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.

Client number

Tell us about yourself

What is your full name?

- Mr
- Mrs
- Ms
- Miss
- Other

First and middle names

Surname or family name

What date were you born?

Day
Month
Year

Tell us how we can contact you

Where do you live?

Flat/House number
Street name

Suburb

Town/City

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 else can we contact you?

<table>
<thead>
<tr>
<th>Contact Type</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home phone</td>
<td>(   )</td>
</tr>
<tr>
<td>Mobile phone</td>
<td>(   )</td>
</tr>
<tr>
<td>Other phone</td>
<td>(   )</td>
</tr>
</tbody>
</table>

Tick the best way for us to first contact you

### 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?

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

### 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?

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

#### 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]
Tell us about your living situation

**12. **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

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

☐ No ☐ Yes

INFORMATION FOR Q14:
‘Self-contained’ for a granny flat or unit means there is a kitchen or a kitchenette and a bathroom.
‘Self-contained’ for a mobile home means it needs to have facilities for:
• day-to-day living
• sleeping
• preparing and cooking food.
It must also have a:
• sink
• toilet
• fresh water tank
• waste water tank.

What is your accommodation?

☐ House or flat ☐ A room in a boarding house
☐ Self-contained ‘granny’ flat ☐ Hotel or motel
☐ Self-contained unit in a retirement village or rest home
☐ Mobile home – self-contained
☐ A boat moored within New Zealand territorial waters
☐ Accommodation in a caravan park
☐ Other Please provide details below

[Please provide details]

Client’s declaration
The information I’ve 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 Ministry of Social Development office
• post it to: Senior Services
  Ministry of Social Development
  PO Box 5054
  Wellington 6145.