

# Extra Help application



**MINISTRY OF SOCIAL  
DEVELOPMENT**  
TE MANATŪ WHAKAHIATO ORA

If you're finding it tough to meet everyday expenses and you don't already get payments from us, you may be able to get extra help. This form contains applications for three types of assistance. Your income and/or assets need to be under certain limits for each type of help you can get and there are some other conditions.

## Types of Extra Help

### Accommodation Supplement

This can help with rent, board or the cost of owning a home.

If you and/or your partner are tenants living in a public housing property, you won't be able to get it. Public housing properties are provided by Kāinga Ora and approved community housing providers.

### Health and Disability Costs

If you or a family member have a health condition or disability likely to continue for at least six months, you may be able to get extra help for your costs. We call this a Disability Allowance.

We may be able to help with costs such as visits to the doctor, medicines, household costs, some travel costs and many other things.

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

### Temporary Additional Support

This helps when you have essential living costs you have no other way to pay for. You also need to be doing what you can to reduce your costs or increase your income.

## What you need to do next

You and your partner (if you have one) will need to:

1. Complete this application form.
2. If you're applying for help with health and disability costs, a health practitioner needs to fill out the Disability Allowance medical certificate in the application.
3. Collect the documents you need to show us. There's a checklist over the page to help you.
4. Bring this application form and the documents when you meet with us. 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](https://msd.govt.nz/feedback)  
or call us on 0800 559 009

# Extra Help application



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Once you have 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 do not 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

### 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).

☐☐

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

☐☐

**If you're using identification that has expired, it must not be more than two years past the expiry date.**

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 14) and partner form (pages 25 to 31), 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"/>

## Extra help forms

### Depending on your answers on pages 15 to 24, you may need to bring:

	For you	
If you're applying for an <b>Accommodation Supplement</b> :		
• proof of accommodation costs	<input type="checkbox"/>	<input type="checkbox"/>
• proof of your assets and their value.	<input type="checkbox"/>	<input type="checkbox"/>
If you're applying for help with <b>Health and Disability Costs</b> :		
• proof of health-related costs	<input type="checkbox"/>	<input type="checkbox"/>
• a Disability Allowance medical certificate for each person you apply for.	<input type="checkbox"/>	<input type="checkbox"/>
If you're applying for <b>Temporary Additional Support</b> :		
• proof of any essential ongoing costs	<input type="checkbox"/>	<input type="checkbox"/>
• proof of accommodation costs	<input type="checkbox"/>	<input type="checkbox"/>
• proof of your rates rebate if you get one	<input type="checkbox"/>	<input type="checkbox"/>
• proof of your assets and their value.	<input type="checkbox"/>	<input type="checkbox"/>
• your 'Child Support to Pay' letter from Inland Revenue, unless you give us consent to share information with them.	<input type="checkbox"/>	<input type="checkbox"/>

# Extra Help application



MINISTRY OF SOCIAL  
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In the applicant form, 'you', 'your', and 'yourself' means the person applying for Extra Help.  
If we say 'your partner' this only applies to you if you have one.

## Tell us about yourself

Client number

It's on your Community Services Card, or if you've applied for support from StudyLink or Work and Income before it's on a letter from us.

### 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☐ Other 

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

6

Are you:

☐ Male ☐ Female ☐ Gender diverse

7

What is your Inland Revenue tax number?

<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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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

9

Tell us how we can contact you

Where do you live?

Flat/House number Street name

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

Suburb

Town/City

10

Is your mailing address different from where you live?

☐ No ☐ Yes

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

11

How else can we contact you?

Tick the best way for us to first contact you

Home phone	(     )	<input type="checkbox"/>
Mobile phone	(     )	<input type="checkbox"/>
Other phone	(     )	<input type="checkbox"/>

12

Do you agree to get emails from us?

☐ No ☐ Yes  ☐ I don't have an email address

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

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

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

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

## Tell us your ethnicity

13

Tick the group(s) you most identify with.

<input type="checkbox"/> Māori	→ Which tribe(s) or iwi?		
<input type="checkbox"/> New Zealand European	<input type="checkbox"/> Niuean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Indian
<input type="checkbox"/> Other European	<input type="checkbox"/> Tokelauan	<input type="checkbox"/> Tongan	<input type="checkbox"/> Chinese
<input type="checkbox"/> Cook Island Māori	<input type="checkbox"/> Other	↓ If other, write below	<input type="checkbox"/> 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.

<input type="checkbox"/> New Zealand citizen by birth	Go to question 18	
<input type="checkbox"/> Granted New Zealand citizenship	→ Date citizenship granted	Day Month Year
	Go to question 16	
<input type="checkbox"/> Granted permanent residency	→ Date permanent residence granted	Day Month Year
	Go to question 16	
<input type="checkbox"/> Other	↓ If other, what is your residence status?	

16

When did you arrive in New Zealand?

Day Month Year

--	--	--

17

What country were you born in?

Tell us if you've lived or worked overseas

18

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

☐ No

Go to question 21

☐ Yes

↓ If yes, please list details below

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

**INFORMATION FOR Q18:**  
Periods of overseas residence may:

- affect entitlement to some benefits
- mean you're eligible for an overseas benefit or pension.

For more information, phone **0800 777 227**.

**HOW TO ANSWER Q18:**  
Your reason for being in a country may be that you were there for a working holiday, you were living there, you were born there.

19

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

☐ No

Go to question 21

☐ Yes

↓ If yes, tick the box that best describes your benefit, pension or allowance

☐

Retirement or old age

☐

Superannuation

☐

Disability or health condition

☐

Widow or survivor

☐

Child or dependent

☐

War related

☐

Other

↓

If other, please provide details below

**ATTACHMENT FOR Q20:**  
You'll need to show us proof of these payments, such as a pension certificate.

20

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

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

Tell us if you're studying

21

Are you a full time student?

☐ No

☐ Yes

# Tell us about the people in your household

## Tell us about your dependent children

22

### ② HOW TO ANSWER Q22:

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 Q22:

Bring the birth certificate for each dependent child.

### Do you have dependent children in your care?

☐

No

[Go to next page](#)

☐

Yes



**If 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.

## Tell us about your relationship status



### HOW TO ANSWER Q23:

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 28.



### ATTACHMENT FOR Q27:

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

## 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.

23

### Do you understand our definition of a relationship?

☐

I understand the definition of a relationship for benefit purposes

24

### Do you have a partner?

☐

No

[Go to question 28](#)

☐

Yes

Your partner needs to complete the Partner form on page 25

25

### What is your partner's full name?

26

### What is your partner's date of birth?

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

27

### What is your relationship status with your partner?

☐

[Tick one of the following boxes](#)

☐

Married

☐

In a civil union

☐

In a relationship

# 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

28

### Are you working?

☐

No

[Go to question 32](#)

☐

Yes

### HOW TO ANSWER Q29:

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

29

### What type of work do you do?

☐

Full-time

☐

Part-time

☐

Casual

☐

Seasonal

☐

Self-employed

☐

Voluntary

### INFORMATION FOR Q29:

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 29, 30 and 31.

30

### Who are you working for?

Employer's name

Employer's contact details

Address	
Phone number	(     )
Email	

### HOW TO ANSWER Q31:

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).

31

### 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 your income and assets

Tell us about income in the last 52 weeks?

32

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

33

Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 32?

☐ No☐ Yes

↓

If 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 Q34:

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

34

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

		\$
		\$
		\$

HOW TO ANSWER Q35:

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 12.

35

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

☐

No

☐

Yes



If yes, write the details below. Tell us the before-tax amounts

Where will the payment come from?

Payment made to?  
You

Jointly with partner

How often do you expect the payment?

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

Are you involved in a trust?

ATTACHMENT FOR Q36:

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

36

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



If yes, please write the name of the trust

Name of trust


**Tell us  
about  
your assets**

**37**

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

Money in bank or other savings	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Bonds, shares, debentures or stocks	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Money lent to other people or organisations	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other cash assets	<input type="checkbox"/> No	<input type="checkbox"/> Yes

**38**

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

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

**39**

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

Property you don't live in	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Boat, caravan or motorhome	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other	<input type="checkbox"/> No	<input type="checkbox"/> Yes

**40**

**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 Q37:**  
You may be asked to provide proof of your assets and their value.

**HOW TO ANSWER Q39:**  
Examples of property you don't live in include, land, holiday home, bach/crib, investment property.

**ATTACHMENT FOR Q40:**  
You may be asked to provide proof of these details.

# Accommodation Supplement

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

**Tell us if you want to apply**

41

**Do you want to apply for the Accommodation Supplement?**

☐

No

[Go to question 56](#)

☐

Yes

**Tell us who you live with**

42

**Do you live alone?**

☐

No



**If 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**

43

**Do you pay rent?**

☐

No

[Go to question 49](#)

☐

Yes

**INFORMATION FOR Q43:**

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

44

**Do you pay rent to Kāinga Ora or an approved community housing provider?**

☐

No

☐

Yes

[Go to question 56](#)

You won't be able to get Accommodation Supplement

45

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

**ATTACHMENT FOR Q46:**

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

46

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

**ATTACHMENT FOR Q47:**

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

47

**Do you pay water rates separately from your rent?**

☐

No

☐

Yes



**If yes, tell us how much you pay**

How often?

48

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


[Go to question 56](#)

Tell us about board costs

49

Do you pay board?

☐

No

Go to question 52

☐

Yes



If yes, tell us what costs your board includes

50

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

\$

51

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


Go to question 56

INFORMATION FOR Q49:

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

HOW TO ANSWER Q49:

For example, food, electricity, telephone.

ATTACHMENT FOR Q50:

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

Tell us about home ownership costs

52

Do you own the home you live in?

☐

No

Go to question 56

☐

Yes

53

What are your home ownership costs?

	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		\$	

HOW TO ANSWER Q53:

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

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

Don't include contents insurance.

ATTACHMENT FOR Q53:

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

54

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

☐

No

☐

Yes



Please write the total amount

\$

55

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

☐

No

☐

Yes

Amount

\$

Rating year 1 July

20

to 30 June

20

ATTACHMENT FOR Q55:

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

# Health and disability costs

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

56

### Do you want to apply for the Disability Allowance?

☐ No

☐ Yes

Go to question 61

If you ticked 'yes' to question 56, you'll need your doctor, specialist or nurse practitioner to fill out the Disability Allowance medical certificate on page 19. 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 Q57:**  
You need to provide a Disability Allowance medical certificate for each person you apply for.

57

### Who in your family has health-related costs?

☐ You

☐ Your partner

☐ Your dependent child

↓ If applying for your dependent child, tell us their names

Child's first name	Child's surname

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

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

58

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

☐ No

☐ Yes

↓ If yes, please write the details below

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

59

### 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

60

### What extra health-related costs do you have?

Type of cost	Cost	How often? (For example weekly, monthly, yearly)	Name of person costs relate to
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

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

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



# Disability Allowance medical certificate

Health practitioner to complete



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

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

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

- physical disability or impairment
- physical illness

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

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

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

↓ **If yes, 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,  
pharmaceu-  
ticals****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

Day Month Year

# Temporary Additional Support

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

Tell us if you want to apply

61

Do you want to apply for Temporary Additional Support?

☐

No

Go to page 25

☐

Yes

Tell us about any Working for Families tax credits you get

62

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

☐

No

☐

Yes



If yes, tick the box for the type of tax credits you get

☐

No tax credit

☐

Family tax credit

☐

Minimum family tax credit

☐

In-work tax credit

☐

Best Start tax credit



If yes, please write the details of any tax credits below

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

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

63

Are you or your partner working?

☐

No

Go to question 65

☐

Yes

INFORMATION FOR Q64:

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

ATTACHMENT FOR Q64:

You'll need to show proof of these costs.

64

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

☐

No

☐

Yes



If 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

65

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

☐

No

☐

Yes

[Go to question 79](#)

66

Do you pay rent?

☐

No

[Go to question 72](#)

☐

Yes

67

Do you pay rent to Kāinga Ora or an approved community housing provider?

☐

No

☐

Yes

68

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

\$

69

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

\$

70

Do you pay water rates separately from your rent?

☐

No

☐

Yes

[↓ If yes, tell us how much you pay](#)

\$

How often?

71

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

  


[Go to question 79](#)

72

Do you pay board?

☐

No

[Go to question 75](#)

☐

Yes

[↓ If yes, tell us what costs your board includes](#)

73

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

\$

74

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

  


[Go to question 79](#)

75

Do you own the home you live in?

☐

No

[Go to question 79](#)

☐

Yes

### INFORMATION FOR Q66:

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

### ATTACHMENT FOR Q68:

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

### ATTACHMENT FOR Q70:

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

### HOW TO ANSWER Q72:

For example food, electricity, telephone.

### INFORMATION FOR Q72:

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

### ATTACHMENT FOR Q73:

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

2 HOW TO ANSWER Q76: 76

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 Q76:

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

ATTACHMENT FOR Q77: 77

Bring receipts for any repair and maintenance costs.

78

## 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		\$	

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

☐ No ☐ Yes  \$

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

☐ No ☐ Yes Amount \$  Rating year 1 July  to 30 June

## Tell us about other essential costs

79

1 INFORMATION FOR Q79:

Essential regular costs can include:

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

ATTACHMENT FOR Q79:

You'll need to show proof of these costs.

2 HOW TO ANSWER Q80: 80

Don't include toll or mobile phone costs.

ATTACHMENT FOR Q80:

Unless we already have this information, please bring:

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

## Do you or your family have any regular essential costs?

☐ No ☐ Yes

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 17 and your costs are health-related, please tell us.

## 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)

If you pay child support and the monthly amount you have to pay is a ‘formula assessment’ set by Inland Revenue, the child support can be included when we work out your Temporary Additional Support. You don't have to provide this information but, if you don't, you may not receive the full amount of Temporary Additional Support you're eligible for. We can't include other types of child support.

81

Do you or your partner have child support costs?

☐

No, I/we don't have child support costs, or don't want to include them.

Go to question 85

☐

Yes, I/we have child support costs.

82

Is the amount you or your partner have to pay a formula assessment set by Inland Revenue?

☐

No

Go to question 85

☐

Yes

83

Please tell us the amount you or your partner have to pay.

Who has to pay?	Amount you have to pay each month	Date you have to pay this amount from
Me	\$	/ /
My partner	\$	/ /

84

Please tell us how you'd like to provide proof of the child support you have to pay.

We'll need proof of how much you have to pay. There are two ways to do this:

- Inland Revenue can share the information with us.

If you agree, Inland Revenue can tell us about your monthly child support costs. They'll share your name, date of birth, IRD number as well as your current and expected child support costs. We'll use this information to process the application for Temporary Additional Support.

You will still need to let us know if your child support costs change while you're getting Temporary Additional Support. We'll work with you to make sure you're getting paid the right amount and resolve any under or over payments.

They'll also tell us if they're managing other types of child support for you, even if it can't be included in your application. We'll only use this information to help answer questions you might have.

We'll ask for your consent each time you re-apply for Temporary Additional Support.

- You can provide your 'child support to pay' letter from Inland Revenue.

You will still need to let us know if the amount of child support you have to pay changes while you're getting Temporary Additional Support.

☐

I agree that Inland Revenue can share my child support costs if requested by the Ministry of Social Development.

☐

My partner agrees that Inland Revenue can share their child support costs if requested by the Ministry of Social Development.

☐

I do not agree to my information being shared, and will provide the 'Child Support to Pay' letter from Inland Revenue.

85

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


INFORMATION FOR Q83:

You can find the amount you have to pay and the date you have to pay it from in MyIR or your 'child support to pay' letter.

INFORMATION FOR Q84:

Details about how and when we share your personal information can be found at [workandincome.govt.nz/privacy](https://workandincome.govt.nz/privacy)

# Extra Help partner's form



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

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

## Tell us about yourself

Client number

It's on your Community Services Card, or if you've applied for support from StudyLink or Work and Income before it's on a letter from us.

### 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☐ Other 

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

6

Are you:

☐ Male ☐ Female ☐ Gender diverse

7

What is your Inland Revenue tax number?

<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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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

9

Where do you live?

Flat/House number Street name

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

Suburb

Town/City

10

Is your mailing address different from where you live?

☐ No ☐ Yes

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

11

How else can we contact you?

Tick the best way for us to first contact you

Home phone	(     )	<input type="text"/>
Mobile phone	(     )	<input type="text"/>
Other phone	(     )	<input type="text"/>

12

Do you agree to get emails from us?

☐ No ☐ Yes  ☐ I don't have an email address

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

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

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

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

## Tell us your ethnicity

13

Tick the group(s) you most identify with.

<input type="checkbox"/> Māori	→ Which tribe(s) or iwi?		
<input type="checkbox"/> New Zealand European	<input type="checkbox"/> Niuean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Indian
<input type="checkbox"/> Other European	<input type="checkbox"/> Tokelauan	<input type="checkbox"/> Tongan	<input type="checkbox"/> Chinese
<input type="checkbox"/> Cook Island Māori	<input type="checkbox"/> Other	↓ If other, write below	<input type="checkbox"/> 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.

<input type="checkbox"/> New Zealand citizen by birth	Go to question 18			
<input type="checkbox"/> Granted New Zealand citizenship	→ Date citizenship granted	Day	Month	Year
	Go to question 16			
<input type="checkbox"/> Granted permanent residency	→ Date permanent residence granted	Day	Month	Year
	Go to question 16			
<input type="checkbox"/> Other	↓ If other, what is your residence status?			

16

When did you arrive in New Zealand?

Day Month Year

--	--	--

17

What country were you born in?

Tell us if you've lived or worked overseas

18

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

☐

No

Go to question 21

☐

Yes

If yes, please list details below

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

INFORMATION FOR Q18:

Periods of overseas residence may:

- affect entitlement to some benefits
- mean you're eligible for an overseas benefit or pension.

For more information, phone 0800 777 227.

HOW TO ANSWER Q18:

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

19

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

☐

No

Go to question 21

☐

Yes

If yes, tick the box that best describes your benefit, pension or allowance

☐

Retirement or old age

☐

Superannuation

☐

Disability or health condition

☐

Widow or survivor

☐

Child or dependent

☐

War related

☐

Other

If other, please provide details below

ATTACHMENT FOR Q20:

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

20

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

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

# Tell us about your work in the last 52 weeks

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

## Tell us about your current work

21

### Are you working?

☐

No

Go to question 25

☐

Yes

### HOW TO ANSWER Q22:

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

22

### What type of work do you do?

☐

Full-time

☐

Part-time

☐

Casual

☐

Seasonal

☐

Self-employed

☐

Voluntary

### INFORMATION FOR Q22:

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

For each job include the information asked for in questions 22 to 24.

23

### Who are you working for?

Employer's name

Employer's contact details

Address	
Phone number	(     )
Email	

### HOW TO ANSWER Q24:

Include the amount you're paid and also the value of things you get from your employer instead of money.

If your income varies week to week – provide an average (for example the average of your last four weeks pay).

24

### 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 your income

Tell us about income in the last 52 weeks?

25

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

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

26

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

☐ No☐ Yes

↓ If yes, tell us the total before-tax amounts, for the last 52 weeks

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

HOW TO ANSWER Q27:

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

27

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

☐

No

☐

Yes



If yes, tell us about the type of payment and its value

Type of payment

Where did it come from?

Its value

		\$
		\$
		\$

HOW TO ANSWER Q28:

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

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

28

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

☐

No

☐

Yes



If yes, write the details below. Tell us the before-tax amounts

Where will the payment come from?

Payment made to?  
You

Jointly with partner

How often do you expect the payment?

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

Are you involved in a trust?

ATTACHMENT FOR Q29:

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

29

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

'Involved' means one or more of the following:

- you've set up a trust, usually by making a gift of assets or property
- you've 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



If yes, please write the name of the trust

Name of trust




# 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, NZ Super or Veteran's Pension, Student Allowance, or Loans and connect you with employment, education and housing services. We do this under various Acts, which are all listed on our website at [workandincome.govt.nz/privacy](https://workandincome.govt.nz/privacy)**

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

## Using your information

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

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

## Sharing your information

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

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

## Respecting you and your information

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

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

## Get in touch if you have a question

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

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

# Obligations and signature

## Office copy

### Let us know when things change

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

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

Changes to information about you or your family, like:

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

We also need to know if you:

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

### Your rights

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

- call us – we can usually fix it over the phone
- you have the right to ask us to review the decision. Find out how at [msd.govt.nz/reviews](https://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
- If I have given consent on page 24, MSD and Inland Revenue can share information about the child support I have to pay.
- I understand what you do with my personal information and how you protect my privacy.

Applicant's name (print)

Applicant's signature

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Applicant's partner's name (print)

Applicant's partner's signature

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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# Obligations and signature

## Applicant's copy

### Let us know when things change

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

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

Changes to information about you or your family, like:

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

We also need to know if you:

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

### Your rights

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

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Applicant's name (print)

Applicant's signature

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Applicant's partner's name (print)

Applicant's partner's signature

Day Month Year

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