If you're raising someone else’s child, we may be able to help by meeting some of the costs involved.

**Orphan’s Benefit** is for people looking after someone else’s child because their parents have died or can’t be found, or when they can’t look after their child because the parent has a long-term illness.

**Unsupported Child’s Benefit** is for people looking after someone else’s child because the child’s parents can’t support them due to a family breakdown.

**The child you are looking after must be:**
- aged under 18 years, and
- single, and
- financially dependent on you.

**You must:**
- be aged 18 years or older, and the main caregiver of the child, and
- expect to care for the child for 12 months or more, and
- not be the child’s natural or adoptive parent or the step-parent if you are applying for the Unsupported Child’s Benefit.

Both you and the child must also normally live in New Zealand.
Our commitment to YOU

Ka mōhio ki a koe — know you

We will get to know you, your situation and your needs

We will make sure you understand everything you need to know

We will use your feedback to improve our service

We will respect your privacy and be clear about how we use your information and who we share it with

Ka tautoko i a koe — support you

We will let you know everything you may be eligible for

We will help you however we can, as soon as we can

The information we give you will be accessible and consistent no matter how you contact us

We will be honest about our mistakes and put them right

Ka mahi tahi ki a koe — with you

We will respect you and what is important to you

We will work together to achieve shared goals

We will let you know your options, rights and obligations

Our actions will follow our words

How did we do?
Let us know by visiting msd.govt.nz/feedback or call us on 0800 559 009
Once you’ve filled in the application form, use this checklist to tick off all the documents you need for your meeting with us.

Talk to us if you don’t have any of the documents, have given them to us recently or if there might be a delay in getting them.

### Proof of who you are:

<table>
<thead>
<tr>
<th>For you</th>
<th>For your partner (if you have one)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If you were born in New Zealand</strong>, bring one type of official identification that has your full legal name and your date of birth (for example, your birth certificate, passport, driver licence, firearms licence, deed poll).</td>
<td>☐</td>
</tr>
<tr>
<td><strong>If you were born overseas</strong>, bring proof that you have a right to live in New Zealand (for example, a citizenship certificate, a New Zealand passport, a passport from another country with residence class visa or proof of permanent residence).</td>
<td>☐</td>
</tr>
<tr>
<td><strong>If your name has changed</strong>, bring your marriage certificate, deed poll, or other proof of the name change.</td>
<td>☐</td>
</tr>
<tr>
<td><strong>All people applying</strong> need to bring two more documents that help to prove who you are (for example, a marriage certificate, bank statement, phone or power account, driver licence).</td>
<td>☐</td>
</tr>
<tr>
<td>A form or letter from Inland Revenue showing your tax number.</td>
<td>☐</td>
</tr>
<tr>
<td>Proof of your bank account details, such as a bank statement or deposit slip.</td>
<td>☐</td>
</tr>
</tbody>
</table>

**One of the documents above must be at least two years old.**

**There are more things you need to bring in the table over the page.**
<table>
<thead>
<tr>
<th>What you need to bring for the child</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Proof of who the child is:</strong></td>
<td></td>
</tr>
<tr>
<td>Full birth certificate for the child that you’re raising</td>
<td></td>
</tr>
<tr>
<td>Proof of any income for the child. This may be income that either you or the child receive</td>
<td></td>
</tr>
<tr>
<td><strong>For Orphan’s Benefit you also need to bring:</strong></td>
<td></td>
</tr>
<tr>
<td>Death certificate(s) for the parents and any estate details</td>
<td></td>
</tr>
<tr>
<td><strong>For Unsupported Child’s Benefit you also need to bring:</strong></td>
<td></td>
</tr>
<tr>
<td>Copies of Family Group Conference outcomes or Court Orders or Court approved plans</td>
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</tr>
</tbody>
</table>
Tell us about yourself

If you’ve received a benefit or extra financial help from us before, write your client number here if you know it. This number can be found on your Community Services Card if you have one.

Client number

Tell us the names you have been known by

What is your full name?

- Mr
- Mrs
- Ms
- Miss
- Other

First and middle names

Surname or family name

Is the name on your birth certificate the same as above?

- No
- Yes

Tell us the name that is on your birth certificate

First and middle names

Surname or family name

Have you ever been known by any other name?

- No
- Yes

Write them all out below

1.
2.

What name would you like us to call you?

- The name I wrote in Question 1
- The name I wrote in Question 2
- Other

Write the full name below
Tell us more about you

5. What date were you born?
   
   Day  Month  Year

6. Are you:
   
   Male  Female  Gender diverse

ATTACHMENT FOR Q7:
Bring a form or letter from Inland Revenue showing your tax number.

ATTACHMENT FOR Q8:
You will need to provide proof of your bank account details, such as a bank statement or deposit slip.

7. What is your Inland Revenue tax number?
   
   

8. What bank account would you want your payments to be paid into?
   
   The account is in the name of:
   
   The account number is:
   
   Bank  Branch  Account number  Suffix

Tell us how we can contact you

9. Where do you live?
   
   Flat/House number  Street name
   
   Suburb
   
   Town/City

HOW TO ANSWER Q9:
If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

HOW TO ANSWER Q10:
Mailing address can include a PO Box, rural delivery details, or C/O address.

HOW TO ANSWER Q11:
Please only give us contact details you’d like us to use.

10. Is your mailing address different from where you live?
   
   No  Yes  Tell us your mailing address
   

11. How else can we contact you?
   
   Home phone  (  )
   
   Mobile phone  (  )
   
   Other mobile phone  (  )

Tick the best way for us to contact you

12. Do you agree to get emails from us?
   
   No  Yes  Tell us your email address  I don’t have an email address
Tell us your ethnicity

INFORMATION FOR Q13:
We collect this information for statistics we use in research and future development work.

Tick the group(s) you most identify with.

- Māori
- Which tribe(s) or iwi?
- New Zealand European
- Niuean
- Samoan
- Indian
- Other European
- Tokelauan
- Tongan
- Chinese
- Cook Island Māori
- Other
- Please write below
- Don’t want to answer

Tell us about your residence status

HOW TO ANSWER Q14:
This means you consider New Zealand your home, you’re a legal resident, you usually live here and you intend to stay.

Do you usually live in New Zealand?

- No
- Yes

What best describes your residence status in New Zealand? Tick only one box.

- New Zealand citizen by birth
  Go to question 18
- Granted New Zealand citizenship
  Date citizenship granted
  Go to question 16
  Day
  Month
  Year
- Granted permanent residency
  Date permanent residence granted
  Go to question 16
  Day
  Month
  Year
- Other
  What is your residence status?

When did you arrive in New Zealand?

Day
Month
Year

What country were you born in?
Tell us about the child

Tell us the names the child has been known by

ATTACHMENT FOR Q18:
Bring proof of the child’s identity. What you need to bring is explained on page 4.

18. What is the child’s name?
First and middle names
Surname or family name

19. Is the name on the child’s birth certificate the same as above?
[ ] No [ ] Yes
First and middle names
Surname or family name

20. Has the child ever been known by any other name?
[ ] No [ ] Yes
Write them all out below
1. 
2.

21. What date was the child born?
Day Month Year

Tell us about the child’s residence status

22. Was the child born in New Zealand?
[ ] No [ ] Yes
Go to question 27

23. When did the child arrive in New Zealand?
Day Month Year

24. What country was the child born in?

25. Where was the child’s birth registered?

26. How long will the child stay in New Zealand?
Tell us about the caring arrangements for the child

27. Is the child living with you at your address?
- No [ ]  Give reasons why not below [ ]
- Yes [ ]

Give reasons why not below
- 
- 
- 
- 
- 
- 

28. When did the child come into your care?
   Day [ ]  Month [ ]  Year [ ]

29. How long will the child be in your care?
- 
- 
- 

30. Why did the child come into your care?
- 
- 
- 
- 
- 

31. What is your relationship to the child?
- Natural parent [ ]
- Adoptive parent [ ]
- Step-parent [ ]
- Not related [ ]
- Other relative [ ]
   Please explain below [ ]

Please explain below
- 
- 
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Tell us about income for the child

**HOW TO ANSWER Q32:**
Examples of income on behalf of the child are:
• money from the child’s parents
• ACC
• Oranga Tamariki
• other organisations.

**ATTACHMENT FOR Q32:**
Please provide proof of payments.

---

**Do you get any income on behalf of the child?**

- [ ] No
- [x] Yes

**Please provide details below**

<table>
<thead>
<tr>
<th>Where/who does it come from?</th>
<th>How much?</th>
<th>How often (weekly, fortnightly, etc)</th>
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</table>

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**Does the child get any income apart from what they earn themselves?**

- [ ] No
- [x] Yes

**Please provide details below**

<table>
<thead>
<tr>
<th>Where/who does it come from?</th>
<th>How much?</th>
<th>How often (weekly, fortnightly, etc)</th>
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**Establishment grant**

This is a one-off contribution to help with the costs when a child first comes into your care, such as a bed, bedding and clothing. If you or your partner have received (or have been approved to receive) an upfront payment as part of the Home for Life support package you won’t be eligible for this grant.

**INFORMATION FOR Q34:**
The Home for Life support package is available for approved Home for Life, parents.

**Have you or your partner received an upfront payment from Oranga Tamariki as part of the Home for Life support package?**

- [ ] No
- [x] Yes

---

**Where to next in this form**

**What type of assistance are you applying for?**

- [ ] Orphan’s Benefit  
  [x] Unsupported Child’s Benefit

- Go to question 36
- Go to question 58
Tell us about the child’s parents

**Parent 1**

What is the name of this parent?

First and middle names

Surname or family name

Are they known by or have they used any other names?

- [ ] No
- [ ] Yes  
  Write them all out below

1. 
2. 

What is their date of birth?

Day  
Month  
Year

Has this parent died?

- [ ] No  
  Go to question 42
- [ ] Yes

Where was their death registered?


What are the name and contact details of the person who administers their estate?

Flat/House number  
Street name

Suburb  
Town/City

Home phone (  )  
Mobile phone (  )  
Email
Is this parent in hospital?

- [ ] No
- [ ] Yes

Please provide details below

Date of admission:

Day  Month  Year

Hospital name:

What is this parent’s last known address?

Flat/House number
Street name

Suburb

Town/City

When did someone last hear from them?

Day  Month  Year

Tell us about the child’s other parent

Parent 2

What is the name of the child’s other parent?

First and middle names

Surname or family name

Are they known by or have they used any other names?

- [ ] No
- [ ] Yes

Write them all out below

1.

2.

What is their date of birth?

Day  Month  Year

Has this parent died?

- [ ] No  
- [ ] Yes

Go to question 51

Where was their death registered?
What are the name and contact details of the person who administers their estate?

Flat/House number
Street name
Suburb
Town/City
Home phone ( )
Mobile phone ( )
Email

Is this parent in hospital?

☐ No  ☐ Yes  Please provide details below

Date of admission:  Day  Month  Year

Hospital name:

What is this parent’s last known address?

Flat/House number
Street name
Suburb
Town/City

When did someone last hear from them?

Day  Month  Year
Tell us if the child has lived overseas

Has the child lived in any countries outside of New Zealand?

☐ No  Go to question 55  ☐ Yes  Please list details below

<table>
<thead>
<tr>
<th>Name of country</th>
<th>Date child entered this country</th>
<th>Date child left this country</th>
<th>Reason for being in this country</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Are you or any other person getting a social security pension or pension of a similar nature for the child from the government of a country other than New Zealand?

☐ No  Go to Obligations and Privacy on page 20  ☐ Yes  Tick the box that best describes the payments

- Widow or survivor
- Child or dependent
- Disability or health condition
- Other

If you ticked ‘yes’ for question 55, please give details of the payments.

<table>
<thead>
<tr>
<th>Payment 1</th>
<th>Payment 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>What country does the payment come from?</td>
<td></td>
</tr>
<tr>
<td>How much is received each time the payment is made (in overseas currency)?</td>
<td></td>
</tr>
<tr>
<td>Is this amount before or after tax?</td>
<td></td>
</tr>
<tr>
<td>How often is the payment received (for example: weekly, fortnightly, monthly)?</td>
<td></td>
</tr>
<tr>
<td>What is the name of the pension, allowance or benefit?</td>
<td></td>
</tr>
<tr>
<td>What is the payment reference number?</td>
<td></td>
</tr>
</tbody>
</table>

Is this social security benefit or benefit of a similar nature paid to you?

☐ No  Please provide details below for the person who receives the payments  ☐ Yes  Go to Obligations and Privacy on page 20

First and middle names  Surname

Flat/House number  Street name

Suburb  Town/City

Phone  Mobile phone

Email
Tell us about the child’s parents

Tell us about the child’s custody arrangements

58. Are you fully supporting the child?
- [ ] No
- [ ] Yes
  Please provide details of what help you get from the parents

59. Who has legal custody of the child?

60. What was the date of the custody order?
  - Day
  - Month
  - Year

61. Have you had any contact with a social worker from Oranga Tamariki or another authorised agency?
- [ ] No
- [ ] Yes
  Please give the name of the social worker and name of the Oranga Tamariki or other authorised agency office.

62. Have you and the child’s family attended a Family Group Conference organised by Oranga Tamariki or another authorised agency?
- [ ] No
- [ ] Yes
  Please tell us the date of the conference
  - Day
  - Month
  - Year

63. Have you received any support from Oranga Tamariki or another authorised agency for the child?
- [ ] No
- [ ] Yes
  Please provide details below
  
<table>
<thead>
<tr>
<th>Reason for payment</th>
<th>How much</th>
<th>How often (such as weekly)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
**64** Have payments from Oranga Tamariki stopped or are they about to stop?

- [ ] No
- [ ] Yes  
  - When did or will they stop?
    - [ ] Day
    - [ ] Month
    - [ ] Year

**65** Were the child’s immediate previous caregivers the child’s parents/guardians?

- [ ] No
- [ ] Yes  
  - Go to question 68

**66** What is the name of the child’s previous caregiver?

First and middle names

Surname or family name

**67** Why is the child no longer living with the previous caregiver?

**68** Why are the child’s parent(s)/guardians not able to provide fully for this child?

**69** Was the living arrangement ordered by any of the following?

- [ ] No
- [ ] Yes  
  - Please tick which agency
    - [ ] Courts
    - [ ] Oranga Tamariki
    - [ ] Not applicable
    - [ ] Other agency
      - Please name agency below

**ATTACHMENT FOR Q69:**
Please bring copies of the Court orders or documentation from Oranga Tamariki where applicable.
Tell us about one of the child’s parents

**Parent1**

What is the name of this parent?

First and middle names

Surname or family name

Are they known by or have they used any other names?

- [ ] No
- [X] Yes  **Write them all out below**

1. 
2. 

What is their date of birth?

Day    Month    Year

Do you know where this parent lives?

- [ ] No  **If you can, please give the last known address below**
- [X] Yes  **Please provide details**

Flat/House number    Street name

Suburb    Town/City

Home phone ( )
Mobile phone ( )
Email

Do you know where this parent works?

- [ ] No  **If you can, please give the details below for their last employer**
- [X] Yes  **Please give details of their employer. If the parent is self-employed, give the name, address and telephone number of their business**

Business’ name

Business’ contact details

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone number ( )</th>
<th>Fax ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td></td>
<td></td>
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</tbody>
</table>
How to answer Q75:
Examples of further details are:
- names and addresses of parents, siblings or friends
- details of insurance, bank accounts or shares
- names and addresses of accountants or solicitors.

Information for Q76
If the parent gets in touch with you, please pass on any additional information to us.

Can you give any other details to help find this parent?

- No
- Yes Please give details below

Does this parent ever get in touch with you or the child?

- No
- Yes Please tell us about the contact and how often it occurs below

Tell us about the child’s other parent

Parent 2

What is the name of the child’s other parent?

First and middle names

Surname or family name

Are they known by or have they used any other names?

- No
- Yes Write them all out below

1. 
2. 

What is their date of birth?

Day Month Year

Do you know where this parent lives?

- No If you can, please give the last known address below
- Yes Please provide details

Flat/House number Street name

Suburb Town/City

Home phone ( ) Mobile phone ( ) Email

Tell us about the child’s other parent

75
76
77
78
79
80
**Do you know where this parent works?**

- **No**  
  If you can, please give the details below for their last employer
- **Yes**  
  Please give details of their employer. If the parent is self-employed, give the name, address and telephone number of their business

**Business name**

**Number**  
**Street name**

**Suburb**  
**Town/City**

**Work phone** ( )  
**Mobile phone** ( )  
**Email**

**Can you give any other details to help find this parent?**

- **No**  
- **Yes**  
  Please give details below

**Does the parent ever get in touch with you or the child?**

- **No**  
- **Yes**  
  Please tell us about the contact and how often it occurs below

---

**Tell us if you get child support**

**Does either parent pay child support?**

- **No**
- **Yes**  
  Please give details of the payments

<table>
<thead>
<tr>
<th>Who pays?</th>
<th>What do they pay for?</th>
<th>How much?</th>
<th>How often (such as weekly, fortnightly)</th>
</tr>
</thead>
<tbody>
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</table>
You need to read and complete this section.

This part of the application form:

• lists your obligations
• explains what will happen if obligations are not met
• explains how we protect the information you give to us, and what we can do with it
• includes a signature page for you to sign.

Obligations

These are what you have to do to receive payments from Work and Income. Please read all the obligations because they could apply to you if your circumstances change.

Change of circumstances

I must tell Work and Income immediately if:

• the care and/or support arrangements for the child change
• the financial circumstances of the child change
• either the child or I intend to travel overseas
• I have changes to personal details (such as name, address or bank account number)
• either the child or I have any other change that may affect my benefit entitlement or rate.

Not telling us about changes in your circumstances

I understand that if I don’t tell Work and Income about changes that might affect whether I can get Orphan’s/Unsupported Child’s Benefit or the amount I’m paid, that:

• my benefit may be reviewed and cancelled, and
• I may have to pay back the total amount of any overpayment that I have received, and
• Work and Income may impose a penalty (up to three times the value of the overpayment), and
• I may be prosecuted and fined or imprisoned.

You have the right to review or dispute any decision to reduce or stop your benefit.
The Ministry of Social Development includes Work and Income, MSD Housing Assessment, Senior Services, StudyLink and other service lines. The legislation administered by the Ministry of Social Development allows us to check the information that you give us. This may happen when you apply for assistance and at any time after that. The Privacy Act 1993 requires us to tell you why we collect the information and what we will do with it.

Why we collect information
The information you give us is collected under the authority of the legislation administered by the Ministry of Social Development and will be held by the Ministry of Social Development.
The information is collected for the purposes of the legislation administered by the Ministry of Social Development including:
• granting benefits and other assistance under the Social Security Act 2018
• delivering superannuation services under the New Zealand Superannuation and Retirement Income Act 2001
• delivering assistance under the Veterans’ Support Act 2014
• providing services under the Residential Care and Disability Support Services Act 2018
• statistical and research purposes
• providing advice to Government
• providing support and services for you and your family
• providing education related services
• care and protection needs of children
• assessing eligibility for social housing and calculating income-related rents under the Housing Restructuring and Tenancy Matters Act 1992
• assessing whether you and/or your partner may be entitled to an overseas pension, benefit or allowance.
You are not required to give the Ministry of Social Development information, but if you do not give us all the information we ask for, your application for benefits or pensions and other assistance may be declined.

We may contact health practitioners
The Ministry of Social Development may contact health practitioners to check any health related information you give us.

We may use information for public housing
Information you give us when you apply for assistance, and at any time after that, may also be used for public housing purposes under the Housing Restructuring and Tenancy Matters Act 1992, including reviewing your eligibility for social housing or your income-related rent. Public housing is subsidised housing available to people in the greatest need of housing for the duration of their need. It is provided by Kāinga Ora and approved community housing providers.

We may compare the information you give us with information held by other agencies
The information you give us may be compared with information held by other agencies such as Inland Revenue, the Ministry of Justice, Department of Corrections, New Zealand Customs Service, Department of Internal Affairs, Accident Compensation Corporation, Kāinga Ora, Ministry of Health and Immigration New Zealand. It may also be compared with social security information (for example, pension or benefit information) held by other governments (including Australia, Malta and the Netherlands).

We may share information with Inland Revenue
Under the Tax Administration Act 1994, if you have dependent children, the information you give us may be shared with Inland Revenue for the purpose of administering Working for Families Tax Credits. Inland Revenue may also:
• use the information for the purposes of child support, student loans and taxation
• disclose it to the Ministry of Business, Innovation, and Employment, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
• disclose your personal information to your partner.

We may give information to service providers, employers, public housing providers and childcare providers
The Ministry of Social Development may:
• give employers information about you if you use our employment services
• share information with childcare centres to administer your entitlement to childcare assistance
• give information about you to the Tertiary Education Commission, Workbridge, training providers, career services or other agencies that have a formal agreement to provide services on behalf of the Ministry of Social Development, if you use our employment services
• share information about you with public housing providers (such as Kāinga Ora) to administer your housing-related assistance.

We may use your information to give you a better service
Other information that you give us that is not required to assess your entitlement may be used to provide a better service to you.

You have the right to see and correct your information
Under the Privacy Act 1993 you have the right to ask to see all information we hold about you and to ask us to correct that information.
Signature page for Orphan’s/Unsupported Child’s Benefit
Office copy

By signing this application form, you agree to meet your obligations and conditions of grant

Applicant

I have completed all the questions or they have been completed for me in this Orphan’s/Unsupported Child’s Benefit Application.

The information I have given is true and complete.

The conditions for receiving this assistance have been explained to me and I understand these conditions.

I have read (or had explained to me) and understood the Privacy Statement contained in this application form

Applicant’s name (print)  Applicant’s signature  Date

Day  Month  Year

If we find out later that any information you give us is not true, or that you knew information you should have told us and did not tell us, we may stop paying your benefit. You might need to pay money back. In some cases you could even be prosecuted.

If someone has completed the application form for you please get them to complete the Helper’s statement below.

Please use the Checklist (page 3) to help you make sure you bring all the documents you need to your meeting with us.

Helper’s statement

Complete this if you have helped the applicant or their partner to complete this application form.

What is your full name?

First and middle names  Surname or family name

What are your contact details?

Address  Phone

Tick the box for the statement that applies

I completed this application form at the request of the person applying for Orphan’s/Unsupported Child’s Benefit. They told me they understood what they were signing. The statements and answers I have completed are true and complete as given to me by the person applying.

Helper’s signature  Date

Day  Month  Year
By signing this application form, you agree to meet your obligations.

Applicant

I have completed all the questions or they have been completed for me in this Orphan’s/Unsupported Child’s Benefit Application.

The information I have given is true and complete.

I have read (or had explained to me) and understood the conditions for receiving this assistance have been explained to me and I understand these conditions.

I have read (or had explained to me) and understood the Privacy Statement contained in this application form.

Applicant’s name (print)  Applicant’s signature  Date

Day  Month  Year

If we find out later that any information you give us is not true, or that you knew information you should have told us and did not tell us, we may stop paying your benefit. You might need to pay money back. In some cases you could even be prosecuted.

Please use the Checklist (page 3) to help you make sure you bring all the documents you need to your meeting with us.