

# Sickness Benefit Application



**Work and Income**  
Te Hiranga Tangata

A service of the Ministry of Social Development

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

## Who can get this benefit

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

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

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

**The Sickness Benefit is for people who aren't currently working, or are working less hours, because they are temporarily sick, injured, disabled or pregnant. To be eligible for the Sickness Benefit you must:**

- be unable to work either temporarily or for an unknown period because of sickness, injury or disability, **or**
- be in work but losing earnings or working at a reduced level because of sickness, injury or disability, **and**
- be willing to undertake work but because of sickness, injury or disability are currently limited in your capacity to seek, undertake or be available for work, **and**
- have lived in New Zealand continuously for two years at any one time since becoming a New Zealand citizen or a permanent resident, **and**
- usually live in New Zealand.

**You must also be:**

- 18 years old or over, **or**
- 16 years or over, be living in a relationship in the nature of marriage, and have dependent children.

## What to bring

*Please ask Work and Income staff for help if:*

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

## What other help can you get?

*If you have dependent children and they attend either a childcare service, or before or after school care programme, please talk to us about how we can help with childcare assistance.*

*You may also be able to get the Child Disability Allowance. Please talk to us about this.*

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

☎ **0800 559 009**.

**When you apply for the Sickness Benefit, you will need to complete this application form and provide the following for both you and your partner (if you have one):**

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

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

- A medical certificate completed by a registered medical practitioner – in most cases the supported person's usual doctor.
- Full birth certificates for your children.
- Proof of any name change.
- Marriage or civil union certificate (if you have one).
- A form or letter from Inland Revenue showing your IRD (tax) number.
- Gross income details (eg weekly gross wage and gross holiday pay) for the 52 week period immediately before application **and** details of your last 26 weeks gross income.
- Proof of any accommodation costs.
- Proof of bank account details.
- Your school leaving certificate (only if you have recently left school).
- Proof or quotes for any expenses relating to your disability.
- Proof of any other essential ongoing costs (eg hire purchase agreements).

**If you are applying on the grounds of hardship, you will also need to bring:**

- Proof of your and your partner's (if you have one) assets.

**If you are 16 or 17 and pregnant, you will also need to bring:**

- Proof of your parents' income.

## Privacy Statement

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

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

### The Privacy Act 1993 requires us to tell you that:

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

## Obligations

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

Changes in your living situation include:

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

### I must tell Work and Income immediately if I:

- have a change in work situation
- become self employed / start to run a business
- have changes to my/our 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/our 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/our benefit entitlement or rate.

## Important

### I understand that:

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

## Additional information

### Information required by

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

Day Month Year

### Contact name

Your client number is:

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

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

# Sickness Benefit Application



Work and Income  
Te Hiranga 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.

## 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

## Birth date

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

|     |       |      |
|-----|-------|------|
|     |       |      |
| Day | Month | Year |

## Address

**Q6 note:** If you live in a rural area, a house number could include:

- RAPID number
- fire number
- emergency services number.

**Q7 note:** Mailing address includes:

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

### 6. Where do you live?

Flat/house no. Street name

|  |  |
|--|--|
|  |  |
|--|--|

Suburb

City

|  |  |
|--|--|
|  |  |
|--|--|

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

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

|  |
|--|
|  |
|  |

### 8. How can we contact you?

Work phone

Home phone

Mobile phone

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Email

Fax

|  |  |
|--|--|
|  |  |
|--|--|

### 9. If you are under 20 years of age, do you live with your parent(s) or guardian(s)?

No  Yes  Not applicable

## Past benefits

10. Are you currently receiving any type of benefit?

No  Yes ▶ What type of benefit?

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

No ▶ Go to Question 13  Yes ▶ What type of benefit?

12. What was your client number?

## Residency

**Q13 note:** Tick one box.

13. Indicate which describes your residency situation:

New Zealand citizen (by birth) ▶ Go to Question 17

Date of citizenship

New Zealand citizen (other)  ▶ Go to Question 15  
Day Month Year

Date permanent residence granted

Permanent resident  ▶ Go to Question 15  
Day Month Year

Other ▶ Go to Question 14

14. What is your residency status?

15. When did you arrive in New Zealand?

Day Month Year

16. Where were you born?

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

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

**Q18 note:** This means that you consider New Zealand your home, you are a legal resident, usually live here and intend to stay permanently.

18. Do you usually live in New Zealand?

No  Yes

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

No  Yes ▶ Please fill in the Overseas Residence Details section of this form on page 26

## Ethnic group

**Q20 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.

20. 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

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

No  Yes ▶ You may be entitled to:

- ▶ War Disablement, Surviving Spouse or Partner pension. For more information call ☎ 0800 4 VETERAN (0800 4 838 372), and/or
- ▶ Veteran's Pension. For more information call ☎ 0800 650 656.

## Tax number

22. What is your Inland Revenue tax number?

## Bank details

Office use only

Verified by .....

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

Name of bank (eg ANZ):

Name of branch (eg Lower Hutt):

The account is in the name of:

The account number is:

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


## Assets

**Q24 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.

**Q25 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.

If you answered NO to Question 17 or you are single and aged 16 or 17, you must answer Questions 24 and 25 to see if you qualify for Sickness Benefit on grounds of hardship.

If you answered YES to Question 17 and you are married or a single person aged 18 or older you do not have to answer Questions 24 and 25.

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

No  Yes ▶ Please provide details below:

| Type of asset        | You | Your partner | Jointly owned |
|----------------------|-----|--------------|---------------|
| <input type="text"/> | \$  | \$           | \$            |
| <input type="text"/> | \$  | \$           | \$            |
| <input type="text"/> | \$  | \$           | \$            |

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

No  Yes ▶ Please provide details below:

| Type of asset        | Total value | Money owing |
|----------------------|-------------|-------------|
| <input type="text"/> | \$          | \$          |
| <input type="text"/> | \$          | \$          |
| <input type="text"/> | \$          | \$          |

## Employment

**Q26 note:** Paid employment includes employment for which you receive non-monetary benefits, eg free board, payments in kind, or drawings from an unprofitable business.

**Q28 note:** Give the name, telephone number and address of the firm or person you work for.

**Q29 note:** Give gross (before tax) amount of wages and the value of any non-monetary benefits received, eg free board or any drawings, whether or not the business makes a profit.

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

No ▶ Go to Question 38  Yes

27. Are you still working?

No ▶ Go to Question 31

Yes ▶ Is the job:  Full time  Part time  Casual  
 Seasonal  Voluntary  Self employment

28. Who are you working for?

1

2

29. How much is your gross weekly wage? \$

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

No ▶ Go to Question 38  Yes

**Q31 note:** Give the name, telephone number and address of the firm or person you worked for.

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

|  |
|--|
|  |
|  |

**Q32 note:** Give gross (before tax) and net (after tax) amounts.

**32. What was your weekly wage in your last job?**

|       |     |
|-------|-----|
| Gross | Net |
| \$    | \$  |

**33. How long did you work for?**

|            |       |      |             |       |      |
|------------|-------|------|-------------|-------|------|
| Start date |       |      | Finish date |       |      |
|            |       |      |             |       |      |
| Day        | Month | Year | Day         | Month | Year |

**34. Why did you leave your last job?**

|  |
|--|
|  |
|  |

**35. Did you get sick pay when you left the job?**

No     Yes ▶ Please provide gross amount: \$

**Q36 note:** Give gross (before tax) amount.

**36. Did you get holiday pay when you left the job?**

No     Yes ▶ Please provide gross amount:

**Q37 note:** Give the name and address of your employer, and the start and end dates of your employment.

**37. Have you had any other employment in the last 52 weeks apart from that answered in Questions 26–36?**

No     Yes ▶ Please provide details below:

**Q38 note:** Give type of payments, eg long service leave, payments in lieu of notice, etc.

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

No     Yes ▶ Please provide details below:
   

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

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

## Self employment

Please bring in your business accounts.

**39. If you are self employed, are you employing someone else to do your work while you are unable to work?**

No     Yes ▶ How much are you paying that person each week? \$

## Other income

**Q40 note:** Examples of income from other sources:

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

Give gross (before tax) amount.

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

No     Yes ▶ Please provide details below:
   

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

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

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

No     Yes ▶ Please provide details below:
   

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

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

## Sickness, injury or disability

**Q44 note:** You may be sick because of an accident or injury. Please write down how and when the accident or injury happened.

42. What is your medical condition/disability? (please describe in your own words)

43. How do you believe your medical condition/disability affects your ability to do some work?

44. Is your sickness a result of accident or injury?

No ▶ Go to Question 49  Yes ▶ Please provide details below:

## Accident Compensation

45. Are you applying for earnings related Accident Compensation payments?

Yes ▶ Go to Question 46  No ▶ Please provide reasons why you are not applying below:

46. What ACC office did you apply at?

47. When did you apply?

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

48. What is your reference number?

## Insurance

49. Do you have personal accident or sickness insurance?

No  Yes ▶ Please provide the name of insurance company or scheme below:

50. How much do you expect to get from insurance?

Weekly \$  Lump sum \$

## Education

51. Are you attending a school or any other educational institution?

No ▶ Go to Question 55  Yes

52. How many hours per week do you attend school or other educational institution?

53. Do you have a student allowance or student loan?

No  Yes

54. Where do you attend school or other educational institution?

 ▶ Go to Question 58

55. Have you left school or other educational institution in the last six months?

Yes ▶ Go to Question 56  No ▶ Please provide details below about how you have supported yourself prior to applying for benefit (if you have not recently ceased work)

  
  
 ▶ Go to Question 58

56. Where did you attend school or other educational institution?

57. When did you stop attending?

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

## Dependent children currently in your care

**Q58 note:** Please give the names of any children that you financially support and are living with you as a member of your family, including:

- stepchildren
- children at boarding school
- adopted children
- grandchildren
- mokopuna.

If you are caring for a child who is not your own you may be able to get other forms of assistance. Please ask us about this.

You can get family tax credit if the children are 18 or under and not supporting themselves or in full-time employment.

You'll usually qualify for family tax credit if you qualify for a benefit – and depending on your circumstances you can choose to have your family tax credit paid with your benefit. We can arrange this for you.

If your child(ren) attend either a childcare service or before or after school care programme, please talk to us about how we can help with Childcare Assistance.

**Q61 note:** We'll tell Inland Revenue about your choice – so you don't need to.

## Dependent children previously in your care

## Partner

**Q63 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.

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

No ▶ Go to Question 62  Yes ▶ Please provide details below:

| Child's full name | Date of birth |
|-------------------|---------------|
| 1                 | / /           |

| Relationship to you | Other parent's name |
|---------------------|---------------------|
|                     |                     |

| Child's full name | Date of birth |
|-------------------|---------------|
| 2                 | / /           |

| Relationship to you | Other parent's name |
|---------------------|---------------------|
|                     |                     |

| Child's full name | Date of birth |
|-------------------|---------------|
| 3                 | / /           |

| Relationship to you | Other parent's name |
|---------------------|---------------------|
|                     |                     |

### 59. Do you get income for any of these children?

No  Yes ▶ Please provide details below:

| Child's full name | Type of income |
|-------------------|----------------|
|                   |                |
|                   |                |

### 60. Do you have a shared custody arrangement for any of these children?

No ▶ Go to Question 61  Yes ▶ Please provide details below:

| Child's full name | Hours per week in your care | Name and address of person you share custody with |
|-------------------|-----------------------------|---|
|                   |                             |   |
|                   |                             |   |

### 61. Do you want to have your family tax credit paid with your benefit?

No  Yes

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

No  Yes ▶ Please provide details below:

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

### 63. Do you have a partner?

No ▶ Are you:  Single  Living apart/ separated  Divorced

Widowed

Civil union dissolved

▶ Go to page 17 Accommodation Supplement section

Yes ▶ Are you:  Married

In a civil union

In a relationship

▶ Please provide details below:

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

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

|     |       |      |
|-----|-------|------|
|     |       |      |
| Day | Month | Year |

Please ask your partner to fill in the Partner's Details section on page 9. Please go to the Accommodation Supplement section on page 17 and complete the rest of the application.

# Partner's Details



**Work and Income**  
Te Hiranga Tangata

A service of the Ministry of Social Development

**PARTNER CLIENT NUMBER**

Please ask your partner to complete all questions.

## 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. What gender 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

## Birth date

**5. What is your date of birth?**   
Day Month Year

## Past benefits

**6. Are you currently receiving any type of benefit?**

No  Yes ▶ What type of benefit?

**7. Have you ever received any type of benefit before?**

No ▶ Go to Question 12  Yes ▶ What type of benefit?

**8. What was your client number?**

## Residency

**Q9 note:** Tick one box.

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

- New Zealand citizen (by birth) ▶ Go to Question 13
- New Zealand citizen (other)   
 Date of citizenship    ▶ Go to Question 11   
 Day Month Year
- Permanent resident   
 Date permanent residence granted    ▶ Go to Question 11   
 Day Month Year
- Other ▶ Go to Question 12

### 10. What is your residency status?

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

     
 Day Month Year

### 12. Where were you born?

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

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

**Q14 note:** This means that you consider New Zealand your home, you are a legal resident, usually live here and intend to stay permanently.

### 14. Do you usually live in New Zealand?

- No  Yes

## Ethnic group

**Q15 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.

### 15. 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:

## Periods of overseas residence

### 16. 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) |
|-----------------|------------|-----------|-----------------------------------|
|                 | / /        | / /       |                                   |
|                 | / /        | / /       |                                   |
|                 | / /        | / /       |                                   |
|                 | / /        | / /       |                                   |



## Employment

**Q21 note:** Paid employment includes employment for which you receive non-monetary benefits, eg free board, payments in kind, or drawings from an unprofitable business.

**Q22 note:** Give the name, telephone number and address of the firm or person you work for.

**Q23 note:** Give gross (before tax) amount of wages and the value of any non-monetary benefits received, eg free board or any drawings, whether or not the business makes a profit.

### 21. Are you working?

No ▶ Go to Question 24

Yes ▶ Is the job:  Full time  Part time  Casual  
 Seasonal  Voluntary  Self employment

### 22. Who are you working for?

|   |
|---|
| 1 |
| 2 |

### 23. How much is your gross weekly wage?

\$

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

No  Yes ▶ Please provide details below:

|  |
|--|
|  |
|  |

## Other income

**Q25 note:** Examples of income from other sources:

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

Give gross (before tax) amount.

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

No  Yes ▶ Please provide details below:

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

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

No  Yes ▶ Please provide details below:

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

Please read this statement carefully and sign.

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

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

**I understand that if I am not expected to be looking for work, I will have the following planning obligations:**

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

**I agree to these planning obligations and understand that:**

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

**I understand that if I am expected to look for work, I will have the following work obligations:**

- be available for, and take reasonable steps to get, a job that is suitable for me
- take any offer of suitable work, including full-time, part-time or temporary work, or work that is seasonal or subsidised
- attend and take part in any interview for a suitable job, where Work and Income ask me to
- attend and take part in any interview with Work and Income, where Work and Income ask me to
- undertake planning for work when required to by Work and Income
- take part in any other activities that Work and Income require me to (including rehabilitation, but not medical treatment) such as work experience, work assessments, seminars or programmes that will improve my work readiness or help me get work
- let Work and Income know how I am meeting my work obligations as often as Work and Income reasonably requires.

**I agree to the work obligations and understand that:**

- the first and second time I do not meet my work obligations, without a good and sufficient reason, my benefit will be reduced by 50% or stopped. I understand that my benefit will increase or restart if I undertake the activity I failed to do
- the third time I do not meet my work obligations, without a good and sufficient reason, my benefit will be reduced by 50% or stopped, for 13 weeks. If my benefit has been reduced or stopped, and I agree to take part in an approved activity for at least six weeks and I am still entitled to my benefit, it will be increased or restarted
- when my benefit is reduced or stopped this may affect my entitlement to any supplementary assistance I am receiving
- I have the right to review or dispute any decision to reduce or stop my benefit.

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

## What are you expected to do about looking for work?

- *If you don't have children in your care or your youngest child is 18 years or older, you must be looking for full-time work (30 or more hours per week).*
- *If your youngest child is aged between 6 and 18 years, you must be looking for work of at least 15 hours per week.*
- *If your youngest child is aged under 6 years, we will work with you to plan for your future.*

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

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

Sickness Benefit  Accommodation Supplement  Disability Allowance  Temporary Additional Support

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

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

Name (print)  Partner's signature  Date     
Day Month Year

## OFFICE USE ONLY

*Only if partner is present.*

### Statement by Interviewing / Interpreting Officer

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

Name (print)  Interviewing officer's signature      
Day Month Year

If application made under grounds of hardship. Asset details completed.

### Additional information:

|  |
|--|
|  |
|  |
|  |
|  |

### Decision:

|  |
|--|
|  |
|  |

Processor's signature     
Day Month Year

Authenticator's signature     
Day Month Year

10%  100%  Critical data  Checker's signature     
Day Month Year

Bring up        
Day Month Year

PARTNER CLIENT NUMBER

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|

## Privacy Statement

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

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

### The Privacy Act 1993 requires us to tell you that:

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

## Important

### I understand that:

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

Please read this statement carefully and sign.

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

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

**I understand that if I am not expected to be looking for work, I will have the following planning obligations:**

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

**I agree to these planning obligations and understand that:**

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

**I understand that if I am expected to look for work, I will have the following work obligations:**

- be available for, and take reasonable steps to get, a job that is suitable for me
- take any offer of suitable work, including full-time, part-time or temporary work, or work that is seasonal or subsidised
- attend and take part in any interview for a suitable job, where Work and Income ask me to
- attend and take part in any interview with Work and Income, where Work and Income ask me to
- undertake planning for work when required to by Work and Income
- take part in any other activities that Work and Income require me to (including rehabilitation, but not medical treatment) such as work experience, work assessments, seminars or programmes that will improve my work readiness or help me get work
- let Work and Income know how I am meeting my work obligations as often as Work and Income reasonably requires.

**I agree to the work obligations and understand that:**

- the first and second time I do not meet my work obligations, without a good and sufficient reason, my benefit will be reduced by 50% or stopped. I understand that my benefit will increase or restart if I undertake the activity I failed to do
- the third time I do not meet my work obligations, without a good and sufficient reason, my benefit will be reduced by 50% or stopped, for 13 weeks. If my benefit has been reduced or stopped, and I agree to take part in an approved activity for at least six weeks and I am still entitled to my benefit, it will be increased or restarted
- when my benefit is reduced or stopped this may affect my entitlement to any supplementary assistance I am receiving
- I have the right to review or dispute any decision to reduce or stop my benefit.

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

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

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

Sickness Benefit  Accommodation Supplement  Disability Allowance  Temporary Additional Support

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

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

## Who can get Accommodation Supplement?

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

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

Yes ▶ Please provide details below:  No ▶ Please go to page 19, Disability Allowance section

## Living situation

### 67. Do you live alone?

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

| First name | Surname | Relationship to you |
|------------|---------|---------------------|
|            |         |                     |
|            |         |                     |
|            |         |                     |


## Assets

**Q68 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.

**Q69 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.

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

No  Yes ▶ Please provide details below:


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

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

No  Yes ▶ Please provide details below:

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

## Rent

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

### 70. Do you pay rent?

No ▶ Go to Question 75  Yes ▶ Please provide details below:

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

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


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

|  |
|--|
|  |
|  |
|  |

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

No ▶ Go to Question 75  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.

75. Do you pay board?

No ▶ Go to Question 78  Yes ▶ Please provide details below:


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

\$

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

|  |
|--|
|  |
|  |
|  |

## Home owner


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

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

Include both interest and principal.

Do not include contents insurance.

Include water rates if you pay them separately.

 Please bring in receipts for repairs and maintenance.

78. Do you own the home you live in?

No ▶ Go to Question 82  Yes ▶ Please provide details below:

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

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

\$

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

81. Have you received a Rates Rebate?

Yes ▶ Amount \$  Rating year 1 July

No to 30 June

# Disability Allowance Application

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

## Who can get Disability Allowance?

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

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

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

### 82. Do you want to apply for Disability Allowance?

Yes ▶ Please provide details below:  No ▶ Please go to page 23, Temporary Additional Support section

## Disability Allowance

**Q83 note:** Please tick one box only.

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

### 83. Who are you applying for?

- Yourself ▶ Go to Question 84
- Your partner ▶ Please provide their full name below:
- Your dependent child ▶ Please provide their full name below:

| First name(s) | Surname | Relationship to you |
|---------------|---------|---------------------|
|               |         |                     |
|               |         |                     |
|               |         |                     |

## Entitlements

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

No  Yes ▶ Please provide details below:

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

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

## Expenses

**Q86 note:** You must provide invoices, receipts, quotes or printouts for each additional expense before they can be considered as an ongoing cost for Disability Allowance. These must be attached to this form when you have completed it.

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

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

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

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





**Work and Income**  
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

## 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:

- The person has a disability which is likely to continue for not less than six months; and
- 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. 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

### 3. 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)

continued overleaf...

**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)

**4. 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**

**5. Please list the type, cost and how often visits to doctors or specialists are necessary and result from the stated disability:**

| Type of consultation | Cost | How often (eg daily, weekly, monthly)? | Registered Medical Practitioner's initials |
|----------------------|------|--|--|
|                      | \$   |  |  |
|                      | \$   |  |  |
|                      | \$   |  |  |

**Items / services / treatments / pharmaceuticals**

**6. 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 your details below.**

HPI number

Medical Practitioner's full name

Practice name and address

Telephone number ( )

Medical Practitioner's signature  
    
 Day    Month    Year

This information is required under the Social Security Act 1964.  
**Privacy Act:** The person has been advised and understands that this information is required for benefit assessment purposes.

# Temporary Additional Support Application

## Who can get Temporary Additional Support?

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

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

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

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

Yes ▶ Please provide details below:  No ▶ Please go to page 26, Overseas Residence Details section

## Assets

**Q88 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.

**Q89 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.

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

No  Yes ▶ Please provide details below:

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

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

No  Yes ▶ Please provide details below:

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

## Working for Families Tax Credits

**Q90 note:** Working for Families Tax Credits payments include:

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

### 90. 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

**Q91 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.

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

No  Yes ▶ Please provide details below:

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

# Temporary Additional Support Application

## Accommodation costs

**Q93 note:** If you don't have a cost, write 'nil'.

 Please provide proof of these costs.

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

No ▶ Go to Question 95  Yes ▶ Please complete details below if you have not applied for the Accommodation Supplement

### 93. 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 |                                   | \$        |                                    |

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

Yes ▶ Amount \$  Rating year 1 July

No to 30 June

## Credit sales (hire purchases) and regular costs

**Q95 note:** Essential items that may be included:

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

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

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

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



# Overseas Residence Details

## Periods of overseas residence

**Q98 note:** Periods of overseas residence may affect entitlement to some benefits.

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

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

### 98. Have you lived in any countries outside New Zealand?

No  Yes ▶ Please provide details below:

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

## Overseas pensions and benefits

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

No  Yes

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

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

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

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



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

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

Please read this statement carefully and sign.

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

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

**I understand that if I am not expected to be looking for part-time work, I will have the following planning obligations:**

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

**I agree to these planning obligations and understand that:**

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

**I understand that if I am expected to look for part-time work, I will have the following work obligations:**

- be available for, and take reasonable steps to get, a job that is suitable for me
- take any offer of suitable part-time work, including temporary work, or work that is seasonal or subsidised
- attend and take part in any interview for a suitable job, where Work and Income ask me to
- attend and take part in any interview with Work and Income, where Work and Income ask me to
- undertake planning for work when required to by Work and Income
- take part in any other activities that Work and Income require me to (including rehabilitation, but not medical treatment) such as work experience, work assessments, seminars or programmes that will improve my work readiness or help me get work
- let Work and Income know how I am meeting my work obligations as often as Work and Income reasonably requires.

**I agree to these work obligations and understand that:**

- the first and second time I do not meet my work obligations, without a good and sufficient reason, my benefit will be reduced by 50% or stopped. I understand that my benefit will increase or restart again if I undertake the activity I failed to do
- the third time I do not meet my work obligations, without a good and sufficient reason, my benefit will be reduced by 50% or stopped, for 13 weeks. If my benefit has been reduced or stopped, and I agree to take part in an approved activity for at least six weeks and I am still entitled to my benefit, it will be increased or restarted
- when my benefit is reduced or stopped this may affect my entitlement to any supplementary assistance I am receiving
- I have the right to review or dispute any decision to reduce or stop my benefit.

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

I understand that if I have made an application for Temporary Additional Support, my partner and I must take all necessary steps to get other assistance towards costs and take reasonable steps to increase my income and reduce costs where possible. I have completed all the questions or they have been completed for me in the following applications:

Sickness Benefit     Accommodation Supplement     Disability Allowance     Temporary Additional Support

The information I have given is true and complete. The conditions for receiving this assistance have been explained to me and I understand these conditions. I am also aware of and understand the Privacy Act statement contained in this application form.

Name (print)

Client's signature

Date

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

## What are you expected to do about looking for work?

- If you have work obligations, you must be looking for work of at least 15 hours per week.
- If you are unable to work or can only work for up to 15 hours per week, we will work with you to plan for your future.



Please read this statement carefully and sign.

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

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

**I understand that if I am not expected to be looking for part-time work, I will have the following planning obligations:**

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

**I agree to these planning obligations and understand that:**

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

**I understand that if I am expected to look for part-time work, I will have the following work obligations:**

- be available for, and take reasonable steps to get, a job that is suitable for me
- take any offer of suitable part-time work, including temporary work, or work that is seasonal or subsidised
- attend and take part in any interview for a suitable job, where Work and Income ask me to
- attend and take part in any interview with Work and Income, where Work and Income ask me to
- undertake planning for work when required to by Work and Income
- take part in any other activities that Work and Income require me to (including rehabilitation, but not medical treatment) such as work experience, work assessments, seminars or programmes that will improve my work readiness or help me get work
- let Work and Income know how I am meeting my work obligations as often as Work and Income reasonably requires.

**I agree to these work obligations and understand that:**

- the first and second time I do not meet my work obligations, without a good and sufficient reason, my benefit will be reduced by 50% or stopped. I understand that my benefit will increase or restart again if I undertake the activity I failed to do
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- when my benefit is reduced or stopped this may affect my entitlement to any supplementary assistance I am receiving
- I have the right to review or dispute any decision to reduce or stop my benefit.

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

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Sickness Benefit     Accommodation Supplement     Disability Allowance     Temporary Additional Support

The information I have given is true and complete. The conditions for receiving this assistance have been explained to me and I understand these conditions. I am also aware of and understand the Privacy Act statement contained in this application form.

Name (print)

Client's signature

Date

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





## OFFICE USE ONLY

Designated doctor

### Statement by Interviewing / Interpreting Officer

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

If application made under grounds of hardship.  
Asset details completed.

If applicant is 16 or 17 years and pregnant.  
Parents income verification completed.

Name (print)

Interviewer's signature

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### Additional information:

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### Decision:

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Processor's signature

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Authenticator's signature

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Checker's signature

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