Change of Living Situation
for seniors

If you get New Zealand Superannuation or Veteran’s Pension we need you to tell us about changes to your living situation so we can pay you the right rate. You can give us this information by calling 0800 552 002 or by completing and returning this form.

If you meet our definition of living alone, we may be able to pay you a higher rate to recognise the cost of maintaining your home on your own. You may also get this if you have a partner who is in residential care, hospital or prison, or in some situations when you are not living on your own. You can have visitors stay with you for up to 13 weeks and still get the living alone rate.

In this form if we say ‘your partner’ we also mean ‘your spouse’, if you have one.

Write your client number here. It can be found on your SuperGold Card.

Tell us about yourself

1. What is your full name?
   - Mr
   - Mrs
   - Ms
   - Miss
   - Other

   First and middle names

   Surname or family name

2. What date were you born?
   - Day
   - Month
   - Year

Tell us how we can contact you

3. Where do you live?
   - Flat/House number
   - Street name

   Suburb

   Town/City

4. Is your mailing address different from where you live?
   - No
   - Yes

   Tell us your mailing address

If these addresses are different from what we already have for you, you’ll also need to fill in our Change of Address/Accommodation Costs form, or update your own details using MyMSD.
How to answer Q5:

Please only give us contact details you’d like us to use.

How else can we contact you?

| Home phone | (   ) |
| Mobile phone | (   ) |
| Other phone | (   ) |

Do you agree to get emails from us?

[ ] No [ ] Yes [ ] Tell us your email address [ ] I don’t have an email address

Tell us what has changed

What date did your living situation change?

Day  Month  Year

What was the change?

[ ] I started living alone Go to question 13
[ ] My partner now lives in a rest home, hospital or prison Go to question 9
[ ] I now have a partner Go to question 9
[ ] I’ve stopped living alone, but don’t have a partner Go to question 12

Tell us if you have a partner

What is your partner’s full name?

First and middle names
Surname or family name

What is your partner’s date of birth?

Day  Month  Year

Where does your partner live?

[ ] At the same address as me
[ ] Public hospital
[ ] Rest home
[ ] Prison
[ ] Private hospital
[ ] Other Please tell us where they live
[ ] Other
Tell us about your living situation

**HOW TO ANSWER Q12:**
Please don't include your partner (if you have one).

**INFORMATION FOR Q12:**
We don't need to know the name of each person.

**ATTACHMENT FOR Q12:**
If you need to include more than four people please write these details about each one on a separate sheet of paper, and bring it with this form.

**Please provide details about anyone you live with.**

**Person 1**
Relationship to you

Is this person 18 years or younger?

[ ] No  [ ] Go to next person or question 13

[ ] Yes  [ ] What is their date of birth?

[ ] Day  [ ] Month  [ ] Year

Does this person attend school or a tertiary institution?

[ ] No  [ ] Yes

**Person 2**
Relationship to you

Is this person 18 years or younger?

[ ] No  [ ] Go to next person or question 13

[ ] Yes  [ ] What is their date of birth?

[ ] Day  [ ] Month  [ ] Year

Does this person attend school or a tertiary institution?

[ ] No  [ ] Yes

**Person 3**
Relationship to you

Is this person 18 years or younger?

[ ] No  [ ] Go to next person or question 13

[ ] Yes  [ ] What is their date of birth?

[ ] Day  [ ] Month  [ ] Year

Does this person attend school or a tertiary institution?

[ ] No  [ ] Yes

**Person 4**
Relationship to you

Is this person 18 years or younger?

[ ] No  [ ] Go to next person or question 13

[ ] Yes  [ ] What is their date of birth?

[ ] Day  [ ] Month  [ ] Year

Does this person attend school or a tertiary institution?

[ ] No  [ ] Yes
Do you have visitors aged 18 or older who will be staying with you for 13 weeks or longer?

☐ No   ☐ Yes

**What is your accommodation?**

☐ House or flat
☐ Self-contained unit in a retirement village or rest home
☐ A room in a boarding house
☐ Hotel or motel
☐ Other

**Please tell us where they live**

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**Client’s declaration**

The information I’ve provided on this form is true and complete.

Your name (print): [ ]

Your signature: [ ]

Date: [ Day ] [ Month ] [ Year ]

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**To return this form to us, you can:**

- take it to any Ministry of Social Development office
- post it to: Senior Services
  Ministry of Social Development
  PO Box 5054
  Wellington 6145.