



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

Who can get Veteran's Pension

If you need help filling in this form, please contact your nearest Work and Income Service Centre or call us on ☎ 0800 650 656.

You may be included in your spouse's/partner's Veteran's Pension if you don't qualify yourself and if your partner chooses.

A partner is:

- your spouse (husband or wife)
- your civil union partner
- a person of the same or opposite sex with whom you have a de facto relationship.

If you receive New Zealand Superannuation in your own right and your partner receives Veteran's Pension, please complete our form "*Transfer to Veteran's Pension form*".

To check if you are eligible for the Veteran's Pension, please call us on ☎ 0800 650 656 or ask Work and Income staff.

How does income affect our payments?

If you are included in your partner's Veteran's Pension, any income you and/or your partner receive may affect how much you get. We can help work out what the best option is.

What to send

Your documents will need to be photocopied and certified (certification can be done by a Justice of Peace, Solicitor or a Work and Income staff member).

Please ask Work and Income staff for help if:

- you do not have any of the documents we have asked for
- you think there could be a delay in providing this information
- you would like to know about extra help.

When you apply for Veteran's Pension you must complete this application form and send the following:

- for New Zealand born clients, one form of government-issued documentation stating your full legal name and date of birth (eg your birth certificate, passport, driver's licence, firearms licence, deed poll etc)
- for clients born overseas, proof of your lawful residence in New Zealand (eg New Zealand passport, other country passport with residence visa, citizenship certificate, etc)
- two more documents supporting your identity. These could include your marriage certificate, bank statement, phone or power account, driver's licence, etc)

Note: One of the documents requested above must be at least 2 years old.

- proof of any name change
- a form or letter from Inland Revenue showing your IRD (tax) number
- proof of bank account details.

Send the application and documents to:

Veteran's Pension Centre, PO Box 5515, Wellington 6145, New Zealand

Obligations

It is important that you tell us about any changes to ensure we pay you correctly.

Changes in your living situation include:

- marriage or separation
- starting or ending a civil union
- starting or ending a de facto relationship with someone of the same or opposite sex
- starting or stopping living alone.

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

- have changes to personal details (such as name, address or bank account details)
- have changes to my/our living situation
- intend to travel overseas
- have been granted an overseas benefit/pension
- am imprisoned / held in custody on remand
- have any other changes that may affect my/our Veteran's Pension entitlement or rate.

If I am included in my partner's Veteran's Pension entitlement then I must tell Work and Income immediately if either my partner or I:

- have a change in work situation
- become self employed / start to run a business
- have changes to my / our income or financial circumstances.

Important

I understand that:

- if I have made a false statement *or*
- if I have failed to answer all the questions in full *or*
- if I do not tell Work and Income about changes in my life that might affect my entitlement or rate

then

- my Veteran's Pension 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) *or*
- I may be prosecuted and fined or imprisoned.

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/pension and at any time after that.

The Privacy Act 1993 requires us to tell you that:

- The information you give us 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.
- 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/pensions and other assistance under the Social Security Act 1964, and the New Zealand Superannuation and Retirement Income Act 2001 and the Veterans' Support Act 2014.
 - statistical and research purposes
 - providing advice to Government
 - providing support and services for you and your family
 - providing education related services
 - providing employment related services
 - care and protection needs of children.
- Work and Income may contact health providers to verify any health related information you give us.
- The information you give us may be compared with information held by Inland Revenue, the Ministry of Justice, the New Zealand Defence Force, 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 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 Department of Labour, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
 - disclose your personal information to your partner (if you have one).
- Work and Income may give employers information about you if you use our employment services.
- Work and Income may share information you have given us with childcare centres to administer your entitlement to childcare assistance.
- You are not required to give us information, but if you do not give us all the information we ask for, your application for benefits/pensions may be declined.
- 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.

Additional information

Information required by

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Day Month Year

Contact name

Your client number is:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CLIENT NUMBER ||

Please read this before you start

Please complete all questions – if not applicable write N/A.

If you need help with this form call us on ☎ 0800 650 656.

Name

1. What is your name?

First name(s)

Surname or family name

Q2 note: Give any other names that you use now or have used in the past (including your maiden name).

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

No Yes ▶ Please provide details below:

1.	<input type="text"/>
2.	<input type="text"/>

3. Are you: Male Female

Q4 note: Please tick one box to show the title you want to be known by.

4. What do you want to be called?

Mrs Miss Ms Mr No title Other

Address

Q5 note: If you live in a rural area, a house number could include:

- RAPID number
- fire number
- emergency services number.

Q6 note: Mailing address includes:

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

5. Where do you live?

Flat/house no. Street name

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

City

<input type="text"/>	<input type="text"/>
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6. What is your mailing address (if different from above)?

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

7. How can we contact you?

Home phone

Work phone

Mobile phone

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

Fax

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

8. What is your date of birth?

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Bank details

9. What bank account do you want your Veteran's Pension paid into?

Name of bank (eg ANZ):

Name of branch (eg Lower Hutt):

The account is in the name of:

The account number is:

Bank				Branch				Account number													
	/																			/	

Tax details

Q10 note: Please provide verification from Inland Revenue if your tax code is STC.

If you need help choosing your tax code, please visit www.ird.govt.nz or call Inland Revenue on ☎ 0800 227 774.

10. What is your Inland Revenue tax number?

11. What tax code do you want to use for your Veteran's Pension payments?

 Tax code

Dependent children currently in your care

Q12 note: Please give the names of any children that you financially support and are living with you as a member of your family, including:

- stepchildren
- children at boarding school
- adopted children
- grandchildren
- mokopuna.

If you are caring for a child who is not your own you may be able to get other forms of assistance. Please ask us about this.

You can get family tax credit if the children are 18 or under and not supporting themselves or in full-time employment.

12. Do you have dependent children in your care?

No Yes ▶ Please provide details below:

Child's full name

Date of birth

1.	/ /
----	-----

Relationship to you

Other parent's name

--	--

Child's full name

Date of birth

2.	/ /
----	-----

Relationship to you

Other parent's name

--	--

Child's full name

Date of birth

3.	/ /
----	-----

Relationship to you

Other parent's name

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Ethnic group

Q13 note: You don't have to answer this question if you don't want to.

This information is for statistics and will be used for research and future development work.

13. To what ethnic group do you believe you belong?

New Zealand Maori ▶ Which tribe(s)/iwi?

New Zealand European Niuean Samoan Indian

Other European Tokelauan Tongan Chinese

Cook Island Maori Other ▶ Please specify below:

Residency

Q14 note: Tick one box.

14. Indicate which describes your residency situation:

- Born in New Zealand ▶ Go to Question 17
- New Zealand citizen (other) ▶ Go to Question 16
Date of citizenship
Day Month Year
- Permanent resident ▶ Go to Question 16
Date permanent residence granted
Day Month Year
- Other ▶ Go to Question 15

15. What is your residency status?

16. When did you arrive in New Zealand?
Day Month Year

17. Where were you born?

Q18 note: This means that you consider New Zealand your home, you are a legal resident, normally live here and intend to stay permanently.

18. Do you normally live in New Zealand?

- No Yes

Periods of overseas residence

Q19 note: Periods of overseas residence may affect entitlement to New Zealand Superannuation.

This information is required to assess eligibility to any overseas benefits and pensions.

For more information call International Services on ☎ 0800 777 227.

19. Have you lived in any countries outside New Zealand?

- No Yes ▶ Please provide details below:

Name of country	Entry date	Exit date	Purpose (eg working, immigration, holiday)
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

Overseas pensions and benefits

20. Are you receiving a social security pension or pension of a similar nature from the government of a country other than New Zealand?

- No Yes

21. If 'Yes', what type of social security pension or pension of a similar nature are you receiving from another country or countries?

Please indicate with a tick if you receive the following overseas payments:

- Retirement or old age War service Disability or invalidity
 War widow Widow or survivor War restitution
 Superannuation War injury Child or dependant
 Other payments

If you ticked any of the boxes above, please give details about the type of payment you receive below:

Your payment details	Pension 1	Pension 2
Country the payment comes from:		
How much do you receive in each payment? (in overseas currency):		
Is this amount before or after tax?:		
How often do you receive this payment? (eg weekly, monthly, annually):		
Overseas payment reference number:		
Name of your pension, benefit or allowance:		

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

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

Employment

Q22 note: Paid employment includes employment for which you receive non-monetary benefits, eg free board, payments in kind, or drawings from an unprofitable business.

Q23 note: Give the name, telephone number and address of the firm or person you work for.

Q24 note: Give gross (before tax) amount of wages and the value of any non-monetary benefits received, eg free board or any drawings, whether or not the business makes a profit.

Q25 note: Give the name and address of your employer, and the start and end dates of your employment.

Q27 note: If you are included in your partner's Veteran's Pension, any income you or your partner receive could affect how much you get. We can help work out what the best option is for you.

22. Are you working?

- No ▶ Go to Question 25
- Yes ▶ Is the job: Full time Part time Casual
 Seasonal Voluntary Self employment

23. Who are you working for?

1.
2.

24. How much is your gross weekly wage? \$

25. Have you had any other employment in the last 52 weeks apart from that answered in Questions 22–24?

- No Yes ▶ Please provide details below:

26. What date was your last day at work?

Day	Month	Year

27. Is your partner working?


- No ▶ Go to Question 28
- Yes ▶ Is the job: Full time Part time Casual
 Seasonal Voluntary Self employment

Income

Q28 note: Examples of income from other sources:

- interest from savings or investments
- wages or salary
- accident compensation
- overseas benefits or pensions
- Government Superannuation
- private superannuation
- Armed Forces Superannuation
- self employment
- farm or business income (include drawings)
- income from rents
- unit trust/managed funds
- trusts
- reverse annuity mortgage/ mortgages or similar
- payments from an estate
- dividends from shares.

Give gross (before tax) amount.

 You may be asked to provide proof of these details.

28. Do you or your partner get income from any source?

- No Yes ▶ Please provide gross (before tax) income details below:

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

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

- No Yes ▶ Please provide gross (before tax) income details below:

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

Income – continued

30. Are you or your partner (if you have one) a beneficiary of a trust(s)?

No Yes ▶ Please provide details below:


Trust(s) name

What do you receive?

Sold or gifted assets

Q31 note: Examples of assets:

- investments
- shares
- any other property from which income could have been earned.

 You may be required to show proof of these details.

31. Have you or your partner sold or gifted any assets (including those to a trust) over the last 12 months?

No Yes ▶ Please provide details below:

Description of asset 1

Name and address of the person it was sold or gifted to

Date it was sold or gifted

Day Month Year

Value \$

Description of asset 2

Name and address of the person it was sold or gifted to

Date it was sold or gifted

Day Month Year

Value \$

Disability Allowance Application

Who can get Disability Allowance?

If you, or a family member, have a disability which is likely to continue for at least six months, you may be able to get extra help through a Disability Allowance.

We may be able to help with costs such as ongoing visits to the doctor, medicines, medical alarms and travel.

Your doctor or specialist will need to complete the Disability Certificate. This is income tested.

32. Do you want to apply for a Disability Allowance?

Yes ▶ Please provide details below:

No ▶ Please go to page 11, Accommodation Supplement Application

Disability Allowance

Q33 note: Separate application forms are required if more than one person has a disability.

You may be able to get Child Disability Allowance for the same dependent child. Please talk to us about this.

33. Who are you applying for?

Yourself

▶ Go to Question 34

Your partner

▶ Please have your partner complete a separate Disability Allowance Application

Your dependent child ▶ Please provide their full name below:

First name(s)

Surname

Relationship to you

First name(s)	Surname	Relationship to you

Entitlements

34. Is this disability covered by private medical insurance?

No

Yes ▶ Please provide details below:

35. Is this disability covered by ACC or War Disablement Pension?

No

Yes ▶ If 'Yes', you may not be entitled to a Disability Allowance

Expenses

Q36 note: All of these expenses must be directly related to the disability and verified as necessary by a health practitioner.

Expenses may include

- doctors visits
- medicines
- gardening/lawn mowing
- transport
- medical alarms.

You must provide invoices receipts, quotes or printouts for each additional expense.

Do not include costs that are covered by a War Disablement Pension.

36. What additional expenses are paid for as a result of the disability?

List pharmaceuticals/items/services/treatments	Cost	How often? (eg daily, weekly monthly)	Verification provided (please tick ✓)
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		



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CLIENT NUMBER

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Please read this before you start

The Disability Allowance is available for reimbursement of additional costs arising from a Disability where the following criteria is met:

1. The person has a disability which is likely to continue for not less than six months; and
2. The disability has resulted in a reduction of the person's independent function to the extent that:
 - The person requires ongoing support to undertake the normal functions of life, or
 - The person requires ongoing supervision or treatment by a health practitioner.

For the purposes of qualifying for Disability Allowance, a disability means:

- physical disability or impairment
- physical illness
- psychiatric illness
- intellectual or psychological disability or impairment
- any other loss or abnormality of psychological, physiological, or anatomical structure or function (including sensory impairment)
- reliance on a guide dog, wheelchair, or other remedial means
- the presence of the body of organisms capable of causing illness.

For more information about Disability Allowance, refer to the "Guide for Medical Practitioners – Disability Allowance" brochure.

Name

1. What is the client's name:

First name(s)

Surname or family name

Disability details

2. Registered medical practitioner's name and address:

3. Does the person have a disability that meets the Disability Allowance criteria?

Yes ► Please provide details below:

No ► Please go to Registered Medical Practitioner Verification

4. What is the nature of the person's disability? Please tick the major disabilities or specify below:

Psychological or psychiatric conditions

Stress (160)

Depression (161)

Bipolar disorder (162)

Schizophrenia (163)

Other psychological/psychiatric (165)

Nervous system disorders

Epilepsy (120)

Multiple sclerosis (121)

Parkinson's disease (122)

Muscular dystrophy (123)

Other nervous system disorders (124)

Cardio-vascular disorders

Heart disease (130)

Stroke (131)

Other cardio-vascular (132)

Immune system disorders

HIV / Aids (140)

Other immune system disorders (141)

Metabolic and endocrine disorders

Diabetes (150)

Other metabolic or endocrine disorders (151)

continued overleaf ...

Substance Abuse

- Alcohol (170)
- Drug (171)
- Other substance abuse (172)

Sensory disorders

- Blindness (180)
- Other visual / eye (181)
- Hearing / ear (182)
- Other sensory disorders (183)

Accident

- Burns (190)
- Fractures, dislocations, soft tissue injury (191)
- Poisoning, toxic effects (192)
- Internal injuries (193)
- Injury to the nervous system (194)
- Back pain / injury (195)

- Overuse injury [RSI] (196)
- Complications of medical or surgical care (197)
- Other injury (198)

Other disorders

- Congenital conditions (103)
- Intellectual disability (164)
- Cancer (104)
- Infectious / parasitic diseases (105)
- Musculo-skeletal system disorder (106)
- Respiratory disorders (107)
- Genito-urinary disorders (108)
- Blood and blood forming organs (109)
- Skin disorders (110)
- Digestive system disorder (111)

5. Please indicate the expected duration of the disability:

- Less than 6 months ▶ There may be no entitlement to Disability Allowance
- 6 to 12 months 1 to 2 years 2 to 3 years Permanent ▶ Never reassess

Verification of doctor or specialist visits

6. Please list the type, cost and frequency of visits to doctors or specialists that are necessary and result from the stated disability:

Type of consultation	Cost	Frequency	Registered Medical Practitioner's initials
	\$		
	\$		
	\$		

Items / services / treatments / pharmaceuticals

7. Please list the pharmaceuticals, items, services or treatments that are necessary and of therapeutic value for the stated disability:

Item / service / treatment / pharmaceutical	Registered Medical Practitioner's initials

Registered Medical Practitioner's verification

Please print or stamp your full name, address, telephone number and Medical Council registration number.

Registered Medical Practitioner's stamp or name and address Medical Council registration number

Medical Practitioner's signature

Day	Month	Year

This information is required under the Social Security Act 1964.

Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.

Accommodation Supplement Application

Who can get Accommodation Supplement?

If you have costs associated with owning your own home, renting or boarding, you may be able to get extra help through Accommodation Supplement. How much you get will depend on your income, assets, accommodation costs, family circumstances and where you live.

Accommodation Supplement is income and asset tested.

If you or your partner have a tenancy agreement with Housing New Zealand, you won't be able to get Accommodation Supplement.

37. Do you want to apply for Accommodation Supplement?


Yes ▶ Please provide details below:

No ▶ Please go to page 13, Temporary Additional Support Application

Assets

Q38 note: Examples of cash assets:

- money in bank or savings organisation
- money lent to other people or organisations
- money in Bonus Bonds, shares, debentures or government stock.

 You may be required to show proof of these details.

38. Do you or your partner have any cash assets?


No

Yes ▶ Please provide details below:

Type of asset	You	Your partner	Jointly owned
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Q39 note: Examples of non-cash assets:

- leisure boats
- caravans
- land or buildings other than your home, eg holiday homes.

 You may be required to show proof of these details.


39. Do you or your partner have any non-cash assets?

No

Yes ▶ Please provide details below:

Type of asset	Total value	Money owing
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Home owner

 Please bring something that proves how much you pay for mortgage, insurance, etc.

Please only include mortgages that relate to the purchase or alteration of the home.

Include both interest and principal.

Do not include contents insurance.

Include water rates if you pay them separately.

 Please bring in receipts for repairs and maintenance.

40. Do you own the home you live in?

No ▶ Go to Question 44 Yes ▶ Please provide details below:

	Name of company	Amount of payment	How often is the payment (weekly, monthly, 2-monthly, 6-monthly, yearly)?
First mortgage		\$	
Other mortgage		\$	
House insurance		\$	
Ground lease		\$	
Mortgage insurance		\$	
Rates		\$	
Water rates		\$	

41. What was the total cost of repairs and maintenance in the last 12 months?


\$

42. If you have a Housing New Zealand mortgage, what is your interest rate? %

43. Have you received a Rates Rebate?

Yes ▶ Amount \$ Rating year 1 July
 No to 30 June

Rent

 You may be asked to bring something that proves how much you pay, eg rent book, tenancy agreement.

44. Do you pay rent?

No ▶ Go to Question 49 Yes ▶ Please provide details below:

45. What is the total amount of rent paid for your home each week? \$

46. How much of this do you pay for yourself and your family? \$


47. What is the name, address and telephone number of the person you pay rent to?

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

48. Do you live in a property owned or managed by Housing New Zealand?

No ▶ Go to Question 49 Yes ▶ You are not entitled to receive an Accommodation Supplement

Board

 You may be asked to bring something that proves how much you pay.

Board includes:

- food
- power
- cost of room
- telephone.

49. Do you pay board?

No ▶ Go to Question 55 Yes ▶ Please provide details below:

50. What is the total amount of board you pay for yourself and your family each week?

\$

51. What is the name, address and telephone number of the person you pay board to?

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

Temporary Additional Support Application

Who can get Temporary Additional Support?

If you are finding it hard financially, extra help with essential costs may be available through Temporary Additional Support.

It's important that you take all necessary steps to get other assistance towards costs and take reasonable steps to increase income and reduce costs where possible.

To get Temporary Additional Support, your cash assets will need to be below a certain level.

52. Do you want to apply for Temporary Additional Support?

Yes ▶ Please provide details below:

No ▶ Please go to the Obligations section on page 17 to sign your application

Working for Families Tax Credits

Q53 note: Working for Families Tax Credits payments include:

- family tax credit
- in-work payment
- minimum family tax credit
- child tax credit
- parental tax credit.

53. Do you and/or your partner receive any Working for Families Tax Credits payments from Inland Revenue?

No

Yes ▶ Please provide details below and provide a Certificate of Entitlement from Inland Revenue. You can get a Certificate of Entitlement by calling Inland Revenue on ☎ 0800 257 720. Please have your IRD number available

Type of payment	You	Your partner	How often (weekly, fortnightly etc)?
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

Employment costs

Q54 note: Employment costs include:

- vehicle running costs or public transport to employment
- childcare if the caregiver is working
- telephone if it is a condition for employment.

 You may be required to show proof of these costs.

54. Do you and/or your partner have any essential employment costs?

No

Yes ▶ Please provide details below:

Employment cost	Amount	How often (weekly, fortnightly etc)?
	\$	
	\$	
	\$	
	\$	

Accommodation costs


55. Do you or your partner have any accommodation costs?

No ▶ Go to Question 58 Yes ▶ Please complete Questions 59 and 60 overleaf if you have not applied for the Accommodation Supplement

Q56 note: If you don't have a cost, write 'nil'.

56. Please give details of your costs.

	Name of company or person you pay	Your cost	How often (weekly, fortnight etc)?
Rent		\$	
Board		\$	
First mortgage		\$	
Other mortgage		\$	
House insurance		\$	
Ground lease		\$	
Mortgage insurance		\$	
Rates		\$	
Water rates		\$	
Cost of essential repairs and maintenance for the last 12 months		\$	

 Please provide proof of these costs.


57. Have you received a Rates Rebate?

Yes ▶ Amount \$ Rating year 1 July
 No to 30 June

Credit sales (hire purchases) and regular costs

Q58 note: Essential items that may be included:

- beds, dining suites, fridge / freezer, portable heaters, lounge suite, stove, television
- vehicle repayments
- washing machine (or laundrette costs)
- dryer
- childcare costs (disability).

 Please provide proof of these costs.

58. Do you and/or your partner have any essential credit sales (hire purchases) or regular costs?

Item	Amount	How often (weekly, fortnight etc)?	Start / purchase date	End date
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			

Please talk to us if you, your partner or any dependent children have disability costs but have not applied for a Disability Allowance.

Please read this statement carefully and sign.

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

- 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, entering or ending a civil union, starting or ending a de facto relationship with someone of the same or opposite sex, starting or stopping living alone)
- intend to travel overseas
- have been granted an overseas benefit or pension
- are imprisoned / held in custody on remand
- have any other change that may affect my / our Veteran's Pension entitlement or rate.

If I am included in my partner's Veteran's Pension then I must tell Work and Income immediately if either my partner or I:

- have a change in work situation (such as starting paid part-time, casual or full-time work)
- have become self employed / start to run a business
- have changes to my / our income or financial circumstances.

If I am paid Disability Allowance, I must tell Work and Income immediately about changes to my / our:

- disability costs
- income or financial situation.

If I am paid Accommodation Supplement, I must tell Work and Income immediately about changes to my / our:

- housing costs
- income or financial situation.

If I am paid Temporary Additional Support, my partner and I must take:

- all necessary steps to get other assistance towards costs and
- all reasonable steps to increase my / our income and reduce costs where possible.

My obligations have been explained to me and I understand my responsibilities.

The information I have given is true and complete and I understand the conditions for receiving the Veteran's Pension and extra help (if applicable).

I am also aware of and understand the Privacy Act statement contained in this application form.

Client's agreement

Note: This section must be completed by the person who qualifies for Veteran's Pension.

In addition to agreeing to the obligations above, I agree to have my partner included in my Veteran's Pension.

Client's name (print)

Client's signature

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Please read this statement carefully and sign.

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

- 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, entering or ending a civil union, starting or ending a de facto relationship with someone of the same or opposite sex, starting or stopping living alone)
- intend to travel overseas
- have been granted an overseas benefit or pension
- are imprisoned / held in custody on remand
- have any other change that may affect my / our Veteran's Pension entitlement or rate.

If I am included in my partner's Veteran's Pension then I must tell Work and Income immediately if either my partner or I:

- have a change in work situation (such as starting paid part-time, casual or full-time work)
- have become self employed / start to run a business
- have changes to my / our income or financial circumstances.

If I am paid Disability Allowance, I must tell Work and Income immediately about changes to my / our:

- disability costs
- income or financial situation.

If I am paid Accommodation Supplement, I must tell Work and Income immediately about changes to my / our:

- housing costs
- income or financial situation.

If I am paid Temporary Additional Support, my partner and I must take:

- all necessary steps to get other assistance towards costs and
- all reasonable steps to increase my / our income and reduce costs where possible.

My obligations have been explained to me and I understand my responsibilities.

The information I have given is true and complete and I understand the conditions for receiving the Veteran's Pension and extra help (if applicable).

I am also aware of and understand the Privacy Act statement contained in this application form.

Client's agreement

Note: This section must be completed by the person who qualifies for Veteran's Pension.

In addition to agreeing to the obligations above, I agree to have my partner included in my Veteran's Pension.

Client's name (print)

Client's signature

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Day Month Year

OFFICE USE ONLY

Statement by Interviewing / Interpreting Officer

I have explained the conditions for receiving Veteran's Pension and explained what the client's obligations mean and the reason for them. The client has indicated that he/she understands and accepts responsibility to provide true and complete information and to advise immediately of any changes in circumstances. All questions have been completed.

Interviewing officer's name (print)

Interviewing officer's signature

Day	Month	Year

Additional information:

Decision:

Processor's signature

Day	Month	Year

Checker's signature

Day	Month	Year

10% 100% Critical data

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Authenticator's signature

Day	Month	Year

Bring up

B	F
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Day	Month	Year