Change of living situation for Seniors

Work and Income
Te Hiranga 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'. This only applies if you have one.

Tell us about yourself

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

Client number ☐☐☐ | ☐☐☐ | ☐☐☐

Tell us about yourself

1 What is your full name?

☐ Mrs ☐ Miss ☐ Ms ☐ Mr Other _____

First and middle names

_____

Surname or family name

_____

2 What date were you born?

Day | Month | Year

3 What date did your living situation change?

Day | Month | Year

4 What was the change?

☐ I started living alone — Go to question 8

☐ My partner now lives in a rest home, hospital or prison — Go to question 5

☐ I now have a partner — Go to question 5

☐ I have stopped living alone, but do not have a partner — Go to question 7

Tell us if you have a partner

5 What is your partner's full name?

6 Where does your partner live?

☐ Rest home ☐ Public hospital ☐ Private hospital ☐ Prison

☐ Other ↓ **Please tell us where they live**

Tell us about your living situation

HOW TO ANSWER Q7:
Please do not include your partner (if you have one).

INFORMATION FOR Q7:
We do not need to know the name of each person.

ATTACHMENT FOR Q7:
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.

7 Please provide details for anyone you live with:

Person 1

Relationship to you

Is this person 18 years or younger?

☐ No ↶ **Go to next person or question 8**

☐ Yes ↓ **Answer the following**

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 8**

☐ Yes ↓ **Answer the following**

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 8**

☐ Yes ↓ **Answer the following**

What is their date of birth

Day Month Year

Does this person attend school or a tertiary institution?

☐ No ☐ Yes

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

☐ No ☐ Yes

INFORMATION FOR Q9: 'Self-contained' means there is a kitchen or kitchenette and a bathroom.

9 **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
☐ A boat moored within New Zealand territorial waters
☐ Accommodation in a caravan park
☐ Other **Please provide details below**

Confirmation

☐ I confirm that the information I have provided 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**
- post it to: Senior Services
  Ministry of Social Development
  PO Box 5054
  Wellington 6145.