

# New Zealand Superannuation Application



**Work and Income**  
Te Hiranga Tangata

A service of the Ministry of Social Development

## Can I get New Zealand Superannuation?

*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.*

**You may be able to get New Zealand Superannuation if you are 65 years of age or older and are living in New Zealand.**

The date you apply is important because it will affect when your payments start. It is important to apply two to three weeks before you reach 65 years of age.

## What should I 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.

## Proof of your identity history

*You must provide one form of identification that proves you have been using your legal identity for at least 2 years.*

**When you apply for New Zealand Superannuation, you will need to complete this application form and provide the following:**

- Proof of your lawful residence in New Zealand (eg New Zealand birth certificate or current New Zealand passport, or other country passport with residence visa).
- One other form of identification (eg driver's licence, firearms licence or a bank card with signature). If you are unable to provide at least one form of photo identification you will need to provide one further form of identification (3 forms of identification in total).
- Proof of any name change.
- A form or letter from Inland Revenue showing your IRD (tax) number.
- Proof of bank account details.

## What if I have a partner?

*We need identification for your partner to make sure we pay you the correct rate of New Zealand Superannuation and to check if they are eligible for any overseas pension.*

**If you have a partner, regardless of whether or not you are including them in your payment, you need to provide the following information about them:**

- A birth certificate or passport, and one other form of identification (eg driver's licence).
- Proof of any name change.

**You may want to include your partner in your New Zealand Superannuation if they do not qualify for New Zealand Superannuation.**

In this situation, New Zealand Superannuation is income tested and you will need to provide verification of both your and your partner's income. Your partner will also need to complete a New Zealand Superannuation Application – Partner form.

For more information on what your partner will need to provide please see the New Zealand Superannuation Application – Partner form or call us on

**☎ 0800 552 002.**

## How does my financial situation affect my New Zealand Superannuation?

New Zealand Superannuation is not means tested so any other income you receive, or cash assets you have, won't affect your payments. Please talk to us if you receive weekly compensation payments from ACC.

## What if I have a partner who doesn't qualify for New Zealand Superannuation?

If you include a non-qualified partner in your New Zealand Superannuation, then the amount of income you and your partner receive may affect your New Zealand Superannuation.

## What is the SuperGold Card and how do I get one?

For more information call ☎ **0800 25 45 65** or visit the website [www.supergold.govt.nz](http://www.supergold.govt.nz) or contact your local Work and Income Service Centre.

The SuperGold Card entitles you to discounts from participating businesses and give easy access to concessions on government and local authority services.

This Card will be sent to you automatically, soon after your New Zealand Superannuation/Veteran's Pension is granted.

If you have a non-qualified partner included in your New Zealand Superannuation, they will also get a SuperGold Card.

## What is a Community Services Card?

For more information call ☎ **0800 99 99 99** or contact your local Work and Income Service Centre.

A Community Services Card can help you with the costs of healthcare which means you will pay less on doctors' fees and prescriptions.

If you have entitlement to the Community Services Card, you will receive one card that will give both Community Services Card and SuperGold Card entitlements.

## What is the Living Alone Payment?

The Living Alone Payment is an ongoing extra payment on top of your New Zealand Superannuation or Veteran's Pension, when you live on your own. It recognises the extra cost of maintaining a household on your own.

It is not income or asset tested.

You may also get this payment in some situations when you have a spouse or partner, or are not living on your own.

## Can I get extra help?

*You may be able to receive extra financial help. What you qualify for depends on your personal situation.*

*Most extra help is income tested and some is also asset tested. If you are finding it hard financially or would like to know more:*

- call us on ☎ **0800 552 002**
- send a message to our Deaf Link free-fax **0800 621 621**
- visit our website **[www.workandincome.govt.nz](http://www.workandincome.govt.nz)**
- visit your local Work and Income Service Centre.

### **If you need help with health costs, for example:**

- doctors visits and prescriptions
- medical and health related travel
- ambulance fees
- extra power, gas and heating
- dentures, glasses or hearing aids.

### **You may be able to get:**

- Community Services Card
- Disability Allowance
- Temporary Additional Support
- Special Needs Grant
- Advance payment of benefit.

### **If you need help with housing costs, for example:**

- essential house repairs
- mortgage payments, rent or board
- rates and rates rebate
- buying household appliances and furniture.

### **You may be able to get:**

- Accommodation Supplement
- Temporary Additional Support
- Special Needs Grant
- Advance payment of benefit.

### **If you need help with emergency costs, for example:**

- emergency medical or dental treatment
- buying food
- power and gas
- travel costs to attend a family member's funeral
- funeral costs.

### **You may be able to get:**

- Special Needs Grant
- Advance payment of benefit
- Funeral Grant.

### **You may be able to get extra help if you:**

- live alone
- are the main caregiver of a dependent child
- or your partner need long term residential care.

## Obligations

*It is important that you tell us about any changes to ensure we pay you correctly.*

*Changes in your living situation include:*

- marriage or separation
- entering or ending a civil union
- starting or ending a de facto relationship with someone of the same or opposite sex
- starting or stopping living alone.

### **I must tell Work and Income immediately if either my partner or I:**

- have changes to personal details (such as name, address or bank account details)
- have changes to my/our living situation
- intend to travel overseas
- am admitted to or discharged from hospital
- have been granted an overseas benefit/pension
- am imprisoned / held in custody on remand
- have any other changes that may affect my/our New Zealand Superannuation entitlement or rate.

### **If my partner is included in my New Zealand Superannuation entitlement then I must tell Work and Income immediately if either my partner or I:**

- have a change in work situation
- become self employed / start to run a business
- have changes to my / our income or financial circumstances.

## 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 New Zealand Superannuation 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.

## 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/pension 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/pensions and other assistance under the Social Security Act 1964 and the New Zealand Superannuation and Retirement Income Act 2001.
  - statistical and research purposes
  - providing advice to Government
  - providing support and services for you and your family
  - providing education related services
  - providing employment related services
  - care and protection needs of children.
- Work and Income may contact health providers to verify any health related information you give us.
- 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 (if you have one).
- Work and Income may give employers information about you if you use our employment services.
- Work and Income may share information you have given us with childcare centres to administer your entitlement to childcare.
- 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/pensions may be declined.
- 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.

# New Zealand Superannuation Application



**Work and Income**  
Te Hirainga Tangata

A service of the Ministry of Social Development

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.**

If you need help with this form call us on ☎ **0800 552 002**.

## 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.

### 3. Are you: Male Female

**Q4 note:** Please tick one box to show the title you want to be known by.

### 4. What do you want to be called?

Mrs  Miss  Ms  Mr  No title  Other

## 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

Suburb

City

### 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?

Home phone

Work phone

Mobile phone

Email

Fax

## Birth date

### 8. What is your date of birth?

Day Month Year



## Ethnic group

**Q14 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.

### 14. 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

### 15. 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**.

## Residency

**Q16 note:** Tick one box.

### 16. Indicate which describes your residency situation:

- Born in New Zealand ▶ Go to Question 20
- New Zealand citizen (other)    ▶ Go to Question 18  
Date of citizenship  
Day    Month    Year
- Permanent resident    ▶ Go to Question 18  
Date permanent residence granted  
Day    Month    Year
- Other ▶ Go to Question 17

### 17. What is your residency status?

### 18. When did you arrive in New Zealand?

    
Day    Month    Year

### 19. Where were you born?

**Q20 note:** This means that you consider New Zealand your home, you are a legal resident, normally live here and intend to stay permanently.

**Q21 and 22 note:** If you answer 'No' to either Question 21 or 22 please discuss with Work and Income. You may be entitled to New Zealand Superannuation if you have resided or paid contributions in a country with which New Zealand has a Social Security Agreement.

### 20. Do you normally live in New Zealand?

- No     Yes

### 21. Have you lived at least 10 years in New Zealand since the age of 20?

- No     Yes

### 22. Have you lived at least 5 years in New Zealand since the age of 50?

- No     Yes

# Overseas Residence Details

## Periods of overseas residence

**Q23 note:** Periods of overseas residence may affect entitlement to New Zealand Superannuation.

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

For more information call International Services on

☎ 0800 777 227.

### 23. 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, holiday)
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

## Overseas pensions and benefits

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

No ▶ Go to Question 26  Yes


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

Please indicate with a tick if you receive the following overseas payments:

- 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
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 two payments, please attach a separate sheet showing the details.

# Partner's Details

## Partner

**Q26 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.

We need partner information even if your partner is not being included because it affects your rate of payment.

**Q28 note:** Give any other names that they use now or have used in the past (including their maiden name).

**Q29 note:** Please tick one box to show the title you want to be known by.

## Partner's address

**Q30 note:** You may be able to get the Living Alone Payment if you have a partner in long-term residential care, hospital or prison. The Living Alone Payment Application is on page 13.

## Birth date

**Q32 note:** We need to know this because they may have entitlement to an overseas pension.

## Including your partner

**Q33 note:** You may want to include your partner in your New Zealand Superannuation if they don't qualify for it themselves.

If you include your partner any other income could affect how much you and your partner get.

### 26. Do you have a partner?

No ▶ Are you:  Single  Living apart/ separated  Divorced  
 Widowed  Civil union dissolved

▶ Go to Living Alone Payment section on page 13.

Yes ▶ Are you:  Married  In a civil union  In a relationship

### 27. What is your partner's name?

First name(s)

Surname or family name

### 28. Are they known by or have they used any other names?

No  Yes ▶ Please provide details below:

### 29. What do they want to be called?

Mrs  Miss  Ms  Mr  No title  Other

### 30. Do you and your partner live at the same address?

No ▶ Go to Question 31  Yes ▶ Go to Question 32

### 31. Where does your partner live?

Rest home  Public hospital  Private hospital

Other ▶ Please provide details below:

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

Day Month Year

### 33. Do you want to include your partner in your New Zealand Superannuation?

No  Yes ▶ They need to complete a New Zealand Superannuation Application – Partner form

### 34. Is your partner receiving a current benefit?

No ▶ They need to complete and sign the Partner's Residency Details section on page 10

Yes ▶ What is their client number?             (if known)

**Go to page 13.**

# Partner's Residency Details

PARTNER'S CLIENT NUMBER

Please ask your partner to complete all questions if they are not receiving a current benefit/pension.

## Name

**1. What is your name?**

First name(s)

Surname or family name

## Residency

**Q2 note:** Tick one box.

**2. Indicate which describes your residency situation:**

Born in New Zealand ▶ Go to Question 6

New Zealand citizen (other)  ▶ Go to Question 4  
Date of citizenship  
Day Month Year

Permanent resident  ▶ Go to Question 4  
Date permanent residence granted  
Day Month Year

Other ▶ Go to Question 3

**3. What is your residency status?**

**4. When did you arrive in New Zealand?**   
Day Month Year

**5. Where were you born?**

**Q6 note:** This means that you consider New Zealand your home, you are a legal resident, normally live here and intend to stay permanently.

**6. Do you normally live in New Zealand?**

No  Yes

## Periods of overseas residence

**Q7 note:** Periods of overseas residence may affect entitlement to New Zealand Superannuation.

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

For more information call International Services on

 0800 777 227.

**7. 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, holiday)
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

## Overseas pensions and benefits

8. 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 ▶ Please provide details below:

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

Please indicate with a tick if you receive the following overseas payments:

- 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
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 two payments, please attach a separate sheet showing the details.*

## Statement

The information I have given is true and complete and I have not left anything out.

I understand that International Services (a service of the Ministry of Social Development) will release such information as necessary to an overseas social security agency.

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

Name (print)

Partner's signature

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Day    Month    Year



# Living Alone Payment Application

## Who can get the Living Alone Payment?

Living Alone Payment is an ongoing extra payment on top of New Zealand Superannuation or Veteran's Pension, when you live alone. It recognises the extra costs of maintaining a household on your own. You may also get this payment in some situations when you have a spouse or partner who is in residential care, hospital or prison, or are not living on your own.

Living Alone Payment is not income or asset tested.

### 35. Do you want to apply for the Living Alone Payment?

- Yes ► Please provide details below:
- No ► Please go to page 15, Disability Allowance Application

## Your living situation

Please talk to us if you are unsure how to answer any of these questions.

### You may still qualify:

- when a child under the age of 18 years is living with you
- when a dependent child aged 18 years still attends school.

**Q39 note:** Please give the birth date of any person(s) aged 18 years only.

**Q41 note:** If you have a visitor(s) staying with you for less than 13 weeks in any 26 week period, you may still be able to get a Living Alone Payment.

### 36. Do you live alone?

- Yes ► When did you start living alone?    Go to Question 41  
Day Month Year
- No

### 37. Is the person(s) living with you under 18 years of age?

- Yes ► Go to Question 41
- No

### 38. Is the person(s) living with you a dependent child aged 18 years?

- Yes  No ► Go to Question 41

### 39. What is their birth date?

- Child 1    Child 2     
Day Month Year Day Month Year

### 40. Is the person(s) still attending school or a tertiary institution?

- Yes  No

### 41. Do you have a visitor(s) who has been or will be staying with you for longer than 13 weeks?

- No  Yes

## Where you live

**Q42 note:** 'Self-contained' means there is a kitchen or kitchenette and a bathroom.

### 42. What type of living arrangement best describes your accommodation?

- House or flat  A room in a licensed boarding house
- Self-contained 'granny' flat  Hotel or motel
- Self-contained unit in a retirement village or rest home  Boat moored within New Zealand territorial waters
- Accommodation in a caravan park  Other ► Please provide details below:



# Disability Allowance Application

## 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.

This is income tested.

### 43. Do you want to apply for a Disability Allowance?

- Yes ▶ Please provide details below: You will also need to complete the income and asset information on page 25
- No ▶ Please go to page 19, Accommodation Supplement Application

## Disability Allowance

**Q44 note:** Separate application forms are required if more than one person has a disability.

You may be able to get Child Disability Allowance for the same dependent child. Please talk to us about this.

### 44. Who are you applying for?

- Yourself ▶ Go to Question 45
- Your partner ▶ Please have your partner complete a separate Disability Allowance Application
- Your dependent child ▶ Please provide their full name below:

First name(s)	Surname	Relationship to you

## Entitlements

### 45. Is this disability covered by private medical insurance?

- No  Yes ▶ Please provide details below:

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


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

## Expenses

**Q47 note:** All of these expenses must be directly related to the disability and verified as necessary by a registered health professional.

Expenses may include

- doctors visits
- medicines
- gardening/lawn mowing
- transport
- medical alarms.

 You must provide invoices receipts, quotes or printouts for each additional expense.

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

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

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

Please ensure you complete the income and asset information section on page 25.





**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 registered health professional.

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 frequency of visits to doctors or specialists that are necessary and result from the stated disability:**

Type of consultation	Cost	Frequency	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.

# Accommodation Supplement Application

## Who can get Accommodation Supplement?

If you have costs associated with owning your own home, renting or boarding, you may be able to get extra help through Accommodation Supplement.

How much you get will depend on your income, assets, accommodation costs, family circumstances and where you live.

Accommodation Supplement is income and asset tested.

If you or your partner have a tenancy agreement with Housing New Zealand, you won't be able to get Accommodation Supplement.

### 48. Do you want to apply for Accommodation Supplement?

- Yes ▶ Please provide details below: you will also need to complete the income and asset information on page 25
- No ▶ Please go to page 21, Temporary Additional Support

## 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.*

### 49. Do you own the home you live in?

- No ▶ Go to Question 53
- 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		\$	
Other mortgage		\$	
House insurance		\$	
Ground lease		\$	
Mortgage insurance		\$	
Rates		\$	
Water rates		\$	

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

\$

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

### 52. Have you received a Rates Rebate?

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

## Rent

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

### 53. Do you pay rent?

- No ▶ Go to Question 58
- Yes ▶ Please provide details below:

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

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


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

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

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

- No ▶ Go to Question 58
- Yes ▶ You are not entitled to receive an Accommodation Supplement

## Board

 You may be asked to bring something that proves how much you pay.

Board includes:

- food
- power
- cost of room
- telephone.

### 58. Do you pay board?

No ▶ Go to Question 61

Yes ▶ Please provide details below:

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

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


# 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.

### 61. Do you want to apply for Temporary Additional Support?

- Yes ▶ Please provide details below: You will need to complete the income and asset information on page 25
- No ▶ Please go to the Obligations section on page 27 to sign your application

## Working for Families Tax Credits

**Q62 note:** Working for Families Tax Credits payments include:

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

### 62. 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

**Q63 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.


### 63. 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)?
	\$	
	\$	
	\$	
	\$	

## Accommodation costs

**Q65 note:** If you don't have a cost, write 'nil'.

 Please provide proof of these costs.

### 64. Do you or your partner have any accommodation costs?

No ▶ Go to Question 67  Yes ▶ Please complete Questions 65 and 66 below if you have not applied for the Accommodation Supplement

### 65. 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		\$	


### 66. Have you received a Rates Rebate?

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

## Credit sales (hire purchases) and regular costs

**Q67 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
- childcare costs (disability).

 Please provide proof of these costs.

### 67. 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.**





# Income and Asset Information

## Why do I need to complete this form?

Please complete the following if you have applied for Disability Allowance, Accommodation Supplement or Temporary Additional Support.


Income and assets from both you and your partner (if you have one) may be taken into account when extra help is assessed.


## Income

**Q70 note:** Examples of income from other sources:

- interest from savings or investments
- wages or salary
- accident compensation
- overseas benefits or pensions
- Government Superannuation
- private superannuation
- Armed Forces Superannuation
- self employment
- farm or business income (include drawings)
- income from rents
- unit trust/managed funds
- trusts
- reverse annuity mortgage/ mortgages or similar
- payments from an estate
- dividends from shares.

Give gross (before tax) amount.

 You may be asked to provide proof of these details.

 You will need to provide Trust documents eg Trust Deed.

### 70. Do you get income from any source?

No  Yes ▶ Please provide gross (before tax) income details below:

Where did it come from?	You	Your partner	Joint income
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

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

No  Yes ▶ Please provide gross (before tax) income details below:

Where will it come from?	You	Your partner	Joint income
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

### 72. Are you or your partner (if you have one) a beneficiary of a trust(s)?

No  Yes ▶ Please provide details below:


Trust(s) name


### 73. What do you receive?


## Assets

**Q74 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.

 You may be required to show proof of these details.


### 74. Do you or your partner have any cash assets?

No  Yes ▶ Please provide details below:

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

**Q75 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.

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

No  Yes ▶ Please provide details below:

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

# Client's Obligations

*Please read this statement carefully and sign.*

**I must tell Work and Income immediately if either my partner or I:**

- have changes to personal details (such as name, address or bank account number)
- have changes to my / our living situation (such as marriage or separation, entering or ending a civil union, starting or ending a de facto relationship with someone of the same or opposite sex, starting or stopping living alone)
- intend to travel overseas
- are admitted to or discharged from hospital
- have been granted an overseas benefit or pension
- are imprisoned / held in custody on remand
- have any other change that may affect my / our New Zealand Superannuation entitlement or rate.

**If my partner is included in my New Zealand Superannuation then I must tell Work and Income immediately if either my partner or myself:**

- have a change in work situation (such as starting paid part-time, casual or full-time work)
- have become self employed / start to run a business
- have changes to my / our income or financial circumstances.

**If I am paid Disability Allowance, I must tell Work and Income immediately about changes to my / our:**

- disability costs
- income or financial situation.

**If I am paid Accommodation Supplement, I must tell Work and Income immediately about changes to my / our:**

- housing costs
- income or financial situation.

**If I am paid Temporary Additional Support, my partner (if I have one) and I must take:**

- all necessary steps to get other assistance towards costs **and**
- all reasonable steps to increase my / our income and reduce costs where possible.

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

The information I have given is true and complete and I understand the conditions for receiving New Zealand Superannuation and extra help (if applicable).

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 New Zealand Superannuation and Extra Help. I have also 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.

Interviewing officer's name (print)

Interviewing officer's signature

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

### Additional information:


### Decision


### Original critical data sighted for authentication:

Primary identification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Validating identification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bank account details	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is critical data sufficient to authenticate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Exception:

I confirm the critical data for authenticating has been copied, signed and attached:

Processor's signature

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

I have checked critical data and confirm the decision is correct:

Checker's signature

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

I have sighted original critical data:

Authenticator's signature

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

10%	100%	Critical data
<input type="text"/>	<input type="text"/>	<input type="text"/>

Bring up

<b>B</b>	<b>F</b>
----------	----------

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

### Case Manager's Checklist

Does the applicant or their partner:

- Have any health costs? ▶ Discuss DA, CSC, TAS, SNG, Advances
- Have any housing costs? ▶ Discuss AS, TAS, SNG, Advances
- Live alone? ▶ Discuss LAP
- Have a dependent child in their care? ▶ Discuss CCS, OSCAR, Orphans/UCB, CSC, CDA, Advances
- Need long-term residential care? ▶ Discuss RCS, DA, Special DA, LAP
- Have emergency costs? ▶ Discuss SNG, Advances, Funeral Grant
- Have New Zealand Armed Forces service? ▶ Refer to War Pension Services on ☎ 0800 553 003