

Continuation of the Rural Assistance Payment Application

RURo2W – APR 2008



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER ||

Before you start

This form needs to be completed every 4 weeks to ensure that your Rural Assistance Payment continues.

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

Personal details

1. What is your name?

First name(s)

Surname or family name

Q2 note: A mailing address could include:

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

2. What is your mailing address?

3. What is your date of birth?

Day Month Year

Current circumstances details

4. Has your (or your partner's) income or financial situation changed since your last application?

No Yes ▶ Please provide details below:

5. Have you had any change in your personal circumstances?

No Yes ▶ Please provide details below:

Obligations

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

Changes in your living situation include:

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

I must tell Work and Income immediately if I:

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

Client statement

The information I have given is true and correct to the best of my knowledge and I have not left anything out.

Applicant's signature

Date

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

Partner's signature (if any)

Date

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

OFFICE USE ONLY

Decision

Client Number

Rural Assistance paid \$

From

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

To

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

Legal authority

Recommended by

Processor's signature

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

Authenticator's signature

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

Checker'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"/>
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