



Agent – Extension for MSD Housing Assessment

Please complete this form if you already have an agent appointed to act for you in relation to any of the following and you would like that same agent to act for you in relation to social housing matters:

- Benefits with Work and Income
- New Zealand Superannuation or Veteran's Pension with Senior Services.

What you need to do

You will need to complete this form and make sure both you and your agent sign it.

Privacy

The legislation administered by the Ministry of Social Development allows us to check the information that you give us. This may happen when you apply for assistance and at any time after that. The Privacy Act 1993 requires us to tell you why we collect the information and what we will do with it.

Why we collect information

The information you give us or your contracted service provider (where you have one assigned to you) 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 and/or your contracted service provider.

You are not required to give the Ministry of Social Development or your contracted service provider information, but if you do not give them, or us, all the information we ask for, we may not be able to extend your existing agency to include social housing.

You have the right to see and correct your information

Under the Privacy Act 1993 you have the right to ask to see all information we, or your contracted service provider, hold about you and to ask them, or us, to correct that information.

Before you start

If you need help filling in this form, please ask at your nearest Work and Income service centre, or Community Link or call us.

If you are filling in this form on behalf of the client, make sure you answer question 12.

Agent – Extension for MSD Housing Assessment

Tell us about yourself

If you have received a benefit, pension or extra financial help from us before, write your client number here if you know it. This number can be found on your Community Services Card or SuperGold Card if you have one.

Client number

Tell us your details

1

What is your full name?

First and middle name

Surname or family name

2

What date were you born?

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

Tell us about your agent

Tell us your agent's name

3

Who is appointed as your agent for Work and Income and/or Senior Services?

Name of organisation (if applicable)

First and middle name

Surname or family name

HOW TO ANSWER Q3:
 If your agent is a person please give their full name. If it is an organisation only give the name of the organisation.

Tell us how to contact your agent

4

What is your agent's address?

Flat/House number Street name

Suburb

Town/City

HOW TO ANSWER Q4:
 If your agent lives in a rural area, flat/house number could include their RAPID number, fire number, emergency services number.

5

Is your agent's mailing address different from above?

No Yes

↓ **Tell us their mailing address**

HOW TO ANSWER Q5:
 Mailing address can include a postal box (PO Box), rural delivery details, or C/O address.

6

How else can we contact your agent?

Tick the best way for us to contact your agent

Home phone	()	
Mobile phone	()	
Other phone	()	
Email		

HOW TO ANSWER Q6:
 Please only give us contact details your agent would like us to use.

Extension of agency for social housing assessments

Authorisation 7

HOW TO ANSWER Q7:
 If you are not sure of your agent's rights and responsibilities please ask us.

Do you authorise the person or organisation named in question 3 to act on your behalf (with the same rights and responsibilities) for social housing matters?

No
 Yes

8

Do you want social housing providers to contact your agent when a property is available?

No
 Yes

MSD will pass on your agent's details to social housing providers who may have properties available to offer you. The provider (not MSD) will decide whether they deal with your agent directly rather than you.

INFORMATION FOR Q9:
 Agents are not able to access or update MyMSD on your behalf. You can give your agent as many or as few rights and responsibilities as you want. For example, "my agent can only speak or make enquiries about my Childcare Subsidy".

9

Is there anything else you want your agent to do?

No
 Yes

↓ **Please tell us below**

10

Is there anything you do not want your agent to do?

No
 Yes

↓ **Please tell us below**

11

Did you fill in this form yourself

No
 Yes

Go to question 12

Go to Client's Declaration on page 4

Client is unable to sign this form

Client unable to sign this form 12

ATTACHMENT FOR Q13:
 Attach a copy of either the Enduring Power of Attorney or Court Order.

Attach evidence from a registered medical practitioner. This needs to state the reason why the client cannot act for themselves and how long it is likely to last.

Why are you completing this form for your client?

If the client is unable to sign this form, and the form is being completed on their behalf by a person wishing to be appointed their agent, please tick the reason for this.

I have authority over this client's affairs, as covered by the attached valid Enduring Power of Attorney or Court Order made under the Protection of Personal and Property Rights Act 1988.
 This client is temporarily unable to do things for themselves, and I wish to be appointed their agent for a short period of time to enable the Ministry of Social Development to meet the client's immediate needs.

Client's declaration

By signing this form you have agreed to these obligations, and also the rights and responsibilities given to your agent.

- I wish to appoint the agent named in this form.
- The information I have provided on this form is true and complete.

I understand that:

- My agent will have the authority to act for me for the things I have agreed in the questions above.
- I still need to tell the Ministry of Social Development of any changes in my circumstances that may affect my eligibility and/or entitlement.
- I continue to have full responsibility for all matters concerning my benefit and social housing assessment, including any obligations.
- While my agent may be able to act for me in some circumstances, they cannot do any job search requirements I may have, or complete a social housing assessment for me unless there is very good reason.
- My agent cannot access MyMSD on my behalf.
- The Ministry of Social Development takes no responsibility for actions carried out by my agent.
- The agent will continue to represent me until I tell the Ministry of Social Development otherwise.

Your name (print)

Your signature

Date

Day

Month

Year

Agent's declaration

By signing this form you have agreed to the rights and responsibilities given to you by the person named in question one.

- I/we agree to act as agent for the client named in this form.
- The information I/we have provided on this form is true and complete.

I/we understand that:

- I/we need to meet the responsibilities as an agent, set out in this form.
- I/we must act in the best interest of the client at all times.
- I/we agree to receive emails from the Ministry of Social Development in matters regarding my/our client.
- I/we agree to advise the Ministry of Social Development if I/we change my/our address or contact details.
- While I/we may act on the client's behalf in some circumstances:
 - If the client has job search requirements, I cannot do these on the client's behalf.
 - If the client wishes to apply for social housing he/she must be present for the initial assessment, unless there is good reason.
- I/We understand that we cannot access MyMSD on behalf of the client.
- I/we have read and I/we understand the privacy statement.
- I/we understand that the client has full responsibility for all matters concerning their benefit and social housing assessment, including any obligations.
- If I/we wish to cease being this client's agent, I/we must inform the client **and** the Ministry of Social Development.

Agent's name (print)

Agent's signature

Date

Day

Month

Year