

# Repayment Financial Circumstances Form



**Work and Income**  
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

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## Please read this before you start

If you are unable to afford to pay the standard repayment rate on the amount you owe us, please use this form to provide us with more information about the amount you may be able to repay. If we accept your proposal, we will confirm the arrangement with you.

After completing this form, please send to:

Collections Unit  
PO Box 7564  
Christchurch 8240  
Or email to [collections\\_unit@msd.govt.nz](mailto:collections_unit@msd.govt.nz)

## Why we are collecting this information

Because you owe money to the Ministry of Social Development (MSD), we need to collect this information to determine your financial circumstances.

The Privacy Act requires us to tell you that:

- the information you give is collected under the authority of the legislation administered by MSD
- the information will be held by MSD
- you can contact MSD to access and correct any personal information we hold about you. You are not required to give us information, but if you do not give us all the information we ask for we can issue notices under Section 11 of the Social Security Act 1964 to other people requiring them to provide the information. They are legally required to give it and there may be consequences if they don't (eg an application for a benefit may be declined if the information is required to determine eligibility for it).

In asking you for this information, we are following the Code of Conduct for Obtaining Information under Section 11 of the Social Security Act 1964. If you want to see a copy of the Code, you can ring MSD on 0800 558 008 or visit our website at:

[www.msd.govt.nz/about-msd-and-our-work/about-msd/legislation/](http://www.msd.govt.nz/about-msd-and-our-work/about-msd/legislation/)

## Personal details

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

**Q4 note:** Please give your house number, street, suburb, and town or city.

A house number could include:

- street number
- fire number
- RAPID number
- emergency services number.

**Q5 note:** Mailing address includes:

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

### 1. What is your name?

First name(s)

Surname or family name

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

No

Yes

▶ Please give details below:

1.

2.

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

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Day Month Year

### 4. Where do you live?

Flat/house no.

Street name

Suburb

City

### 5. What is your mailing address (if different from above)?

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


## Personal details – continued

**Q8 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.

### 6. How can we contact you?

Work phone

Home phone

Mobile phone

Email

Fax

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

No

Yes ▶ If YES, how many?

### 8. Do you have a partner?

No

Yes

## Employment

### 9. Are you self-employed?

No

Yes ▶ Go to Question 16

### 10. Are you currently working?

No ▶ Go to Question 16

Yes

### 11. What is the name of the business you work for?

### 12. Where is the business located?

Street number

Street name

Suburb

City

### 13. What is the postal address?

PO Box no.

Suburb

City

### 14. What is the name of your employer/payroll officer?

### 15. How can we contact your employer/payroll officer?

Work phone

Fax

Mobile phone

Email





## Repayment details

**Q27 note:** You must make either a:

- lump sum payment
- regular weekly, fortnightly or monthly payment, or
- combination of both.

27. How much can you afford to pay? \$

28. How often will you pay?

Weekly     Fortnightly     Monthly

29. What will be the date of your first payment?     
Day    Month    Year

30. How will you pay?

Automatic payment     Deduction from wages  
 Internet banking     Cash/cheque at NZ Post  
 Benefit deduction

31. Would you like any part of this payment credited to any amount your partner owes us?

No     Yes ▶ How much do you want to pay? \$

▶ What is your partner's client number?

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## Supporting information

32. Is there anything else we need to know to support your proposal?

No     Yes ▶ Please provide details below:

## Confirmation

*A signature is not required if this form is being sent by email.*

I confirm that:

- The information I have supplied is true and complete.  
 I have reviewed my financial situation and can afford these repayments.  
 I don't have any money available to make the repayment in full.

Name (print)

Client's signature

Day    Month    Year