a benefit and at any time after that.

The Privacy Act 1993 requires us to tell you that:

- The information you give us is collected under the authority of the legislation administered by the Ministry of Social Development.
- The information will be held by the Ministry of Social Development.
- The information is collected for the purposes of the legislation administered by the Ministry of Social Development (including Work and Income, Child, Youth and Family and other service lines of the Ministry), and in particular for:
 - granting benefits and other assistance under the Social Security Act 1964
 - providing employment related services
 - statistical and research purposes
 - providing advice to Government
 - care and protection needs of children
 - providing support and services for you and your family
 - providing education related services.
- Work and Income may contact health providers to verify any health related information you give us.
- Work and Income may give employers information about you to find you employment. Where Work and Income refer you to a job vacancy, we may also contact the employer to discuss the result of any job interview that you attend.
- Work and Income may share information you have given us with childcare centres to administer your entitlement to childcare.
- Other information that you give us on your skills, aspirations, family circumstances etc, and that is not required to assess your entitlement to a benefit may be used to provide a better service to you by the Ministry of Social Development.
- The information you give us may be compared with information held by Inland Revenue, the Ministry of Justice, the Department of Corrections, the New Zealand Customs Service, the Department of Internal Affairs, the Accident Compensation Corporation, Housing New Zealand Corporation, Ministry of Health and Immigration New Zealand. It may also be compared with social security information (for example, pension or benefit information) held by other governments (including Australia and the Netherlands).
- Under the Tax Administration Act 1994, if you have dependent children, the information you give us may be shared with Inland Revenue for the purpose of administering Working for Families Tax Credits. Inland Revenue may also:
 - use the information for the purposes of child support, student loans and taxation
 - disclose it to the Department of Labour, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
 - disclose your personal information to your partner.
- Under the Privacy Act 1993 you have the right to ask to see all information we hold about you, and to ask us to correct that information.
- You are not required to give us information, but if you do not give us all the information we ask for, your application for benefits may be declined.

Obligations

Work situation changes include starting part-time, casual or full-time work, whether paid or unpaid.

Changes in your living situation include:

- marriage or separation
- starting or ending a civil union
- starting or ending a de facto relationship with someone of the same or opposite sex
- change in the number of children supported
- change in accommodation costs.

I must tell Work and Income immediately if I:

- have a change in work situation
- become self employed / start to run a business
- have changes to my income or financial circumstances
- intend to travel overseas
- start / finish part-time or full-time study
- have changes to personal details (such as name, address or bank account details)
- have changes to my living situation
- am imprisoned / held in custody on remand
- am admitted to or discharged from hospital
- have been granted an overseas pension
- have any other changes that may affect my benefit entitlement or rate.

Important

I understand that:

- if I have made a false statement **or**
- if I have failed to answer all the questions in full **or**
- if I do not tell Work and Income about changes in my life that might affect my entitlement or rate **then**
 - my benefit may be reviewed and cancelled **and**
 - I may have to pay back the total amount of any overpayment that I have received **and**
 - Work and Income may impose a penalty (up to three times the value of the overpayment) **or**
 - I may be prosecuted and fined or imprisoned.

Additional information

Information required by

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

Contact name

Your client number is:

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

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Work and Income
Te Hiranga Tangata

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CLIENT NUMBER

Please read this before you start

Please check that you have all relevant “What to bring” items on the front of this form.

Please complete all questions – if not applicable write N/A.

Name

1. What is your name?

First name(s)

Surname or family name

Q2 note: Give any other names that you use now or have used in the past (including your maiden name).

2. Are you known by or have you used any other names?

No Yes ▶ Please provide details below:

1.

2.

Q3 note: Please tick one box to show the title you want to be known by.

3. What do you want to be called?

Mrs Miss Ms Mr No title Other

Birth date

4. What is your date of birth?

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

Address

Q5 note: If you live in a rural area, a house number could include:

- RAPID number
- fire number
- emergency services number.

Q6 note: Mailing address includes:

- postal box (PO Box)
- rural delivery details
- C/O address.

5. Where do you live?

Flat/house no. Street name

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

City

<input type="text"/>	<input type="text"/>
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6. What is your mailing address (if different from above)?

If you live at a rural address please include your rural delivery details here:

7. How can we contact you?

Work phone

Home phone

Mobile phone

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

Fax

<input type="text"/>	<input type="text"/>
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Past benefits

8. Are you currently receiving any type of benefit?

No Yes ▶ What type of benefit?

9. Have you ever received any type of benefit before?

No ▶ Go to Question 11 Yes ▶ What type of benefit?

10. What was your client number?

Residency

Q11 note: Tick one box.

11. Indicate which describes your residency situation:

- New Zealand citizen (by birth) ▶ Go to Question 15
- New Zealand citizen (other)
 Date of citizenship ▶ Go to Question 13
 Day Month Year
- Permanent resident
 Date permanent residence granted ▶ Go to Question 13
 Day Month Year
- Other ▶ Go to Question 12

12. What is your residency status?

13. When did you arrive in New Zealand?

 Day Month Year

14. Where were you born?

15. Have you lived in New Zealand continuously for two years at any one time since becoming a New Zealand citizen or permanent resident?

- No ▶ Talk to us about other assistance you may be able to get Yes

16. Do you usually live in New Zealand?

- No Yes

17. Have you lived in any countries outside New Zealand?

- No Yes ▶ Please fill in the Overseas Residence Details section of this form on page 18

Q16 note: This means that you consider New Zealand your home, you are a legal resident, usually live here and intend to stay permanently.

Ethnic group

Q18 note: You don't have to answer this question if you don't want to.

This information is for statistics and will be used for research and future development work.

18. To what ethnic group do you believe you belong?

- New Zealand Maori ▶ Which tribe(s)/iwi?
- New Zealand European Niuean Samoan Indian
- Other European Tokelauan Tongan Chinese
- Cook Island Maori Other ▶ Please specify below:

War/Veteran's pension entitlement

19. Have you served with the New Zealand Armed Forces?

- No Yes ▶ You may be entitled to:
- ▶ War Disablement, Surviving Spouse or Partner pension. For more information call ☎ **0800 4 VETERAN (0800 4 838 372)**, and/or
 - ▶ Veteran's Pension. For more information call ☎ **0800 650 656**.

Tax number

20. What is your Inland Revenue tax number?

Bank details

21. What bank account do you want the benefit paid into?

Name of bank (eg ANZ):

Name of branch (eg Lower Hutt):

The account is in the name of:

The account number is:

Bank	Branch	Account number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Office use only

Verified by

Employment

Q22 note: Paid employment includes employment for which you receive non-monetary benefits, eg free board, payments in kind, or drawings from an unprofitable business.

Q24 note: Give the name, telephone number and address of the firm or person you work for.

Q25 note: Give gross (before tax) amount of wages and the value of any non-monetary benefits received, eg free board or any drawings, whether or not the business makes a profit.

Q27 note: Give the name, telephone number and address of the firm or person you worked for.

Q28 note: Give gross (before tax) and net (after tax) amounts.

Q31 note: Give gross (before tax) amount.

Q32 note: Give the name and address of your employer, and the start and end dates of your employment.

Q33 note: Give type of payments, eg long service leave, payments in lieu of notice, etc.

22. Are you working or have you been working in the last 52 weeks?

No ▶ Go to Question 33 Yes

23. Are you still working?

No ▶ Go to Question 27

Yes ▶ Is the job: Full time Part time Casual

Seasonal Voluntary Self employment

24. Who are you working for?

1
2

25. How much is your gross weekly wage?

\$

26. Have you had any other employment in the last 52 weeks?

No ▶ Go to Question 33 Yes ▶ Go to Questions 27–33

27. Who did you last work for and what sort of work did you do?

28. What was your weekly wage in your last job?

Gross	Net
\$ <input style="width: 150px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>

29. How long did you work for?

Start date	Finish date
<input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/>
Day Month Year	Day Month Year

30. Why did you leave your last job?

31. Did you get holiday pay when you left the job?

No Yes ▶ Please provide gross amount: \$

32. Have you had any other employment in the last 52 weeks apart from that answered in Questions 22–31?

No Yes ▶ Please provide details below:

33. Did you get any redundancy / termination-type payment in the last 52 weeks?

No Yes ▶ Please provide details below:

Gross amount	Payment type	Date paid
\$		/ /
\$		/ /
\$		/ /
\$		/ /

Other income

Q34 note: Examples of income from other sources:

- wages or salary
- accident compensation
- farm or business income (include drawings)
- self employment
- interest from savings or investments
- dividends from shares
- income from rents
- redundancy or termination type payments
- Child Support
- maintenance payments
- boarders
- Student Allowance, scholarship or Student Loan living cost payments
- any other income, eg family trusts, overseas payments.

Give gross (before tax) amount.

 You may be required to show proof of these details.

34. Did you get income from any other source in the last 52 weeks?

No Yes ▶ Please provide details below:

Source (eg bank account number)	Gross income (eg interest)
	\$
	\$
	\$
	\$
	\$

35. Do you expect to get other income in the next 52 weeks?

No Yes ▶ Please provide details below:

Source (eg bank account number)	Gross income (eg interest)
	\$
	\$
	\$
	\$
	\$

Dependent children currently in your care

Q36 note: A dependent child is a child under 18 years who is financially dependent on you and is living with you as a member of your family.

36. Do you have dependent children in your care?

No Yes ▶ Please discuss this with Work and Income.

Dependent children previously in your care

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

No Yes ▶ Please provide details below:

Child's full name	Date of birth	Date the child left your care or was no longer dependent
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /

Partner

Q38 note: A partner is your spouse (husband or wife), your civil union partner, or a person of the same or opposite sex with whom you have a de facto relationship.

38. Are you living with a partner?

Yes ▶ Please discuss this with Work and Income

No ▶ Please go to Question 39

39. Did you have a partner?

No ▶ Go to Question 46

Yes ▶ Please provide details below:

First name(s)

Surname or family name

40. What is your partner's date of birth?

Day Month Year

41. How long did you live with your partner?

Years Months

42. If married or in a civil union, what date did you marry or enter the civil union?

Day Month Year

43. When did you stop living with your partner?

Day Month Year

44. Has your partner died?

No

Yes ▶ When did they die?

Day Month Year

45. Is your partner in prison?

No ▶ Go to Question 46

Yes ▶ What was the date of imprisonment?

Day Month Year

▶ Which prison?

Relative's details

Q46 note: A relative is:

- parent, step-parent
- child or step-child over the age of 15 years
- grandparent
- great-grandparent
- sister, step-sister
- brother, step-brother
- aunty, uncle, nephew, niece or first cousin.

46. Have you ceased caring for an incapacitated relative?

No ▶ Please fill in the Accommodation Supplement section of this form on page 9

Yes ▶ Please go to Question 47

47. What was the name of the relative you have ceased caring for?

Name

Relationship to you

48. What was the date care ceased?

Day Month Year

49. How long did you care for this relative?

50. Was the care full time?

No

Yes

Accommodation Supplement

Who can get Accommodation Supplement?

If you are renting, boarding or own your own home, you may be able to get extra help through Accommodation Supplement.

51. Do you want to apply for Accommodation Supplement?

Yes ▶ Please provide details below: No ▶ Please go to page 11, Disability Allowance section

Living situation

52. Do you live alone?

Yes No ▶ Please provide the names of the others you live with below:

First name	Surname	Relationship to you


Assets

Q53 note: Examples of cash assets:

- money in bank or savings organisation
- money lent to other people or organisations
- money in Bonus Bonds, shares, debentures or government stock.

Q54 note: Examples of non-cash assets:

- leisure boats
- caravans
- land or buildings other than your home, eg holiday homes.

 You may be required to show proof of these details.

53. Do you or your partner have any cash assets?

No Yes ▶ Please provide details below:


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

54. Do you or your partner have any non-cash assets?

No Yes ▶ Please provide details below:

Type of asset	Total value	Money owing
	\$	\$
	\$	\$
	\$	\$

Rent

 You may be asked to bring something that proves how much you pay, eg rent book, tenancy agreement.

55. Do you pay rent?

No ▶ Go to Question 60 Yes ▶ Please provide details below:

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


57. How much of this do you pay for yourself and your family? \$

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

59. Do you live in a property owned or managed by Housing New Zealand?

No ▶ Go to Question 60 Yes ▶ You are not entitled to receive an Accommodation Supplement

Board

 Please bring something that proves how much you pay.

Board includes:

- food
- power
- cost of room
- telephone.

60. Do you pay board?


No ▶ Go to Question 63

Yes ▶ Please provide details below:

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

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

Home owner


 Please bring something that proves how much you pay for mortgage, insurance, etc.

Please only include mortgages that relate to the purchase or alteration of the home.

Include both interest and principal.

Do not include contents insurance.

Include water rates if you pay them separately.

 Please bring in receipts for repairs and maintenance.

63. Do you own the home you live in?

No ▶ Go to Question 67

Yes ▶ Please provide details below:

	Name of company	Amount of payment	How often is the payment (weekly, monthly, 2-monthly 6-monthly, yearly)?
First mortgage	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other mortgage	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
House insurance	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Ground lease	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Mortgage insurance	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Rates	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Water rates	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

64. What was the total cost of repairs and maintenance in the last 12 months?

65. If you have a Housing New Zealand mortgage, what is your interest rate?

 %

66. Have you received a Rates Rebate?

Yes ▶ Amount

Rating year 1 July

2	0		
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No

to 30 June

2	0		
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Disability Allowance Application

Please complete all questions – if not applicable write N/A.

Who can get Disability Allowance?

If you, or a family member, have a disability, likely to continue for at least six months, you may be able to get extra help through a Disability Allowance.

We may be able to help with costs such as ongoing visits to the doctor, medicines, medical alarms and travel.

Your doctor or specialist will need to complete the Disability Certificate.

67. Do you want to apply for Disability Allowance?

Yes ▶ Please provide details below: No ▶ Please go to page 15, Temporary Additional Support section

Entitlements

68. Is this disability covered by private medical insurance?

No Yes ▶ Please provide details below:

69. Is this disability covered by ACC or War Disablement Pension?

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

Expenses

Q70 note: You must provide invoices, receipts, quotes or printouts for each additional expense before they can be considered as an ongoing cost for Disability Allowance. These must be attached to this form when you have completed it.

All of these expenses must be directly related to the disability and verified as necessary by a registered medical practitioner.

Do not include costs that are covered by a War Disablement Pension.

70. What additional expenses are paid for as a result of the disability?

List pharmaceuticals/items/services/treatments (eg medical costs, gardening, transport, medical alarms)	Cost?	How often (eg daily, weekly, monthly)?	Verification provided (please tick ✓)
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		



Work and Income
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CLIENT NUMBER

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Please read this before you start

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

1. The person has a disability which is likely to continue for not less than 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 of the body of organisms capable of causing illness.

For more information about Disability Allowance, refer to the "Guide for Medical Practitioners – Disability Allowance" brochure.

Name

1. What is the client's name:

First name(s)

Surname or family name

Disability details

2. Registered medical practitioner's name and address:

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

Yes ▶ Please provide details below:

No ▶ Please go to Registered Medical 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)

continued overleaf...

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 or specialist visits

6. Please list the type, cost and how often visits to doctors or specialists are necessary and result from 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

Registered Medical Practitioner's verification

Please print or stamp your full name, address, telephone number and Medical Council registration number.

Registered Medical Practitioner's stamp or name and address

Medical Council registration number

Medical Practitioner's signature

Day	Month	Year

This information is required under the Social Security Act 1964.

Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.

Temporary Additional Support Application

Who can get Temporary Additional Support?

If you are finding it hard financially, extra help with essential costs may be available through Temporary Additional Support.

It's important that you take all necessary steps to get other assistance towards costs and take reasonable steps to increase income and reduce costs where possible.

To get Temporary Additional Support, your cash assets will need to be below a certain level.

71. Do you want to apply for Temporary Additional Support?

Yes ▶ Please provide details below: No ▶ Please go to page 18, Overseas Residence Details section


Assets

Q72 note: Examples of cash assets:

- money in bank or savings organisation
- money lent to other people or organisations
- money in Bonus Bonds, shares, debentures or government stock.

Q73 note: Examples of non-cash assets:

- leisure boats
- caravans
- land or buildings other than your home, eg holiday homes.

 You may be required to show proof of these details.

72. Do you and/or your partner have any cash assets?

No Yes ▶ Please provide details below:

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

73. Do you and/or your partner have any non-cash assets?

No Yes ▶ Please provide details below:

Type of asset	Total value	Money owing
	\$	\$
	\$	\$
	\$	\$

Working for Families Tax Credits

Q74 note: Working for Families Tax Credits payments include:

- family tax credit
- in-work payment
- minimum family tax credit
- child tax credit
- parental tax credit.

74. Do you and/or your partner receive any Working for Families Tax Credits payments from Inland Revenue?

No Yes ▶ Please provide details below and provide a Certificate of Entitlement from Inland Revenue. You can get a Certificate of Entitlement by calling Inland Revenue on **0800 257 720**. Please have your IRD number available

Type of payment	You	Your partner	How often (weekly, fortnightly etc)?
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

Employment costs

Q75 note: Employment costs include:

- vehicle running costs or public transport to employment
- childcare if the caregiver is working
- telephone if it is a condition for employment.

 You may be required to show proof of these costs.

75. Do you and/or your partner have any essential employment costs?


No Yes ▶ Please provide details below:

Employment cost	Amount	How often (weekly, fortnightly etc)?
	\$	
	\$	
	\$	
	\$	

Temporary Additional Support Application

Accommodation costs

Q77 note: If you don't have a cost, write 'nil'.

 Please provide proof of these costs.

76. Do you or your partner have any accommodation costs?

No ▶ Go to Question 79 Yes ▶ Please complete details below if you have not applied for the Accommodation Supplement

77. Please give details of your costs.

	Name of company or person you pay	Your cost	How often (weekly, fortnight etc)?
Rent		\$	
Board		\$	
First mortgage		\$	
Other mortgage		\$	
House insurance		\$	
Ground lease		\$	
Mortgage insurance		\$	
Rates		\$	
Water rates		\$	
Cost of essential repairs and maintenance for the last 12 months		\$	

78. Have you received a Rates Rebate?

Yes ▶ Amount \$ Rating year 1 July

No to 30 June

Credit sales (hire purchases) and regular costs

Q79 note: Essential items that may be included:

- beds, dining suites, fridge / freezer, portable heaters, lounge suite, stove, television
- vehicle repayments
- washing machine (or laundrette costs)
- dryer (disability)
- childcare costs (disability).

79. Do you and/or your partner have any essential credit sales (hire purchases) or regular costs?

Item	Amount	How often (weekly, fortnight etc)?	Start / purchase date	End date
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			

Please talk to us if you, your partner or any dependent children have disability costs but have not applied for a Disability Allowance.

Overseas Residence Details

Periods of overseas residence

Q82 note: Periods of overseas residence may affect entitlement to some benefits.

This information is required to assess eligibility to any overseas benefits and pensions.

For more information call International Services on ☎ 0800 777 227.

82. Have you lived in any countries outside New Zealand?

No Yes ▶ Please provide details below:

Name of country	Entry date	Exit date	Purpose (eg working, immigration)
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

Overseas pensions and benefits

83. Are you receiving a social security pension or pension of a similar nature from the government of a country other than New Zealand?


No Yes

If 'Yes', what type of social security pension or pension of a similar nature are you receiving from another country or countries?

- Retirement or old age
 War service
 Disability or invalidity
 War widow
 Widow or survivor
 War restitution
 Superannuation
 War injury
 Child or dependant
 Other payments

If you ticked any of the boxes above, please give details about the type of payment you receive below:

Your payment details	Pension 1	Pension 2	Pension 3	Pension 4
Country the payment comes from:				
How much do you receive in each payment? (in overseas currency):				
Is this amount before or after tax?:				
How often do you receive this payment? (eg weekly, monthly, annually):				
Overseas payment reference number:				
Name of your pension, benefit or allowance:				

 Please attach any documents to your completed application form that confirm the payment(s), eg pension certificates.

If you receive more than four payments, please attach a separate sheet showing the details.

Please read this statement carefully and sign.

I must tell Work and Income immediately if I:

- have a change in work situation (such as starting part-time, casual or full-time work, whether paid or unpaid)
- become self-employed / start to run a business
- have changes to my income or financial circumstances
- intend to travel overseas
- start / finish part-time or full-time study
- have changes to personal details (such as name, address or bank account number)
- have changes to my living situation (such as marriage or separation, starting or ending a civil union, starting or ending a de facto relationship with someone of the same or opposite sex, change in the number of children supported, change in accommodation costs)
- are imprisoned / held in custody on remand
- are admitted to or discharged from hospital
- have been granted an overseas pension
- have any other change that may affect my benefit entitlement or rate.

I understand that while I get this benefit, I will have the following planning obligations:

- take part in planning interviews
- develop and sign an Employment Plan
- take part in work related activities or programmes which have been agreed to in my Employment Plan
- take part in activities including rehabilitation (but not including work, unwaged work experience or medical treatment) to help me to get ready to move into a suitable job.

I agree to these planning obligations and understand that:

- if I do not meet my planning obligations without good and sufficient reason, my benefit will be reduced. If this happens, my benefit will not increase again until I undertake the activity I failed to do.

My obligations have been explained to me and I understand my responsibilities.

I understand that if I have made an application for Temporary Additional Support, my partner and I must take all necessary steps to get other assistance towards costs and take reasonable steps to increase my income and reduce costs where possible.

I have completed all the questions or they have been completed for me in the following applications:

- | | |
|--|---|
| <input type="checkbox"/> Domestic Purposes Benefit – Women Alone | <input type="checkbox"/> Accommodation Supplement |
| <input type="checkbox"/> Disability Allowance | <input type="checkbox"/> Temporary Additional Support |

I agree that personal information relating to job search and training may be collected and given to prospective employers, Skill New Zealand, Work Bridge, training providers, career services or other agencies which have a formal agreement to provide services on behalf of Work and Income.

The information I have given is true and complete. The conditions for receiving this assistance have been explained to me and I understand these conditions.

I am also aware of and understand the Privacy Act statement contained in this application form.

Name (print)

Client's signature

Day	Month	Year

Please read this statement carefully and sign.

I must tell Work and Income immediately if I:

- have a change in work situation (such as starting part-time, casual or full-time work, whether paid or unpaid)
- become self-employed / start to run a business
- have changes to my income or financial circumstances
- intend to travel overseas
- start / finish part-time or full-time study
- have changes to personal details (such as name, address or bank account number)
- have changes to my living situation (such as marriage or separation, starting or ending a civil union, starting or ending a de facto relationship with someone of the same or opposite sex, change in the number of children supported, change in accommodation costs)
- are imprisoned / held in custody on remand
- are admitted to or discharged from hospital
- have been granted an overseas pension
- have any other change that may affect my benefit entitlement or rate.

I understand that while I get this benefit, I will have the following planning obligations:

- take part in planning interviews
- develop and sign an Employment Plan
- take part in work related activities or programmes which have been agreed to in my Employment Plan
- take part in activities including rehabilitation (but not including work, unwaged work experience or medical treatment) to help me to get ready to move into a suitable job.

I agree to these planning obligations and understand that:

- if I do not meet my planning obligations without good and sufficient reason, my benefit will be reduced. If this happens, my benefit will not increase again until I undertake the activity I failed to do.

My obligations have been explained to me and I understand my responsibilities.

I understand that if I have made an application for Temporary Additional Support, my partner and I must take all necessary steps to get other assistance towards costs and take reasonable steps to increase my income and reduce costs where possible.

I have completed all the questions or they have been completed for me in the following applications:

Domestic Purposes Benefit – Women Alone

Accommodation Supplement

Disability Allowance

Temporary Additional Support

I agree that personal information relating to job search and training may be collected and given to prospective employers, Skill New Zealand, Work Bridge, training providers, career services or other agencies which have a formal agreement to provide services on behalf of Work and Income.

The information I have given is true and complete. The conditions for receiving this assistance have been explained to me and I understand these conditions.

I am also aware of and understand the Privacy Act statement contained in this application form.

Name (print)

Client's signature

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

OFFICE USE ONLY

Statement by Interviewing / Interpreting Officer

I have explained the conditions for receiving a benefit and explained what the client's obligations mean and the reason for them. The client has indicated that he / she understands and accepts responsibility to provide true and complete information and to advise immediately of any changes in circumstances. All questions have been completed.

Name (print)

Interviewer's signature

Day	Month	Year

Additional information:

Decision:

Processor's signature

Day	Month	Year

Authenticator's signature

Day	Month	Year

10% 100% Critical data

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Checker's signature

Day	Month	Year

Bring up

B	F
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Day	Month	Year