

# Change of Living Situation for seniors



Work and Income  
Te Hirainga Tangata

A service of the Ministry of Social Development

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 Community Services Card if you have one.

Client number

## 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

#### HOW TO ANSWER Q3:

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

#### HOW TO ANSWER Q4:

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

4

### Is your mailing address different from where you live?

No  Yes

If these addresses are different from what we already have for you, you will 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 would like us to use.

5

### How else can we contact you?

Tick the best way for us to first contact you

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

6

### Do you agree to get emails from us?

No     Yes         I don't have an email address

## Tell us what has changed

7

### What date did your living situation change?

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

8

### What was the change?

- I started living alone
- My partner now lives in a rest home, hospital or prison
- I now have a partner
- I have stopped living alone, but do not have a partner

## Tell us if you have a partner

9

### What is your partner's full name?

First and middle names

Surname or family name

10

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

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

11

### Where does your partner live?

- At the same address as me     Public hospital
- Rest home     Prison
- Private hospital
- Other

## Tell us about your living situation

12

### HOW TO ANSWER Q12:

Please do not include your partner (if you have one).

### INFORMATION FOR Q12:

We do not need to know the name of each person.

### ATTACHMENT FOR Q12:

If you need to include more than three people in your application, please write these details about each one on a separate sheet of paper, and bring them with this application 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

13

Do you have visitors aged 18 or older who will be staying with you for 13 weeks or longer?

No  Yes

HOW TO ANSWER Q14:

'Self-contained' means there is a kitchen or kitchenette and a bathroom.

14

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
- Self-contained 'granny' flat
- Accommodation in a caravan park
- A boat moored within New Zealand territorial waters

↓ Please tell us where they live

## Client's declaration

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

Your name (print)

Your signature

Date

Day	Month	Year

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

- take it to any Work and Income Service Centre or Community Link
- scan it and email it to [seniors@msd.govt.nz](mailto:seniors@msd.govt.nz)
- post it to: Senior Services  
Ministry of Social Development  
PO Box 5054  
Wellington 6145.