

Community Costs Payment application



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Complete this application form if you are in a short-term residential treatment programme (for less than 39 weeks) and need to have assistance to pay ongoing essential costs in the community.

There must be no other way for you to pay your costs and you need to be able to show you've done everything you can to meet them before the payments can be approved.

To get this assistance from the date you entered the treatment programme, you need to apply within 28 days of your admission, otherwise it'll start from the date you apply.

What you need to provide

Proof of who you are:

For you

For your partner
(if you have one)

Bank statements or printouts showing balances or transactions for all your bank accounts, for the last three months.

☐☐

Proof for all your cash and non-cash assets.

☐☐

Proof of your income.

☐☐

Proof of your accommodation costs.

☐☐

Proof of any other essential costs you are applying for help with

☐☐

Proof from organisations that your essential costs are the minimum amount possible.

☐☐

Community Costs Payment application



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In the applicant form, 'you', 'your', and 'yourself' means the person applying for Jobseeker Support. If we say 'your partner' this only applies if you have one.

Tell us about yourself

Client number

It's on your Community Services Card, or if you've applied for support from StudyLink or Work and Income before it's on a letter from us.

Tell us your details

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 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

3

Where did you live before you entered the residential programme?

Flat/House number Street name

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Suburb

Town/City

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

HOW TO ANSWER Q4:

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

4

Where do you want your mail sent to?

☐ The same address as question 3

Flat/House number Street name

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Suburb

Town/City

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

HOW TO ANSWER Q5:
Please only give us
contact details you'd 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



If yes, tell us your email address

☐

I don't have an email
address

Tell us about your relationship status

7

Do you have a partner?

By 'partner' we mean someone you're in a relationship with. If you're not sure, go to workandincome.govt.nz and search on *Are you in a relationship?*

☐

No

Go to question 12

☐

Yes

8

What is your partner's full name?

9

What is your partner's date of birth?

Day Month Year

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

10

What is your relationship status with your partner?



Tick one of the following boxes

☐

Married

☐

In a civil union

☐

In a relationship

11

What is your partner's address?

Flat/House number Street name

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Suburb



Town/City

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

If we need more information about your partner, we'll send an extra form for them to complete and return before we decide your application.

Tell us about your income and assets


Tell us about income in the last 52 weeks?

-  **ATTACHMENT FOR Q12:**
Bring a copy of your business accounts.
-  **INFORMATION FOR Q12:**
In this application form, 'partner' means the person you're married to or in a civil union or relationship with, not a business partner.

12

Did you or your partner get income from any of the following sources in the last 52 weeks?


| | | | |
|--|-----------------------------|------------------------------|---|
| Wages or salary | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Termination pay | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Redundancy pay | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Accident compensation (eg ACC) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Income insurance (replacement/protection) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Farm or business income | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Payments from self-employment or contract work | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Interest from savings, investments, or bonds | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Dividends from shares, unit trusts, or managed funds | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Income from rents | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Payments from boarders or flatmates | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Child Support payments (private arrangement or through Inland Revenue) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Other income for a child | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Maintenance payments | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Payments from a former partner | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Student Allowance, scholarship, or Student Loan living cost payments | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Overseas pension, benefit or allowance payments | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Other superannuation or retirement scheme income (government or private) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Income from an estate, if you've inherited money | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Income from trusts | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Other | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |

-  **ATTACHMENT FOR Q13:**
You need to show us proof of income you've received in the last 52 weeks.

13

Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 12?

☐ No ☐ Yes

 **If yes, tell us the total before-tax amounts, for the last 52 weeks**

| Where did the income come from? | Payment made to? | | |
|---------------------------------|------------------|--------------|----------------------|
| | You | Your partner | Jointly with partner |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |

HOW TO ANSWER Q14:

Other types of payment include advantages such as free or subsidised goods and services (for example, free food, subsidised accommodation).

14

Did you get other types of payment apart from money in the last 52 weeks?

☐ No

☐ Yes



If yes, tell us about the type of payment and its value

| Type of payment | Where did it come from? | Its value |
|-----------------|-------------------------|-----------|
| | | \$ |
| | | \$ |
| | | \$ |

HOW TO ANSWER Q15:

How often do you expect the payment, such as weekly, fortnightly, monthly, one-off.

The types of income you need to include here are listed on page 4.

15

Do you expect to get income or other payments in the next 52 weeks?

☐ No

☐ Yes



If yes, write the details below. Tell us the before-tax amounts

| Where will the payment come from? | Payment made to? | | | How often do you expect the payment? |
|-----------------------------------|------------------|--------------|----------------------|--------------------------------------|
| | You | Your partner | Jointly with partner | |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |

Are you involved in a trust?

ATTACHMENT FOR Q16:

You'll need to show us trust documents, such as the trust deed, deed of debt, gift statements, accounts.

16

Are you involved in a trust, or have you ever been involved in a trust?

'Involved' means one or more of the following:

- you've set up a trust, usually by making a gift of assets or property
- you've transferred assets to a trust
- you make decisions about managing a trust
- you benefit from a trust, for example, by receiving income such as trust distributions.

☐ No

☐ Yes



If yes, please write the name of the trust

Name of trust

| |
|--|
| |
| |

Tell us about your assets



ATTACHMENT FOR Q17:

You may be asked to provide proof of your assets and their value.



HOW TO ANSWER Q19:

Examples of property you don't live in include land, holiday home, bach/crib, investment property.



ATTACHMENT FOR Q20:

You may be asked to provide proof of these details.

17

Do you or your partner have any of the following cash assets?

- Money in bank or other savings ☐ No ☐ Yes
- Bonds, shares, debentures or stocks ☐ No ☐ Yes
- Money lent to other people or organisations ☐ No ☐ Yes
- Other cash assets ☐ No ☐ Yes

18

If you answered 'yes' to any of the assets listed above, please write the details below.

| Type of asset | You | Your partner | Jointly owned |
|---------------|-----|--------------|---------------|
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |

19

Do you or your partner have any of the following non-cash assets?

- Property you don't live in ☐ No ☐ Yes
- Boat, caravan or motorhome ☐ No ☐ Yes
- Other ☐ No ☐ Yes

20

If you answered 'yes' to any of the non-cash assets listed above, please write the details below.

| Type of asset | How much is it worth? | How much do you owe on it? |
|---------------|-----------------------|----------------------------|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

Your costs in the community

The costs we'll consider must be essential and unavoidable costs that you still have in the community, while you're in the treatment programme.

You need to provide proof of all the costs you have – unless you've given them to us recently.

Tell us about your accommodation

21

Do you intend to return to the address you told us in question 3?

☐

No

Go to question 23

☐

Yes

22

Who lives with you at your address?

| First name | Surname or family name | Relationship to you |
|------------|------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

INFORMATION FOR Q91:

By rent we mean the amount you pay is for your accommodation only and doesn't include other costs such as food or electricity.

23

Do you pay rent?

☐

No

Go to question 28

☐

Yes

24

What is the total amount of rent paid each week for your home?

25

How much of this total amount do you pay for you and your family?

26

Do you pay water rates separately from your rent?

☐

No

☐

Yes

If yes, tell us how much you pay

How often?

27

What is the name, address and telephone number of the person or organisation you pay rent to?

| |
|--|
| |
| |
| |

INFORMATION FOR Q28:

By board we mean the amount you pay for your accommodation where it includes food costs and may also include other costs like electricity.

28

Do you pay board?

☐

No

[Go to question 31](#)

☐

Yes



If yes, tell us what costs your board includes

29

What is the total amount of board you pay for you and your family?

ATTACHMENT FOR Q29:

You may need to show proof of what you pay for board.

30

What is the name, address and telephone number of the person or organisation you pay board to?

| |
|--|
| |
| |
| |

Tell us about home ownership costs

31

Do you own the home you live in?

☐

No

[Go to question 34](#)

☐

Yes

32

What are your home ownership costs?

How often do you make the payment (such as weekly, monthly or yearly)?

| | Who do you pay? | How much do you pay? | How often do you make the payment (such as weekly, monthly or yearly)? |
|---------------------|-----------------|----------------------|--|
| First mortgage | | \$ | |
| Other mortgage | | \$ | |
| House insurance | | \$ | |
| Mortgage insurance | | \$ | |
| Rates | | \$ | |
| Ground lease | | \$ | |
| Water rates | | \$ | |
| Body corporate fees | | \$ | |

HOW TO ANSWER Q32:

Only include mortgages you used to buy or alter your home. Include both interest and principal.

List any other mortgages such as a second mortgage or revolving mortgage.

Don't include contents insurance.

ATTACHMENT FOR Q32:

You'll need to show proof of your home ownership costs.

33

What steps have you taken to reduce your mortgage costs while you're in the treatment programme?

| |
|--|
| |
| |
| |
| |
| |
| |
| |

Storage costs

34

Do you need to pay storage costs for furniture, personal effects or a vehicle?

☐ No

Go to question 37

☐ Yes

35

What is the full name, address and phone number of the company or person storing your belongings?

Name

Contact details

| | |
|--------------|----------|
| Address | |
| Phone number | () |
| Email | |

36

How much do you pay?

Amount

\$

How often (eg weekly)

Childcare costs

37

Are you paying someone or an organisation for childcare while you attend the treatment programme?

☐ No

☐ Yes

↓ If yes, please write the details below.

INFORMATION FOR Q37:
We're able to help with your essential childcare costs only while you attend a residential programme.

ATTACHMENT FOR Q37:
Please provide proof of these costs.

| Child's full name | Name of the person or organisation you pay childcare to | Amount | How often? (eg weekly) |
|-------------------|---|--------|------------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |

Tell us about other essential costs

38

Do you or your family have any other regular essential costs?

☐ No

☐ Yes

↓ If yes, please provide the details below.

INFORMATION FOR Q38:
Some examples of costs can include:

- power/gas/fixed charges
- hire purchase, lease or hire of essential household items such as a fridge, washing machine, beds
- vehicle repayments.

ATTACHMENT FOR Q38:
You'll need to show proof of these

| Items | Amount | How often (for example weekly, fortnightly) | Start or purchase date | End date |
|-------|--------|---|------------------------|----------|
| | \$ | | / / | / / |
| | \$ | | / / | / / |
| | \$ | | / / | / / |
| | \$ | | / / | / / |
| | \$ | | / / | / / |
| | \$ | | / / | / / |
| | \$ | | / / | / / |
| | \$ | | / / | / / |
| | \$ | | / / | / / |

If you're paying towards the cost of your treatment programme from your own income (other than a benefit), please make sure you list this as a cost.

**Tell us about
the reasons
for the costs**

39

Please explain why all the costs you've listed are essential.

| |
|--|
| |
| |
| |
| |
| |

40

Have you and your partner tried all other options to get help to meet your costs?

☐

No

You'll need to do this first

☐

Yes



If yes, please explain the outcomes below

| |
|--|
| |
| |

Service provider to complete

41

What is the full name of your residential facility?

| |
|--|
| |
|--|

42

Is the client attending an alcohol or other drug treatment programme, or treatment for any other medical or psychological disorder?

☐

No

☐

Yes

43

Has there been a clinical determination that the client needs to be in this programme?

☐

No

A clinical determination has to be made to be eligible for this payment

☐

Yes

If yes, we may ask for proof

44

When does the client's programme start?

| | | |
|-----|-------|------|
| Day | Month | Year |
| | | |

45

Is the total duration of the programme intended to be 39 weeks or less??

☐

No

Client does not qualify for assistance

☐

Yes

Administrator's name (print)

| |
|--|
| |
|--|

Administrator's signature

| |
|--|
| |
|--|

Day

Month

Year

| | | |
|--|--|--|
| | | |
|--|--|--|



How we protect your privacy



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Collecting your information

We collect your personal information, so we can provide income support, NZ Super or Veteran's Pension, Student Allowance, or Loans and connect you with employment, education and housing services. We do this under various Acts, which are all listed on our website at workandincome.govt.nz/privacy

- To help us do this, we collect information about your identity, your relevant history, and your eligibility for our services.
- We get this information directly from you, and we sometimes collect information about you from others, including other government agencies.
- You can choose not to give us your personal information, but we might not be able to help you if you don't.

Using your information

We use the information you give us to make decisions about the best way to help you.

- These decisions may be about:
 - whether you're eligible for our services
 - running our operations and ensuring our services are effective
 - the services we'll provide in the future.

Sharing your information

Sometimes, we need to share your information outside our Ministry to reach our goal of helping New Zealanders to be safe, strong, and independent.

- To do this, we may share your information with:
 - prospective employers to help you find work
 - contracted service providers that help us to help you
 - health providers if we need your medical information to assess your eligibility
 - other government agencies when we have an agreement with them
 - some other governments if you may be eligible to get or are getting an overseas pension.
- We also share personal information when the law says we have to.

Respecting you and your information

We make sure we follow the Privacy Act to do what's right when we use your information.

- We treat you and your information with respect, by acting responsibly and being ethical.
- We make sure any technology we use meets strict security standards so it keeps your information safe.

Get in touch if you have a question

You have a right to ask to see your personal information, and to ask for it to be corrected if it's wrong.

- If you have a question or a complaint, please get in touch.
- You can find full details about what we do with personal information in our privacy notice at: workandincome.govt.nz/privacy

Obligations and Signature

Let us know when things change

You need to let us know about changes that might affect the amount you're paid, like:

- starting, stopping or changing jobs
- starting or finishing part-time or full-time study
- changes to your pay or other income, including getting an overseas pension
- starting to run a business (for yourself or someone else).

Changes to information about you or your family, like:

- name, address, contact details or bank account number
- starting or ending a relationship, marriage, or civil union
- a partner passes away
- the number of children in your care, including having another baby.

We also need to know if you:

- are travelling overseas
- go into or come out of hospital
- are being held in custody or on remand.

If you don't tell us something we need to know, your payment could go down or stop. You might need to pay money back. In some cases you could even be prosecuted.

Your rights

If you don't think we have things right or there's something you don't understand:

- call us – we can usually fix it over the phone
- you have the right to ask us to review the decision. Find out how at msd.govt.nz/reviews

Signature

I've answered all the questions that apply to me and my situation.

I understand the changes I need to let you know about.

The information I've given you is true and complete.

I understand what you do with my personal information and how you protect my privacy.

Applicant's name (print)

Applicant's signature

Day

Month

Year

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Applicant's partner's name (print)

Applicant's partner's signature

Day

Month

Year

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|