

# Extra Help Application



**Work and Income**  
Te Hiranga Tangata

A service of the Ministry of Social Development

If you need help with this form call us on ☎ **0800 559 009**.

## What this Application includes

- Accommodation Supplement
- Disability Allowance
- Temporary Additional Support.

## What other help can you get?

*If you have dependent children and they attend either a childcare service, or before or after school care programme, please talk to us about how we can help with childcare assistance.*

*You may also be able to get the Child Disability Allowance. Please talk to us about this.*

### Accommodation Supplement

If you are renting, boarding or own your own home, you may be able to get extra help through the Accommodation Supplement.

You are not entitled to receive an Accommodation Supplement if you pay rent for a property owned or managed by Housing New Zealand.

### Disability Allowance

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

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

Your entitlement to help will depend on your income. Your doctor or specialist will need to complete the Disability Certificate.

### 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.

## What to bring

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.

### When you apply for Financial Assistance, you will need to complete this application form and provide 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.**

- Full birth certificates for your children.
- Proof of any name change.
- Marriage or civil union certificate (if you have one).
- A form or letter from Inland Revenue showing your IRD (tax) number.
- Gross income details (eg weekly gross wage and gross holiday pay) for the 52 week period immediately before application **and** details of your last 26 weeks gross income.
- Proof of any accommodation costs.
- Proof of bank account details.
- Proof or quotes for any expenses relating to your disability.
- Proof of any other essential ongoing costs (eg hire purchase agreements).

### Your partner's details:

If you have a partner, you need to bring in the following information about them:

- A birth certificate or passport, and one other form of identification (eg driver's licence).
- Proof of any name change.
- A form or letter from Inland Revenue showing their IRD (tax) number.
- Their gross income details (eg weekly gross wage and gross holiday pay) for the 52 week period immediately before application **and** details of the last 26 weeks gross income.
- Proof of bank account details.

## 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 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 and other assistance under the Social Security Act 1964
  - providing employment related services
  - statistical and research purposes
  - providing advice to Government
  - care and protection needs of children
  - providing support and services for you and your family
  - providing education related services.
- Work and Income may contact health providers to verify any health related information you give us.
- Work and Income may give employers information about you to find you employment. Where Work and Income refer you to a job vacancy, we may also contact the employer to discuss the result of any job interview that you attend.
- Work and Income may share information you have given us with childcare centres to administer your entitlement to childcare.
- Other information that you give us on your skills, aspirations, family circumstances etc, and that is not required to assess your entitlement to a benefit may be used to provide a better service to you by the Ministry of Social Development.
- The information you give us 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 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.
- 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.
- 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 may be declined.

## Obligations

Work situation changes include starting part-time, casual or full-time work, whether paid or unpaid.

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
- change in the number of children supported
- change in accommodation costs.

### 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
- intend to travel overseas
- start / finish part-time or full-time study
- have changes to personal details (such as name, address or bank account details)
- have changes to my/our living situation
- am imprisoned / held in custody on remand
- am admitted to or discharged from hospital
- have been granted an overseas pension
- have any other changes that may affect my/our benefit entitlement or rate.

## 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 benefit 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.

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

# Extra Help Application



Work and Income  
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

## Please read this before you start

Please check that you have all relevant "What to bring" items on the front of this form.

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

## 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.
2.

### 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

## Birth date

### 5. What is your date of birth?

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

## Address

**Q6 note:** If you live in a rural area, a house number could include:

- RAPID number
- fire number
- emergency services number.

**Q7 note:** Mailing address includes:

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

### 6. 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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### 7. What is your mailing address (if different from above)?

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

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

### 8. How can we contact you?

Work phone

Home 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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## Past benefits

9. Are you currently receiving any type of benefit?

No  Yes ▶ Type of benefit:

10. Have you ever received any type of benefit before?

No ▶ Go to Question 12  Yes ▶ Type of benefit:

11. What was your client number?

## Residency

*Q12 note: Tick one box.*

12. Indicate which describes your residency situation:

New Zealand citizen (by birth) ▶ Go to Question 16

New Zealand citizen (other)  ▶ Go to Question 14  
Date of citizenship  
Day Month Year

Permanent resident  ▶ Go to Question 14  
Date permanent residence granted  
Day Month Year

Other ▶ Go to Question 13

13. What is your residency status?

14. When did you arrive in New Zealand?

Day Month Year

15. Where were you born?

16. Do you usually live in New Zealand?

No  Yes

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

No  Yes ▶ Please complete the Overseas Residence Details section of this form on page 25

*Q16 note: This means that you consider New Zealand your home, you are a legal resident, usually live here and intend to stay permanently.*

## Ethnic group

*Q18 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.*

18. 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:

## Tax number

19. What is your Inland Revenue tax number?

## Bank details

20. What bank account do you want the benefit 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Office use only

Verified by .....

## Employment

**Q21 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.

**21. Are you working or have you been working in the last 52 weeks?**

No ▶ Go to Question 25  Yes

**22. Are you still 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?**

\$

## Other income

**Q25 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.

**25. 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)
<input type="text"/>	\$
<input type="text"/>	\$
<input type="text"/>	\$

**26. Do you expect to get other income in the next 52 weeks?**

No  Yes ▶ Please provide details below:

Source (eg bank account number)	Gross income (eg interest)
<input type="text"/>	\$
<input type="text"/>	\$
<input type="text"/>	\$

## Student

27. Are you a full-time student?

No  Yes

28. Do you receive a student allowance, scholarship or student loan living cost payments?

No  Yes ▶ Please provide details below:


## Dependent children currently in your care

**Q29 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.

If your child(ren) attend either a childcare service or before or after school care programme, please talk to us about how we can help with Childcare Assistance.

29. Do you have dependent children in your care?

No ▶ Go to Question 30  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

Child's full name	Date of birth
4	/ /

Relationship to you	Other parent's name

## Partner

**Q30 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.

30. Do you have a partner?

No ▶ Are you:  Single  Living apart/ separated  Divorced  
 Widowed  Civil union dissolved

▶ Go to Accommodation Supplement section on page 15

Yes ▶ Are you:  Married  In a civil union  In a relationship

▶ Please provide details below:

31. What is your partner's name?

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32. What is your partner's date of birth?

Day	Month	Year

Please ask your partner to fill in the Partner's Details section on page 7. Please go to the Accommodation Supplement section on page 15 and complete the rest of the application.

# Partner's Details



**Work and Income**  
Te Hirainga Tangata

A service of the Ministry of Social Development

**PARTNER CLIENT NUMBER**

Please ask your partner to complete all questions.

## 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.

2.

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

## Birth date

5. **What is your date of birth?**   
Day Month Year

## Past benefits

### 6. Are you currently receiving any type of benefit?

No  Yes ▶ What type of benefit?

### 7. Have you ever received any type of benefit before?

No ▶ Go to Question 9  Yes ▶ What type of benefit?

8. **What was your client number?**

## Residency

**Q9 note:** Tick one box.

### 9. Indicate which describes your residency situation:

- New Zealand citizen (by birth) ▶ Go to Question 13
- New Zealand citizen (other)   
 Date of citizenship    ▶ Go to Question 11   
 Day Month Year
- Permanent resident   
 Date permanent residence granted    ▶ Go to Question 11   
 Day Month Year
- Other ▶ Go to Question 10

### 10. What is your residency status?

### 11. When did you arrive in New Zealand?

     
 Day Month Year

### 12. Where were you born?

### 13. Have you lived in New Zealand continuously for two years at any one time since becoming a New Zealand citizen or permanent resident?

- No ▶ Talk to us about other assistance you may be able to get  Yes

**Q14 note:** This means that you consider New Zealand your home, you are a legal resident, usually live here and intend to stay permanently.

### 14. Do you usually live in New Zealand?

- No  Yes

## Ethnic group

**Q15 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.

### 15. 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:

## Periods of overseas residence

### 16. 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)
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	



## Overseas pensions and benefits

17. 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

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

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

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

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

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	Pension 3	Pension 4
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:				

## Tax number

19. What is your Inland Revenue tax number?

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## Bank details

20. What bank account do you want the benefit 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				
	/				/			...			/	

Office use only

Verified by .....

## Employment

**Q21 note:** Paid employment includes employment for which you receive non-monetary benefits, eg free board, payments in kind, or drawings from an unprofitable business.

**Q22 note:** Give the name, telephone number and address of the firm or person you work for.

**Q23 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.

### 21. Are you working?

No ▶ Go to Question 24

Yes ▶ Is the job:  Full time  Part time  Casual  
 Seasonal  Voluntary  Self employment

### 22. Who are you working for?

1
2

### 23. How much is your gross weekly wage?

\$

### 24. Have you had any other employment in the last 52 weeks?

No  Yes ▶ Please provide details below:


## Other income

**Q25 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.

### 25. 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)
	\$
	\$
	\$

### 26. Do you expect to get other income in the next 52 weeks?

No  Yes ▶ Please provide details below:

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

## Student

### 27. Are you a full-time student?

No  Yes

### 28. Do you receive a student allowance, scholarship or student loan living cost payments?

No  Yes ▶ Please provide details below:


Please read this statement carefully and sign.

**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, entering 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, change in accommodation costs)
- 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 benefit entitlement or rate.

I understand that if I have made an application for Temporary Additional Support, my partner and I must take all necessary steps to get other assistance towards costs and take reasonable steps to increase my income and reduce costs where possible.

I have completed all the questions or they have been completed for me in the following applications:

- Accommodation Supplement       Disability Allowance       Temporary Additional Support

The information I have given is true and complete. The conditions for receiving this assistance have been explained to me and I understand these conditions.

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

Name (print)

Partner's signature

Day	Month	Year

## OFFICE USE ONLY

*Only if partner is present.*

### Statement by Interviewing / Interpreting Officer

I have explained the conditions for receiving a benefit 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.

Name (print)

Interviewer's signature

Day	Month	Year



PARTNER CLIENT NUMBER

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## 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.*

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- 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 and other assistance under the Social Security Act 1964
  - providing employment related services
  - statistical and research purposes
  - providing advice to Government
  - care and protection needs of children
  - providing support and services for you and your family
  - providing education related services.
- Work and Income may contact health providers to verify any health related information you give us.
- Work and Income may give employers information about you to find you employment. Where Work and Income refer you to a job vacancy, we may also contact the employer to discuss the result of any job interview that you attend.
- Work and Income may share information you have given us with childcare centres to administer your entitlement to childcare.
- Other information that you give us on your skills, aspirations, family circumstances etc, and that is not required to assess your entitlement to a benefit may be used to provide a better service to you by the Ministry of Social Development.
- The information you give us 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 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.
- 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.
- 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 may be declined.

## 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 benefit 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.

# Partner's Obligations

*The following information is for you to take away.*

**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, entering 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, change in accommodation costs)
- 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 benefit entitlement or rate.

## Additional information

Information required by

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

Contact name

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# Accommodation Supplement

## Who can get Accommodation Supplement?

If you are renting, boarding or own your own home, you may be able to get extra help through Accommodation Supplement.

### 33. Do you want to apply for Accommodation Supplement?

Yes ▶ Please provide details below:  No ▶ Please go to page 17, Disability Allowance section

## Living situation

### 34. Do you live alone?

Yes  No ▶ Please provide the names of the others you live with below:

First name	Surname	Relationship to you

## Assets

**Q35 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.

**Q36 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.

### 35. Do you or your partner have any cash assets?

No  Yes ▶ Please provide details below:


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

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

No  Yes ▶ Please provide details below:

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

## Rent

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

### 37. Do you pay rent?

No ▶ Go to Question 42  Yes ▶ Please provide details below:

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


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

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


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

No ▶ Go to Question 42  Yes ▶ You are not entitled to receive an Accommodation Supplement. Go to page 17 Disability Allowance.

## Board

 Please bring something that proves how much you pay.

Board includes:

- food
- power
- cost of room
- telephone.

### 42. Do you pay board?


No ▶ Go to Question 45

Yes ▶ Please provide details below:

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

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


## 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.

### 45. Do you own the home you live in?

No ▶ Go to Question 49

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	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other mortgage	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
House insurance	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Ground lease	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Mortgage insurance	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Rates	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Water rates	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

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

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

 %

### 48. Have you received a Rates Rebate?

Yes ▶ Amount

Rating year 1 July


No

to 30 June



# Disability Allowance Application

## Who can get Disability Allowance?

If you, or a family member, have a disability, 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.

### 49. Do you want to apply for Disability Allowance?

Yes ▶ Please provide details below:  No ▶ Please go to page 21, Temporary Additional Support section

## Disability Allowance

**Q50 note:** Please tick one box only.

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

### 50. Who are you applying for?

- Yourself ▶ Go to Question 51
- Your partner ▶ Please provide their full name below:
- Your dependent child ▶ Please provide their full name below:

First name(s)	Surname	Relationship to you

## Entitlements

### 51. Is this disability covered by private medical insurance?

No  Yes ▶ Please provide details below:

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

No  Yes ▶ If 'Yes', you may not be entitled to a Disability Allowance

## Expenses

**Q53 note:** You must provide invoices, receipts, quotes or printouts for each additional expense before they can be considered as an ongoing cost for Disability Allowance. These must be attached to this form when you have completed it.

All of these expenses must be directly related to the disability and verified as necessary by a registered medical practitioner.

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

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

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





**Work and Income**  
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER    |    |

## 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 how often visits to doctors or specialists are necessary and result from the stated disability:**

Type of consultation	Cost	How often (eg daily, weekly, monthly)?	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 Practitioner's signature

Medical Council registration number

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.

# 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.

### 54. Do you want to apply for Temporary Additional Support?

Yes ▶ Please provide details below:  No ▶ Please go to page 25, Overseas Residence Details section


## Assets

**Q55 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.

**Q56 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.

### 55. Do you and/or your partner have any cash assets?

No  Yes ▶ Please provide details below:

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

### 56. Do you and/or your partner have any non-cash assets?

No  Yes ▶ Please provide details below:


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

## Working for Families Tax Credits

**Q57 note:** Working for Families Tax Credits payments include:

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

### 57. 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

**Q58 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.

### 58. 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)?
	\$	
	\$	
	\$	
	\$	

# Temporary Additional Support Application

## Accommodation costs

**Q60 note:** If you don't have a cost, write 'nil'.

 Please provide proof of these costs.

### 59. Do you or your partner have any accommodation costs?

No ▶ Go to Question 62  Yes ▶ Please complete details below if you have not applied for the Accommodation Supplement

### 60. 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		\$	

### 61. Have you received a Rates Rebate?

Yes ▶ Amount \$  Rating year 1 July

No to 30 June

## Credit sales (hire purchases) and regular costs

**Q62 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 (disability)
- childcare costs (disability).

### 62. 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.**

# Temporary Additional Support Application

## Personal safety and special family circumstances

**Q63 note:** Telephone costs for personal safety or security need to be verified by either the Police, court orders, Women's Refuge, previous history held by Work and Income, Child Youth and Family, or any other relevant organisation.

 You will need to provide proof of your circumstances and your telephone rental costs (excluding toll or call charges and mobile phones) if we do not have these details already.

63. Do you and/or your partner need a telephone for safety or security reasons, or because of special family circumstances?

No  Yes ▶ Please provide details below:

Details of circumstances


Amount \$

How often (weekly, fortnightly etc)?

## Necessary and reasonable steps

**Q64 note:** Temporary Additional Support is last resort financial assistance. You and your partner must take all necessary steps to get other assistance towards costs and take reasonable steps to increase income and reduce costs where possible.

64. Please indicate what steps you and/or your partner have taken to get other assistance, reduce costs or increase income:


We will talk to you about what other steps you might be able to take.





# Overseas Residence Details

## Periods of overseas residence

**Q65 note:** Periods of overseas residence may affect entitlement to some benefits.

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

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

### 65. 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)
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

## Overseas pensions and benefits

### 66. 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

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

- 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	Pension 3	Pension 4
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 four payments, please attach a separate sheet showing the details.



Please read this statement carefully and sign.

**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, entering 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, change in accommodation costs)
- 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 benefit entitlement or rate.

I understand that if I have made an application for Temporary Additional Support, my partner and I must take all necessary steps to get other assistance towards costs and take reasonable steps to increase my income and reduce costs where possible.

I have completed all the questions or they have been completed for me in the following applications:

Accommodation Supplement       Disability Allowance       Temporary Additional Support

The information I have given is true and complete. The conditions for receiving this assistance have been explained to me and I understand these conditions.

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

Name (print)

Client's signature

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

## OFFICE USE ONLY

### Statement by Interviewing / Interpreting Officer

I have explained the conditions for receiving a benefit 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.

Name (print)

Interviewer's signature

Day	Month	Year

### Additional information:


### Decision


Processor's signature

Day	Month	Year

Authenticator's signature

Day	Month	Year

10%      100%      Critical data

--	--	--

Checker's signature

Day	Month	Year

Bring up

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