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

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 will 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?

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

Tick the best way for us to first contact you

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

- [x] 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 have stopped living alone, but do not 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

---

**How to answer Q5:**

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

**How else can we contact you?**

Tick the best way for us to first contact you

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

- [x] 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?

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#### 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 have stopped living alone, but do not 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?

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#### 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

---

**How to answer Q5:**

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

**How else can we contact you?**

Tick the best way for us to first contact you

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

- [x] No
- [ ] Yes  ➤ Tell us your email address
- [ ] I don't have an email address

**Tell us what has changed**

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#### 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 have stopped living alone, but do not 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?

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#### 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

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?

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?

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?

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?

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  ☐

**HOW TO ANSWER Q14:**

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

**What is your accommodation?**

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

**Client’s declaration**

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

**Your name (print)  Your signature  Date**

**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.