Repayment Financial Circumstances Form



A service of the Ministry of Social Development

CLIENT NUMBER][)
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Please read this before you start

If you are unable to afford to pay the standard repayment rate on the amount you owe us, please use this form to provide us with more information about the amount you may be able to repay. If we accept your proposal, we will confirm the arrangement with you.

After completing this form, please send to:

Collections Unit PO Box 19236 Hamilton 3244

Or email to collections_unit@msd.govt.nz

Why we are collecting this information

Because you owe money to the Ministry of Social Development (MSD), we need to collect this information to determine your financial circumstances.

The Privacy Act requires us to tell you that:

- the information you give is is collected under the authority of the legislation administered by MSD
- the information will be held by MSD
- you can contact MSD to access and correct any personal information we hold about you. You are not required to give us information, but if you do not give us all the information we ask for we can issue notices under Section 11 of the Social Security Act 1964 to other people requiring them to provide the information. They are legally required to give it and there may be consequences if they don't (eg an application for a benefit may be declined if the information is required to determine eligibility for it).

In asking you for this information, we are following the Code of Conduct for Obtaining Information under Section 11 of the Social Security Act 1964. If you want to see a copy of the Code, you can ring MSD on o800 558 oo8 or visit our website at:

www.msd.govt.nz/about-msd-and-our-work/about-msd/legislation/

Personal details

Q2 note: Give any other names that

. What is your name?	
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First name(s) Surname or family name

you use now or have used in the past (including your maiden name).

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

No Yes Please give details below: 1.

What is your date of birth? 3. Day

Q4 note: Please give your house number, street, suburb, and town or city.

A house number could include:

- · street number
- fire number
- RAPID number
- emergency services number.

Q5 note: Mailing address includes:

- street address
- postal box (PO Box)
- rural delivery details
- C/O address.

Where do you live?

Flat/house no. Street name Suburb City

What is your mailing address (if different from above)? 5.

If you live at a rural address please include your rural delivery details here:

Personal details – continued	6.	How can we contact you? Work phone Home phone Mobile phone Email Fax
	7.	Do you have dependent children in your care? No Yes ▶ If YES, how many?
Q8 note: A partner is your spouse (husband or wife), your civil union partner, or a person of the same or opposite sex with whom you have a de facto relationship.	8.	Do you have a partner? No Yes
Employment	9.	Are you self-employed? No Yes ▶ Go to Question 16
	10.	Are you currently working? No ▶ Go to Question 16 Yes
	11.	What is the name of the business you work for?
	12.	Where is the business located? Street number
	13.	What is the postal address? PO Box no. Suburb City
	14.	What is the name of your employer/payroll officer?

How can we contact your employer/payroll officer?

Fax

Mobile phone

15.

Work phone

Email

Income	16.	How much is your weekly was	ge after tax? \$		
Q17 note: Examples of income include:wages or salaryaccident compensation	17.	Do you and/or your partner h No Yes ▶ Plea	ave any other inco	w:	
farm or business income (include drawings)		Source (eg name of employer)	You		How often (eg weekly, fornightly etc)
drawings) • self employment			\$	\$	
• interest from savings or investments			\$	\$	
 dividends from shares income from rents			\$	\$	
 redundancy or termination type 			\$	\$	
payments • Child Support			\$	\$	
maintenance payments			\$	\$	
• income from boarders			\$	\$	
• Student Allowance, scholarship or Student Loan living cost payments			\$	\$	
 any other income, eg family trusts, 			\$	\$	
overseas paymentsNew Zealand Superannuation.			\$	\$	
Give gross (before tax) amount.			\$	\$	
You may need to provide proof of			⊅)	
this income.					
Assets	18.	Do you and/or your partner h	ave any cash asse	ets?	
Q18 note: Examples of cash assets:		No Yes ▶ Pleas	e provide details below	<i>i</i> :	
money in bank or savings		Type of asset	You	Your partner	Jointly owned
organisationmoney lent to other people or		(),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	\$	\$
organisations			\$	\$	\$
 money in Bonus Bonds, shares, debentures or government stock. 			\$	\$	\$
desentates of government stock.			\$	\$	\$
			\$	\$	\$
			*	*	*
Q19 note: Examples of non-cash assets:	19.	Do you and/or your partner h	•		
• leisure boats		No Yes ▶ Pleas	e provide details below	/:	
• caravans		Type of asset		Total value	Money owing
 land or buildings other than your home, eg holiday homes. 				\$	\$
You may be required to show proof				\$	\$
of these details.				\$	\$
				\$	\$
				\$	\$
Expenses	20.	Do you and/or your partner h	ave regular weekl	v costs?	
Q20 note: Examples of weekly costs	۷۰.		e provide details below		
include:			e provide details below	:	
• groceries		Type of costs			How much
• rent/board/mortgage					\$
 transport/fuel child support payments					\$
 veekly debt payments 					\$
• fines					\$
• childcare/school costs					\$
• superannuation scheme payments.					\$
You may be required to show proof					\$
of these costs.				To	tal \$

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Expenses – continued	21.	Do you and/or your partner have regular monthly costs?	
Q21 note: Examples of monthly costs include:		No Yes ▶ Please provide details below:	
 rent/board/mortgage 		Type of costs	How much
• power, gas, wood			\$
• phone, cellphone, internet, etc			\$
pay televisioncredit card and store card payments			\$
monthly debt payments including hire			\$
purchase, car, personal loans, etc			\$
bank feesmedical costs (eg, doctor, chemist,			\$
dentist, optician)			\$
 rental of appliances (eg, computer, TV, washing machine). 			\$
Vou may be required to show proof of		Total	\$
these costs. Q22 note: Examples of yearly costs include:	22.	Do you and/or your partner have regular yearly costs? No Yes ▶ Please provide details below:	
 council and water rates 		Type of costs	How much
• insurance premiums		Type of costs	\$
vehicle costs (eg, registration, WOF)clothing and footwear			\$
 totring and pootwear household goods. 			\$
0			
			\$
			\$
			\$
			\$
			\$
		Total	\$
 Liabilities	23.	Do you and/or your partner have any liabilities?	
Q23 note: Examples of liabilities include:		No Yes ▶ Please provide details below:	
• unpaid bills		Type of liability Final payment date	Balance owing
• store card balances		Timat payment date	\$
credit card balancesChild Support arrears			\$
Work and Income debt			
 outstanding rent or Housing 			\$
New Zealand debt			\$
outstanding fineshire purchases			\$
• mortgage		1 1	\$
 bank/finance company loans. 			\$
You may be required to show proof of these costs.		Total	\$
Insolvency	24	Are you and for your partner under the Ne Accet Procedure?	
Insolvency	24.	Are you and/or your partner under the <i>No Asset Procedure</i> ?	
Q24–26 note: These are orders made by the Official Assignee. The orders mean that your debt(s) are managed		No Yes	
by them in specific ways.	25.	Do you and/or your partner have a Summary Instalment Order?	
		No Yes	
	26.	Are you or your partner currently bankrupt?	
		No Yes	

Repayment details Q27 note: You must make either a: • lump sum payment • regular weekly, fortnightly or monthly payment, or • combination of both.	28. Hov	w much can you afford to pay? w often will you pay? Weekly Fortnightly Monthly at will be the date of your first payment? Day Month Year W will you pay? Automatic payment Deduction from wages Internet banking Cash/cheque at NZ Post Benefit deduction uld you like any part of this payment credited to any amount your partner owes us? No Yes How much do you want to pay? What is your partner's client number?
Supporting information	32. ls t	here anything else we need to know to support your proposal? No Yes Please provide details below:
Confirmation	I confirm	that:
A signature is not required if this form is being sent by email.	I ha	e information I have supplied is true and complete. Inver eviewed my financial situation and can afford these repayments. In the repayment in full.
Name (print)		Client's signature
		Day Month Year