

Change of address/ Accommodation costs form



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

Did you
know you
can do this
online?



www.workandincome.govt.nz/go-on

Write your client number here. It can be found on your Community Services Card if you have one.

Client number

Your details

1

What is your full name?

First and middle names

Surname or family name

2

What date were you born?

Day Month Year

HOW TO ANSWER Q3:

If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

3

Where do you live?

Flat/House number Street name

Suburb

Town/City

HOW TO ANSWER Q4:

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

4

Is your mailing address different from where you live?

No Yes

HOW TO ANSWER Q5:

Please only give us contact details you would like us to use.

5

How else can we contact you?

Tick the best way for us to contact you

| | | |
|--------------|-----|--|
| Home phone | () | |
| Mobile phone | () | |
| Other phone | () | |
| Email | | |

6

What is the date that you moved, or that your costs changed?

Day Month Year

7

Do you live alone?

No

↓ Please provide the names of the others you live with below

Yes

| First and middle names | Surname or family name | Relationship to you |
|------------------------|------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

Rent

8

Do you pay rent?

No

Go to question 14

Yes

9

What is the total amount of rent paid each week for your home?

\$

10

How much of this total amount do you pay for you and your family?

\$

11

Do you pay water rates separately from your rent?

No

Yes

↓ Tell us how much you pay

\$

How often?

12

What is the name, address and telephone number of the person or organisation you pay rent to?

13

Are you and/or your partner tenants living in a social housing property?

No

Yes

You are not entitled to an Accommodation Supplement

INFORMATION FOR Q8:
By rent we mean the amount you pay for your accommodation only and does not include other costs such as food or electricity.

ATTACHMENT FOR Q10:
You will need to show proof of what you pay for rent.

ATTACHMENT FOR Q11:
You may need to show proof of what you pay for water rates.

INFORMATION FOR Q13:
Social housing properties are provided by Housing New Zealand and approved community housing providers.

Board

14

Do you pay board?

No

Go to question 17

Yes

↓ Tell us what your board includes

15

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

\$

16

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

Tell us about home ownership costs

17

Do you own the home you live in?

No

Go to the signature section

Yes

HOW TO ANSWER Q18:

18

What are your home ownership costs?

Only include mortgages you used to buy or alter your home. Include both interest and principal.

List any other mortgages such as a second mortgage or revolving mortgage.

Do not include contents insurance.

| | Who do you pay? | How much do you pay? | How often do you make the payment (such as weekly, monthly or yearly)? |
|---------------------|-----------------|----------------------|--|
| First mortgage | | \$ | |
| Other mortgage | | \$ | |
| House insurance | | \$ | |
| Mortgage insurance | | \$ | |
| Rates | | \$ | |
| Ground lease | | \$ | |
| Water rates | | \$ | |
| Body corporate fees | | \$ | |

ATTACHMENT FOR Q18:

You will need to show proof of your home ownership costs.

19

Did you have to pay for repairs and maintenance to your home in the last 12 months?

No

Yes



Please write the total amount

 \$

20

Do you have a mortgage from Housing New Zealand?

No

Yes



Please write your interest rate

 %

ATTACHMENT FOR Q21:

Bring proof of your rates rebate

21

Have you received a rates rebate in the last 52 weeks?

No

Yes

Amount

 \$

Rating year 1 July

 20

to 30 June

 20

Signature

The information I have provided is true and complete

Your name (print)

Your signature

Date

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

