

Rural Assistance Payment application



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

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

Rural Assistance Payments can be made to farmers or growers who are in financial hardship and are in an approved affected area.

Payments are made in a lump sum for a maximum of four weeks. If you need to continue receiving this assistance, you'll need to complete a Rural Assistance Payment Continuation Form every four weeks.

What you need to provide

Once you've filled in this form, use the checklist below to tick off the documents you need for your meeting with us. Talk with 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:	For you	For your partner (if you have one)
If you were born in New Zealand , 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).	<input type="checkbox"/>	<input type="checkbox"/>
If you were born overseas , 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).	<input type="checkbox"/>	<input type="checkbox"/>
If your name has changed , bring your marriage certificate, deed poll, or other proof of the name change.	<input type="checkbox"/>	<input type="checkbox"/>
All people applying 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).	<input type="checkbox"/>	<input type="checkbox"/>
A form or letter from Inland Revenue showing your tax number.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of your bank account details, such as a bank statement.	<input type="checkbox"/>	<input type="checkbox"/>
Full birth certificates for your dependent children.	<input type="checkbox"/>	<input type="checkbox"/>
Agri-recovery facilitator's signature confirming your financial situation (see page 9).	<input type="checkbox"/>	<input type="checkbox"/>

If you're using identification that has expired, it must not be more than two years past the expiry date.

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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

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Applicant details

1

What is your full name?

First and middle names

Surname or family name

2

What date were you born?

Day Month Year

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HOW TO ANSWER Q3:

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

3

What is your mailing address?

Flat/House number Street name

--	--

Suburb

Town/City

HOW TO ANSWER Q4:

Please only give us contact details you'd like us to use.

4

How can we contact you?

Tick the best way for us to first contact you

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

ATTACHMENT FOR Q5:

You need to provide proof of your bank account details, such as a bank statement.

5

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

6

What is your Inland Revenue tax number?

7

Do you have any dependent children? No Yes↓ **If yes, how many?****INFORMATION FOR Q8:**

This means you consider New Zealand your home, you're a legal resident, usually live here and intend to stay permanently.

8

Do you usually live in New Zealand? No Yes

9

Do you have a partner? No**Go to question 12** Yes↓ **If yes, please provide details below****INFORMATION FOR Q9:**

By partner we mean someone you're in a relationship with. For more information go to workandincome.govt.nz/relationship

10

What is your partner's name?

First and middle names

Surname or family name

11

What date was your partner born?

Day Month Year

Overseas pensions and benefits

12

Do you receive or qualify for a social security benefit, pension or allowance from overseas? No**Go to question 14** Yes↓ **If yes, tick the box below that best describes your benefit, pension or allowance** Retirement or old age Superannuation Disability or health condition Widow or survivor Child or dependent War related Other↓ **If other, please provide details below****ATTACHMENT FOR Q13:**

Please attach any documents to your completed application form that confirm the payment(s), eg pension certificates.

If you get more than two payments, please attach a separate sheet showing the details.

13

Please provide details about the types of payment you're getting:

	Payment 1	Payment 2
What country does the payment come from?		
How much do you get each time the payment is made (in overseas currency)?		
Is this amount before or after tax?		
How often do you get the payment (for example, weekly, fortnightly, monthly)?		
What is the name of your pension, allowance or benefit?		
What is the payment reference number?		

Your employment

14

Are you working?

 No

→ What was your last day of work?

Day	Month	Year

Go to question 18

 Yes

Go to question 15

15

What type of work do you do?

 Full-time

 Part-time

 Casual

 Seasonal

 Self-employed

 Voluntary

16

Who are you working for?

Employer's name

Employer's contact details

Address	
Phone number	()
Email	

17

How much are you paid each week?

Type of payment (include goods or services)	Amount before tax	Amount after tax
	\$	\$
	\$	\$
	\$	\$
	\$	\$

18

Have you had any work in the last 52 weeks that you're no longer doing?

 No

Go to question 19

 Yes

↓ If yes, please provide details below

Who did you last work for?

Date you started work
Day Month Year

--	--	--

Date of last day at work
Day Month Year

--	--	--

Who else did you work for?

Date you started work
Day Month Year

--	--	--

Date of last day at work
Day Month Year

--	--	--

INFORMATION FOR Q14:

Paid employment includes employment for when you receive non-monetary benefits, eg free board, payments in kind, or drawings from a business.

HOW TO ANSWER Q17:

Include the amount you're paid and also the value of things you get from your employer instead of money.

If your income varies week to week – provide an average (for example the average of your last four weeks pay).

HOW TO ANSWER Q18:

Give the name of each employer, and the start and end dates of your employment.

Your partner's employment

19

Is your partner working?

 No

→ What was their last day of work?

Day	Month	Year

Go to question 23

 Yes

Go to question 20

20

Is the job?

 Full-time

 Part-time

 Casual

 Seasonal

 Self-employed

 Voluntary

21

Who is your partner working for?

Employer's name

Employer's contact details

Address	
Phone number	()
Email	

22

How much are they paid each week?

Type of payment (include goods or services)	Amount before tax	Amount after tax
	\$	\$
	\$	\$
	\$	\$
	\$	\$

23

Has your partner had any work in the last 52 weeks that they are no longer doing?

 No

Go to question 24

 Yes

↓ If yes, please provide details below

Who did you last work for?

Date you started work
Day Month Year

--	--	--

Date of last day at work
Day Month Year

--	--	--

Who else did you work for?

Date you started work
Day Month Year

--	--	--

Date of last day at work
Day Month Year

--	--	--

HOW TO ANSWER Q22:

Include the amount your partner is paid and also the value of things they get from their employer instead of money.

If their income varies week to week – provide an average (for example the average of the last four weeks pay).

HOW TO ANSWER Q23:

Give the name of each employer, and the start and end dates of their employment.

24

Do you have a business partner(s)?

No

Yes

↓ If yes, please list your business partner(s) below

25

Do you or your partner get income from any of the following sources? If you answer 'Yes' you need to provide details in question 26.

↓ Please tick one box in each line below

- Interest from investments, savings or other assets No Yes
- Accident Compensation No Yes
- Overseas pensions or benefits No Yes
- Other superannuation (including Government, private, or armed forces) No Yes
- Self employment, farm or business income No Yes
- Income from rent No Yes
- Unit trust/managed funds No Yes
- Trusts No Yes
- Reverse annuity mortgage/mortgage or similar No Yes
- Payment from an estate No Yes
- Dividends from shares No Yes
- Other No Yes

ATTACHMENT FOR Q26:

You may be asked to provide proof of these details.

26

Please provide details for any income answered 'yes' in question 25. Give the gross (before tax) amount.

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

ATTACHMENT FOR Q27:

You may be asked to provide proof of these details.

27

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

No

Yes

↓ If yes, please provide gross (before tax) income details below

Where will it come from?	You	Your partner	Joint income
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Are you involved in a trust?

28

Are you or your partner involved in a trust, or have either of you ever been involved in a trust?



ATTACHMENT FOR Q28:

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

'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

Authorisation for the Agri-recovery facilitator/ Rural Support Trust coordinator

29

Do you authorise the Ministry of Social Development to advise your Agri-recovery facilitator/Rural Support Trust coordinator (named on page 10) of the outcome of your Rural Support Assistance application, and any subsequent changes of your circumstances?

No

Yes

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 payments 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

Privacy

Our online Privacy Notice tells you how we collect, use, share and keep your personal information safe. It also has information about how you can access your personal information that we hold, and your right to ask for it to be corrected if you think it is incorrect. To see our Privacy Notice go to workandincome.govt.nz/privacy

Signature

By signing this form, I declare that:

- The business is in financial difficulty, because of a specific adverse event, and isn't producing enough income to meet essential living expenses without drawing on the equity of the business.
- I have a history of getting my principal income from a land-based industry, or
- My business is in the developmental stage and I intended that my income would come from the business.
- I don't have any assets unconnected with the farm operations which can be readily converted into cash, for example, shares, term investments.
- I agree to provide whatever information may be required by the Ministry of Social Development or the Ministry of Primary Industries (including access to our business and the production of business records), to verify the conditions of the payment are met.
- 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"/>
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Rural Assistance Payment Agri-recovery facilitator/Rural Support Trust co-ordinator's statement



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I certify that, to the best of my knowledge, this declaration is an accurate assessment of the applicant's financial situation.

Agri-recovery facilitator/Rural Support Trust co-ordinator's contact details

Phone	()
Mobile	()
Email	

Agri-recovery facilitator/
Rural Support Trust co-ordinator's name (print)

Agri-recovery facilitator/
Rural Support Trust co-ordinator's signature

Day Month Year

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