

# Parent's Income Verification Form



**Work and Income**  
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

□□□□|□□□□|□□□□

Date: .....

Please return this form to:

.....  
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.....  
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.....  
.....

Please provide information on this form about .....

We require this information so we can assess their eligibility for financial assistance.

If you have any questions please contact ..... on .....

.....  
Signature

.....  
Name (print)

## Privacy Statement

*The legislation administered by the Ministry of Social Development allows us to check the information that you give us in this form.*

*This may happen when you apply for a benefit and at any time after that.*

### The Privacy Act 1993 requires us to tell you that:

- The information you give us or our Contracted Service Provider is collected under the authority of the legislation administered by the Ministry of Social Development.
- The information will be held by the Ministry of Social Development and/or our Contracted Service Provider.
- The information is collected for the purposes of the legislation administered by the Ministry of Social Development (including Work and Income, Child, Youth and Family and other service lines of the Ministry), and in particular for:
  - granting benefits and other assistance under the Social Security Act 1964 and assisting us to manage these payments
  - providing employment related services
  - statistical and research purposes
  - providing advice to Government.
- The information you give us or our Contracted Service Provider may be compared with information held by Inland Revenue, the Ministry of Justice, the Department of Corrections, the New Zealand Customs Service, the Department of Internal Affairs, the Accident Compensation Corporation, Housing New Zealand Corporation, 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 and the Netherlands).
- Under the Privacy Act 1993 you have the right to ask to see all information we or our Contracted Service Provider hold about you, and to ask us to correct that information.
- You are not required to give Work and Income or our Contracted Service Provider information, but if you do not give us or them all the information we ask for, the application for benefits may be declined.

## Main guardian details

This part of the form is to be completed by the main guardian of the person applying for the benefit.

**Q6 note:** Give the name, telephone number and address of the firm or person you work for.

**Q7 note:** Give gross amount (before tax).

**Q8 note:** Examples of income from other sources:

- wages or salary
- accident compensation
- farm or business income (include drawings)
- self employment
- interest from savings or investments
- dividends from shares
- income from rents
- redundancy or termination type payments
- Child Support
- maintenance payments
- boarders
- Student Allowance, scholarship or Student Loan living cost payments
- any other income, eg family trusts, overseas payments.

Give gross (before tax) amount.

### 1. What is your name?

First name(s)

Surname or family name

### 2. How are you related to the person applying for the benefit? (eg mother, guardian)

### 3. Are you receiving a benefit?

 No

 Yes

▶ Type of benefit:

### 4. Do you receive family tax credit payments?

 No

 Yes

### 5. Are you in paid employment?

 No

▶ Go to Question 8

 Yes

### 6. Who do you work for?

  


### 7. How much is your gross weekly wage? \$

### 8. Did you get income from any other source in the last 52 weeks?

 No

 Yes

▶ Please provide details below:

Source (eg bank account number)

Gross income (eg interest)

Source (eg bank account number)	Gross income (eg interest)
	\$
	\$
	\$
	\$
	\$
	\$
	\$

### 9. Do you have any other children in your care that you support?

 No

 Yes

▶ Number of other children:

## Statement

This statement is to be signed by the **main guardian** of the person applying for income support.

This information is required under section 12 of the Social Security Act 1964.

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

Main guardian's name (print)

Main guardian's signature

Day	Month	Year

## Second guardian details

This part of the form is to be completed by the second guardian of the person applying for the benefit.

**1. What is your name?**

First name(s)

Surname or family name

**2. How are you related to the person applying for the benefit?** (eg father, guardian)

**3. Are you receiving a benefit?**

No

Yes

▶ Type of benefit:

**4. Do you receive family tax credit payments?**

No

Yes

**5. Are you in paid employment?**

No ▶ Go to Question 8

Yes

**6. Who do you work for?**

  


**Q6 note:** Give the name, telephone number and address of the firm or person you work for.

**Q7 note:** Give gross amount (before tax).

**7. How much is your gross weekly wage?**

\$

**Q8 note:** Examples of income from other sources:

- wages or salary
- accident compensation
- farm or business income (include drawings)
- self employment
- interest from savings or investments
- dividends from shares
- income from rents
- redundancy or termination type payments
- Child Support
- maintenance payments
- boarders
- Student Allowance, scholarship or Student Loan living cost payments
- any other income, eg family trusts, overseas payments.

Give gross (before tax) amount.

**8. Did you get income from any other source in the last 52 weeks?**

No

Yes

▶ Please provide details below:

Source (eg bank account number)

Gross income (eg interest)

Source (eg bank account number)	Gross income (eg interest)
	\$
	\$
	\$
	\$
	\$
	\$
	\$

**9. Do you have any other children in your care that you support?**

No

Yes

▶ Number of other children:

## Statement

This statement is to be signed by the **second guardian** of the person applying for income support.

This information is required under section 12 of the Social Security Act 1964.

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

Second guardian's name (print)

Second guardian's signature

Day	Month	Year

## OFFICE USE ONLY

Decision:


Processor's signature

▶
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Day	Month	Year

Authenticator's signature

▶
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Day	Month	Year

Checker's signature

▶
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Day	Month	Year

Bring up

<b>B</b>	<b>F</b>
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Day	Month	Year

10%	100%	Critical data