

Rural Assistance Payment continuation form



Work and Income
Te Hirainga Tangata

A service of the Ministry of Social Development

The Rural Assistance Payment is a Special Needs Grant for farmers or growers who need temporary assistance following a specific adverse event.

If you need to continue receiving this assistance, you will need to complete a Rural Assistance Payment continuation form every four weeks.

Client number

 | |

Applicant details

1

What is your full name?

First and middle names

Surname or family name

2

What is your date of birth?

Day Month Year

3

What is your mailing address?

Flat/House number Street name

Suburb

Town/City

4

How can we contact you?

Tick the best way for us to contact you

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

5

Do you agree to get emails from us?

No Yes I don't have an email address

HOW TO ANSWER Q3:

A mailing address could include:

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

HOW TO ANSWER Q4:

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

Your circumstances

6

Has your (or your partner's) income or financial situation changed since your last application?

No

Yes



Please provide details below

7

Have you had any change in your personal circumstances?

No

Yes



Please provide details below

Obligations

I must tell Work and Income immediately if either my partner or I:

- have a change in work situation (such as starting part-time, casual or full-time work, whether paid or unpaid)
- become self-employed/start to run a business
- have changes to my/our income or financial circumstances
- intend to travel overseas
- start/finish part-time or full-time study
- have changes to personal details (such as name, address or bank account number)
- have changes to my/our living situation (such as marriage or separation, starting or ending a civil union, starting or ending a de facto relationship with someone of the same or opposite sex, change in the number of children supported)
- are imprisoned/held in custody on remand
- are admitted to or discharged from hospital
- have been granted an overseas pension
- have any other change that may affect my/our payments.

Declaration

The information I have given is true and complete.

Applicant's name (print)

Applicant's signature

Date

Day	Month	Year

Partner's name (print)

Partner's signature

Date

Day	Month	Year