

Adverse Event – Payments to hosts for accommodation



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

Please read this before you start

This application form is to be completed by hosts providing temporary accommodation for people in an adverse event, including a Civil Defence emergency.

Payments are for accommodation only and do not include food, clothing etc.

Event details

1. What is the adverse event and/or Civil Defence emergency that has occurred?

Host's details

Q2 note: You will be required to provide verification that you are the person responsible for this accommodation.

2. What type of accommodation do you provide?

Marae Hotel/Motel Private ▶ Go to Question 4

Other ▶ Please tell us what type:

3. What is the name of your accommodation?

4. What is the address of your accommodation?

Suburb

City

5. What are the contact details for your accommodation?

Contact person's name

Description

Contact details

Try first

Phone		
Cell phone		
Fax		
Email		

Q6 note: GST/IRD numbers are unique to you/your business. You don't have to tell us your number but if you do it helps us ensure your information with us is correct.

6. Do you/your business have a GST number?

Yes ▶ What is your/your business' GST number?

No ▶ What is your/your business' IRD number?


7. How much do you charge for your accommodation per day?

Per person ▶ How much per adult? \$
▶ How much per child? \$

Per room ▶ How much per room? \$

Host's bank details
























Q8 note: If your accommodation is a marae, hotel/motel or other business, the account number must be in the business' name.

 You must provide proof from the bank of the account number and account holder details.

8. What bank account do you want payments made to?

The account is in the name of:

The account number is:

Bank			Branch			Account number																
																						

Evacuee's details

9. How many people are you providing temporary accommodation for?

Adults Children

Please complete the attached Schedule of Evacuees about the evacuees that you are providing temporary accommodation for. Attach extra pages if necessary.

Obligations

The information that I have given is true and complete.

I understand that:

- if I/we are reimbursed by some other means (eg council, evacuee's insurance policy, etc) I/we will refund any payments made by Work and Income
- the information I/we have given may be verified with other organisations, eg Civil Defence, employers, accommodation providers, etc
- if I/we don't tell Work and Income about changes that might affect these payments, the payments may be reviewed and cancelled **and** I/we may have to pay back the total amount of any overpayment that I/we have received **and**
- Work and Income may impose a penalty (up to three times the value of the overpayment), or I/we may be prosecuted and fined or imprisoned.

Name (print)

Signature

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

Civil Defence Authority Use Only

Council/Authority Stamp

The host named in this form has been responsible for accommodating evacuees during this event.

The information provided is correct.

Name (print)

Signature

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

OFFICE USE ONLY

Host's identification attached:

Payment calculation:

Number

Adults @ \$ per night = \$

Children @ \$ per night = \$

Per room @ \$ per night = \$

Total payable \$

For period: To:
Day Month Year Day Month Year

Schedule of Evacuees

Please complete the attached *Schedule of Evacuees* about the evacuees that you are providing temporary accommodation for.

First names	Surname or family name	Date of birth	
<input type="text"/>	<input type="text"/>	<input type="text"/> Day Month Year	
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> In a relationship	<input type="checkbox"/> Child
Staying with you:	From: <input type="text"/> Day Month Year	To: <input type="text"/> Day Month Year	Civil Defence Registration Number (if known) <input type="text"/>

First names	Surname or family name	Date of birth	
<input type="text"/>	<input type="text"/>	<input type="text"/> Day Month Year	
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> In a relationship	<input type="checkbox"/> Child
Staying with you:	From: <input type="text"/> Day Month Year	To: <input type="text"/> Day Month Year	Civil Defence Registration Number (if known) <input type="text"/>

First names	Surname or family name	Date of birth	
<input type="text"/>	<input type="text"/>	<input type="text"/> Day Month Year	
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> In a relationship	<input type="checkbox"/> Child
Staying with you:	From: <input type="text"/> Day Month Year	To: <input type="text"/> Day Month Year	Civil Defence Registration Number (if known) <input type="text"/>

First names	Surname or family name	Date of birth	
<input type="text"/>	<input type="text"/>	<input type="text"/> Day Month Year	
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> In a relationship	<input type="checkbox"/> Child
Staying with you:	From: <input type="text"/> Day Month Year	To: <input type="text"/> Day Month Year	Civil Defence Registration Number (if known) <input type="text"/>

First names	Surname or family name	Date of birth	
<input type="text"/>	<input type="text"/>	<input type="text"/> Day Month Year	
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> In a relationship	<input type="checkbox"/> Child
Staying with you:	From: <input type="text"/> Day Month Year	To: <input type="text"/> Day Month Year	Civil Defence Registration Number (if known) <input type="text"/>

First names Surname or family name Date of birth
Day Month Year

Single Married In a relationship Child

Staying with you: From: To: Civil Defence Registration Number (if known)
Day Month Year Day Month Year

First names Surname or family name Date of birth
Day Month Year

Single Married In a relationship Child

Staying with you: From: To: Civil Defence Registration Number (if known)
Day Month Year Day Month Year

First names Surname or family name Date of birth
Day Month Year

Single Married In a relationship Child

Staying with you: From: To: Civil Defence Registration Number (if known)
Day Month Year Day Month Year

First names Surname or family name Date of birth
Day Month Year


Single Married In a relationship Child

Staying with you: From: To: Civil Defence Registration Number (if known)
Day Month Year Day Month Year

First names Surname or family name Date of birth
Day Month Year

Single Married In a relationship Child

Staying with you: From: To: Civil Defence Registration Number (if known)
Day Month Year Day Month Year

 Please attach a separate page if necessary.