

# Disability Allowance Application



**Work and Income**  
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

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

## 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.

## Please read this before you start

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:

#### 3. Are you:

Male  Female  Gender diverse

**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

### Address

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

- RAPID number
- fire number
- emergency services number.

#### 6. Where do you live?

Flat/house no. Street name

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Suburb

City

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**Q7 note:** Mailing address includes:

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

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

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

#### 8. How can we contact you?

Work phone

Home phone

Mobile phone

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Email



## Partner

**Q9 note:** A partner is your spouse, your civil union partner, or a person with whom you have a de facto relationship.

### 9. Do you have a partner?

No ▶ Are you:
  Single
  Living apart/ separated
  Divorced  
 Widowed
  Civil union dissolved  
 Yes ▶ Are you:
  Married
  In a civil union
  In a relationship

### 10. What is your partner's name?

### 11. What is your partner's date of birth?

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

## Income

**Q12 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.

### 12. Did you or your partner (if you have one) get income from any other source in the last 52 weeks?

No
  Yes ▶ Please provide details below:

Source (eg bank account number)	You	Your partner	Jointly
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

### 13. Do you or your partner (if you have one) expect to get other income in the next 52 weeks?

No
  Yes ▶ Please provide details below:

Source (eg bank account number)	You	Your partner	Jointly
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

## Disability Allowance

**Q14 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.

### 14. Who are you applying for?

Yourself ▶ Go to Question 15
  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

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

No
  Yes ▶ Please provide details below:

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

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

## Expenses

**Q17 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.

### 17. 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 ✓)
	\$		
	\$		
	\$		
	\$		
	\$		



## 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
- 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.

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.

Client's name (print)

Client's signature

Day	Month	Year

Partner's name (print)

Partners signature

Day	Month	Year



## Privacy Statement

The Ministry of Social Development includes Work and Income, MSD Housing Assessment, Senior Services, StudyLink and other service lines. The legislation administered by the Ministry of Social Development allows us to check the information that you give us. This may happen when you apply for assistance and at any time after that. The Privacy Act 1993 requires us to tell you why we collect the information and what we will do with it.

### Why we collect information

The information you give us is collected under the authority of the legislation administered by the Ministry of Social Development and 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:

- granting benefits and other assistance under the Social Security Act 2018
- delivering superannuation services under the New Zealand Superannuation and Retirement Income Act 2001
- delivering assistance under the Veterans' Support Act 2014
- providing services under the Residential Care and Disability Support Services Act 2018
- statistical and research purposes
- providing advice to Government
- providing support and services for you and your family
- providing education related services
- care and protection needs of children
- assessing eligibility for social housing and calculating income-related rents under the Housing Restructuring and Tenancy Matters Act 1992
- assessing whether you and/or your partner may be entitled to an overseas pension, benefit or allowance.

You are not required to give the Ministry of Social Development information, but if you do not give us all the information we ask for, your application for benefits or pensions and other assistance may be declined.

### We may contact health practitioners

The Ministry of Social Development may contact health practitioners to check any health related information you give us.

### We may use information for public housing

Information you give us when you apply for assistance, and at any time after that, may also be used for public housing purposes under the Housing Restructuring and Tenancy Matters Act 1992, including reviewing your eligibility for social housing or your income-related rent. Public housing is subsidised housing available to people in the greatest need of housing for the duration of their need. It is provided by Housing New Zealand and approved community housing providers.

### We may compare the information you give us with information held by other agencies

The information you give us may be compared with information held by other agencies such as Inland Revenue, the Ministry of Justice, Department of Corrections, New Zealand Customs Service, Department of Internal Affairs, 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, Malta and the Netherlands).

### We may share information with Inland Revenue

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 Ministry of Business, Innovation, and Employment, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
- disclose your personal information to your partner.

### We may give information to service providers, employers, public housing providers and childcare providers

The Ministry of Social Development may:

- give employers information about you if you use our employment services
- share information with childcare centres to administer your entitlement to childcare assistance
- give information about you to the Tertiary Education Commission, Workbridge, training providers, career services or other agencies that have a formal agreement to provide services on behalf of the Ministry of Social Development, if you use our employment services
- share information about you with public housing providers (such as Housing New Zealand) to administer your housing-related assistance.

### We may use your information to give you a better service

Other information that you give us that is not required to assess your entitlement may be used to provide a better service to you.

### You have the right to see and correct your information

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.





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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 at least 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 go to [workandincome.govt.nz](http://workandincome.govt.nz) and search on Disability Allowance.

## Name

### 1. What is the client's name:

First name(s)

Surname or family name

## Disability details

### 2. 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

### 3. 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)

#### 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)

continued overleaf...



**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)

**4. 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, specialist or nurse practitioner visits**

**5. Please list the type, cost and how often visits to doctors, specialists or nurse practitioners are necessary because of the stated disability:**

Type of consultation	Cost	How often (eg daily, weekly, monthly)?	Health practitioner's initials
	\$		
	\$		
	\$		

**Items, services, treatments, pharmaceuticals**

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

Item / service / treatment / pharmaceutical	Health practitioner's initials

**Health practitioner's verification**

**Please print your details below.**

HPI number

Health practitioner's full name

Practice name and address

Telephone number

Medical Practitioner's signature

Day    Month    Year

This information is requested under Section 298 of the Social Security Act 2018.

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



# Emergency Benefit Interview form



MINISTRY OF SOCIAL DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

You must complete this form for people who have applied for a main benefit – but instead may qualify for an Emergency Benefit.

You **don't** need to complete this form when the client is applying because they're:

- a seasonal worker
- serving a sentence of imprisonment in a psychiatric hospital or
- a spouse/partner of a client who has entered long-term residential care.

Once you've completed the form you must scan it and link it to the application client event note.

## Client's details

Client number

1

What is the person's name?

First and middle names

Surname or family name

2

What date was the person born?

Day

Month

Year

## Residency details

3

Is the person a New Zealand citizen or do they have permanent residence?

No



Do they have a current temporary permit to be lawfully in New Zealand?

No

Yes

Yes



How long has the client lived in New Zealand?

Months

Years

## Existing benefit information

4

Does the person already get an Emergency Benefit?

No

Go to question 6

Yes

5

What was the reason the Emergency Benefit was granted?



## Hardship

6

Has the client said they're in hardship?

No

Yes

↓ Write down the client's reason for this.

**HOW TO ANSWER Q7:**

Some examples could include working, being sponsored by a family member, living off savings.

7

How did the client intend to support themselves after they arrived in New Zealand?

8

What has changed that means they can't support themselves or be supported this way now?

**HOW TO ANSWER Q8:**

The answer should tell us **what's changed** from the original intention.

9

Could we reasonably expect the person to support themselves and their dependent family now?

No

Yes

↓ Please give reasons for your answer.

## Barriers to working

10

Are there any specific barriers preventing the person from *working* to support themselves and their family?

No

Yes

↓ What are the barriers?



11

Can these barriers be addressed?

No

Why not?

Yes

What could be done to address the barriers?

[Text input box]

Options

12

What has the person done to try to support themselves and their family?

[Text input box]

INFORMATION FOR Q13:

There may be help available from agencies other than the Ministry of Social Development.

13

Is there any other help that could improve their situation?

No

Why not?

[Text input box]

Yes

What help could they receive?

- Main benefit
- Extra help
- One-off assistance
- Other (for example help from other agencies)

Please describe below

[Text input box]

Analogous benefit

An analogous benefit is the benefit that **best fits** the person's circumstances and reasons for not being able to work.

14

Based on the questions and responses above, is the person still eligible for Emergency Benefit?

No

Go to the signature panel

Yes

15

What is the analogous benefit for the person?

[Text input box]



16

What rate will it be granted at?

\$

17

What obligations will the client have?

18

In SWIFTT, what 'reason for emergency service' will be used?

19

What date will the person be eligible for a statutory benefit?

Day Month Year

20

Have you entered the Expiry Date in SWIFTT?

Yes

Case manager's name (print)

Case manager's signature

Date

Day Month Year

**Next Steps:**

- Check you've entered an Expiry Date in SWIFTT.
- Scan this form.
- Save and link this form to the application client event note.



# Emergency Housing Special Needs Grant form



MINISTRY OF SOCIAL  
DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

If you have nowhere to stay tonight or in the next seven nights, and have no other adequate housing options, we may be able to help with the cost of emergency housing, such as a motel or hostel.

If you've been in emergency housing more than seven nights, you'll need to pay 25% of your income towards your accommodation costs.

This also applies to your partner, if you have one.

## What you need to do

### INFORMATION:

A security deposit is generally equal to a maximum of seven nights' accommodation costs. It's for any loss or damage and you may need to pay us back.

There are some things you need to do if you're in or need emergency accommodation.

### Follow the rules of stay set by the accommodation provider.

- Your emergency housing grant only covers the cost of your accommodation and any security deposit required. You are responsible for other charges such as phone, internet, laundry, car parking, meals, mini-bar and storage. You must pay these directly to the accommodation provider.
- You need to check out at the end of your stay. Any refund will be paid back to MSD by the accommodation provider.
- If you have to leave the accommodation because you've broken the rules of stay, you may not get further payments for emergency housing.
- You need to pay the accommodation provider the cost of any damage or loss caused by you or anyone with you. This may be covered by the security deposit. If you don't agree, you need to sort this out with the accommodation provider, not MSD.

### After the first seven nights, you need to pay some of the costs of your accommodation.

- The amount you need to pay will be 25% of your and your partner's (if you have one) income, or the appropriate Jobseeker Support rate – whichever is the higher amount. If your income changes you need to tell us so we can change the amount you need to pay.
- If you get a benefit or other regular payments from us, we'll deduct the 25% from your payments unless there are special circumstances.
- If you don't get regular payments from us you need to organise payments from your bank account or wages.

### You need to make a reasonable effort to find another longer-term place to live.

We'll talk with you about finding other housing. You'll need to:

- work with us to see if you qualify for public housing or other kinds of housing-related support
- go to appointments
- accept offers of housing that are adequate for your needs
- take other reasonable steps you've talked about with us.

**If you don't do these things, or you turn down offers of adequate housing for no good reason, you may not get further payments for emergency housing, or you may need to pay them back.**



# Emergency Housing Special Needs Grant form



MINISTRY OF SOCIAL  
DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

If you have nowhere to stay tonight or in the next seven nights, and have no other adequate housing options, we may be able to help with the cost of emergency housing, such as a motel or hostel.

If you've been in emergency housing more than seven nights, you'll need to pay 25% of your income towards your accommodation costs.

This also applies to your partner, if you have one.

## Tell us about yourself

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 or SuperGold Card if you have one.

Client number

□	□	□	□	□	□	□	□	□	□
---	---	---	---	---	---	---	---	---	---

### Tell us about you

1

#### What is your full name?

First and middle names

Surname or family name

2

#### What date were you born?

□	□	□	□	□	□	□	□
---	---	---	---	---	---	---	---

Day      Month      Year

#### HOW TO ANSWER Q3:

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

3

#### What is your mailing address?

#### HOW TO ANSWER Q4:

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

4

#### How else can we contact you?

Tick the best way for us to first contact you

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



## Tell us about where you've been living

5

What type of accommodation are you and your family currently in?

--

### HOW TO ANSWER Q5:

Some examples are:

- staying with family or friends
- living in a car.

6

Where have you and your family been living in the last three months?

Address you've stayed

Type of accommodation

Address you've stayed	Type of accommodation

### ATTACHMENT FOR Q7:

You may need to provide proof of why you can't stay there.

7

What has led to your current housing situation?

- Tenancy ended       Evicted       Asked to leave
- Damage to the accommodation (such as fire, flood, etc)
- Other      **↓ Please tell us the reason**

--

## Finding other accommodation

8

What is making it difficult for you to find suitable accommodation?

Tick all that apply and provide more details.

Credit history      **→ What is your total debt**

\$

Tenancy Tribunal rulings against you

Criminal history – I may not pass a Police check

Police or Court bail conditions      **↓ What are your conditions?**

--

There are more reasons on page 4 ...



Prison release or Court Sentence **↓ What are your conditions?**

**↓ Who is your probation officer?**

Name	
Phone	(     )
Email	

Other safety concerns (eg family violence)

Health condition or disability (such as accessibility, mental health, addictions)

**↓ Please provide details**

Gang affiliations **↓ Which gang are you affiliated with?**

Pets **↓ Please tell us the type of animal and breed**

Cost of housing – affordability

Other **↓ Please provide details**

**9 What have you done to find suitable accommodation?**

**10 How many people do you need housing for?**

**11 What agencies are you or your family working with?**

**ⓘ INFORMATION FOR PETS:**  
Depending on the availability of houses, pets may not be able to be accommodated.

RELEASED UNDER THE OFFICIAL INFORMATION ACT



# Signature

I understand and agree to my responsibilities outlined on page 1, while I'm in emergency housing. This includes that I may be required to pay a security deposit if there is damage or loss caused during my stay.

If I don't meet my responsibilities I may not get any more payments for emergency housing, or I may have to pay the money back.

I understand that MSD may arrange to pay my emergency housing contribution directly from my benefit.

I consent to the Ministry of Social Development sharing my information with emergency housing suppliers to support me for the time I'm staying with them.

I understand what you do with my personal information and how you protect my privacy.

The information I have given you is true and complete.

Applicant's name (print)

Applicant's signature

Date

Day	Month	Year

Applicant's partner's name (print)

Applicant's partner's signature

Date

Day	Month	Year

RELEASED UNDER THE  
OFFICIAL INFORMATION ACT





# How we protect your privacy



MINISTRY OF SOCIAL  
DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

## Collecting your information

**We collect your personal information, so we can provide income support, NZ Super or Veteran's Pension, Student Allowance, or Loans and connect you with employment, education and housing services. We do this under various Acts, which are all listed on our website at [workandincome.govt.nz/privacy](https://workandincome.govt.nz/privacy)**

- To help us do this, we collect information about your identity, your relevant history, and your eligibility for our services.
- We get this information directly from you, and we sometimes collect information about you from others, including other government agencies.
- You can choose not to give us your personal information, but we might not be able to help you if you don't.

## Using your information

**We use the information you give us to make decisions about the best way to help you.**

- These decisions may be about:
  - whether you're eligible for our services
  - running our operations and ensuring our services are effective
  - the services we'll provide in the future.

## Sharing your information

**Sometimes, we need to share your information outside our Ministry to reach our goal of helping New Zealanders to be safe, strong, and independent.**

- To do this, we may share your information with:
  - prospective employers to help you find work
  - contracted service providers that help us to help you
  - health providers if we need your medical information to assess your eligibility
  - other government agencies when we have an agreement with them
  - some other governments if you may be eligible to get or are getting an overseas pension.
- We also share personal information when the law says we have to.

## Respecting you and your information

**We make sure we follow the Privacy Act to do what's right when we use your information.**

- We treat you and your information with respect, by acting responsibly and being ethical.
- We make sure any technology we use meets strict security standards so it keeps your information safe.

## Get in touch if you have a question

**You have a right to ask to see your personal information, and to ask for it to be corrected if it's wrong.**

- If you have a question or a complaint, please get in touch.
- You can find full details about what we do with personal information in our privacy notice at:  
**[workandincome.govt.nz/privacy](https://workandincome.govt.nz/privacy)**



# Extra Help application



MINISTRY OF SOCIAL  
DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

If you're finding it tough to meet everyday expenses and you don't already get payments from us, you may be able to get extra help. This form contains applications for three types of assistance. Your income and/or assets need to be under certain limits for each type of help you can get and there are some other conditions.

## Types of Extra Help

### Accommodation Supplement

This can help with rent, board or the cost of owning a home.

If you and/or your partner are tenants living in a community housing property, you won't be able to get it. Community housing properties are provided by Kāinga Ora and approved community housing providers.

### Health and Disability Costs

If you or a family member have a health condition or disability likely to continue for at least six months, you may be able to get extra help for your costs. We call this a Disability Allowance.

We may be able to help with costs such as visits to the doctor, medicines, household costs, some travel costs and many other things.

Your doctor or specialist will need to complete the Disability Certificate in the form.

### Temporary Additional Support

This helps when you have essential living costs you have no other way to pay for. You also need to be doing what you can to reduce your costs or increase your income.

## What you need to do next

You and your partner (if you have one) will need to:

1. Complete this application form.
2. If you're applying for help with health and disability costs, a health practitioner needs to fill out the Disability Allowance medical certificate in the application.
3. Collect the documents you need to show us. There's a checklist over the page to help you.
4. Bring this application form and the documents when you meet with us. If you don't already have a meeting arranged, contact us on **0800 559 009** so we can set one up for you.

### You must give us all the information we need.

If you don't have all the information we need, talk with us and we may be able to help.

**If we find out later that any information you give us is not true, or that you knew information you should have told us and did not tell us, we may stop paying your benefit. You might need to pay money back. In some cases you could even be prosecuted.**



# Our commitment to YOU



We will get to know you, your situation and your needs

Ka mohio  
ki a koe

know  
you

We will make sure you understand everything you need to know



We will use your feedback to improve our service

We will respect your privacy and be clear about how we use your information and who we share it with



We will let you know everything you may be eligible for

Ka tautoko  
i a koe

support  
you

We will help you however we can, as soon as we can



The information we give you will be accessible and consistent no matter how you contact us

We will be honest about our mistakes and put them right



We will respect you and what is important to you

Ka mahi  
tahi ki a koe

with  
you

We will work together to achieve shared goals



We will let you know your options, rights and obligations

Our actions will follow our words



How did **wedo?**

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# Extra Help checklist



Once you have filled out the application form, use this checklist to tick off all the documents you need for your meeting with us.

Talk to us if you do not have any of the documents, have given them to us recently or if there might be a delay in getting them.

## What you need to bring

**INFORMATION NOTE:**  
Documents need to be originals, or copies of documents that have been certified as a **true copy** by a Solicitor/Lawyer, Notary Public, Registrar of the Court or Justice of the Peace.

Proof of who you are:	For you	For your partner (if you have one)
<b>If you were born in New Zealand</b> , 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"/>
<b>If you were born overseas</b> , 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"/>
<b>If your name has changed</b> , bring your marriage certificate, deed poll, or other proof of the name change.	<input type="checkbox"/>	<input type="checkbox"/>
<b>All people applying</b> need to bring <b>two</b> 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"/>
Proof of your bank account details, such as a bank statement or deposit slip.	<input type="checkbox"/>	<input type="checkbox"/>

**One of the documents above must be at least two years old.**

**There are more things you need to bring in the table over the page.**



## Applicant and partner forms

### Depending on answers in the applicant form (pages 5 to 14) and partner form (pages 25 to 31), you may need to bring:

	For you	For your partner (if you have one)
Proof of your assets and their value.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of payments, if you receive a benefit, allowance or pension from overseas.	<input type="checkbox"/>	<input type="checkbox"/>
Full birth certificates for each dependent child in your care.	<input type="checkbox"/>	<input type="checkbox"/>
Your marriage or civil union certificate, for a current relationship.	<input type="checkbox"/>	<input type="checkbox"/>
Your business accounts, if you have your own business.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of any before-tax income for the 52 weeks before the application (for example, wages, holiday pay and any other income) and details of your income for the last 26 weeks.	<input type="checkbox"/>	<input type="checkbox"/>
Trust documents, if you're involved in a trust (for example, trust deed, deed of debt, gift statements, accounts).	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Extra help forms

### Depending on your answers on pages 15 to 24, you may need to bring:

	For you
If you're applying for an <b>Accommodation Supplement</b> :	
• proof of accommodation costs	<input type="checkbox"/>
• proof of your assets and their value.	<input type="checkbox"/>
If you're applying for help with <b>Health and Disability Costs</b> :	
• proof of health-related costs	<input type="checkbox"/>
• a Disability Allowance medical certificate for each person you apply for.	<input type="checkbox"/>
If you're applying for <b>Temporary Additional Support</b> :	
• proof of any essential ongoing costs	<input type="checkbox"/>
• proof of accommodation costs	<input type="checkbox"/>
• proof of your rates rebate if you get one	<input type="checkbox"/>
• proof of your assets and their value.	<input type="checkbox"/>

# Extra Help applicant's form



MINISTRY OF SOCIAL  
DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

In the applicant form, 'you', 'your', and 'yourself' means the person applying for Extra Help.  
If we say 'your partner' this only applies to you if you have one.

## Tell us about yourself

If you have 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 or SuperGold Card if you have one.

Client number

### Tell us the names you have been known by

1

#### What is your full name?

Mr  Mrs  Ms  Miss Other

First and middle names

Surname or family name

2

#### Is the name on your birth certificate the same as above?

No  Yes

First and middle names

Surname or family name

3

#### Have you ever been known by any other name?

No  Yes

1.

2.

4

#### What name would you like us to call you?

The name I wrote in Question 1  The name I wrote in Question 2

**ATTACHMENT FOR Q1:**  
Bring proof of your identity. What you need to bring is explained on pages 3 and 4.

**HOW TO ANSWER Q3:**  
For example, have you had married names, English names, changes by deed poll, or aliases?

**ATTACHMENT FOR Q3:**  
Bring your marriage certificate, deed poll, or other proof of any name change.





## Tell us your ethnicity

13

Tick the group(s) you most identify with.

**E** INFORMATION FOR Q13:  
We collect this information for statistics we use in research and future development work.

Māori → Which tribe(s) or iwi?

New Zealand European    Niuean    Samoan    Indian

Other European    Tolelauan    Tongan    Chinese

Cook Island Māori    Other ↓ Please write below  Don't want to answer

## Tell us about your residence status

14

Do you usually live in New Zealand?

No    Yes

15

What best describes your residence status in New Zealand? Tick only one box.

**H** HOW TO ANSWER Q14:  
This means you consider New Zealand your home, you're a legal resident, you usually live here and you intend to stay.

New Zealand citizen by birth → Go to question 18

Granted New Zealand citizenship → Date citizenship granted     
Day   Month   Year

→ Go to question 16

Granted permanent residency → Date permanent residence granted     
Day   Month   Year

→ Go to question 16

Other ↓ What is your residence status?

16

When did you arrive in New Zealand?

Day   Month   Year

17

What country were you born in?



**Tell us if you have lived or worked overseas**

18

**Have you ever lived or worked in any countries outside of New Zealand?**

No **Go to question 21**  Yes **↓ Please provide details below**

Name of country	Date you entered this country	Date you left this country	Reason for being in this country

**INFORMATION FOR Q18:**  
 Periods of overseas residence may:

- affect entitlement to some benefits
- mean you're eligible for an overseas benefit or pension.
- For more information, phone **0800 777 227**.

**HOW TO ANSWER Q18:**  
 Your reason for being in a country may be that you were there for a working holiday, you were living there, you were born there.

19

**Do you receive or qualify for a social security benefit, pension or allowance from overseas?**

No **Go to question 21**

Yes **↓ Tick the box 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 **↓ Please provide details below**

**ATTACHMENT FOR Q20:**  
 You'll need to show us proof of these payments, such as a pension certificate.

20

**If you ticked 'yes' for question 19, please give details of the payments you get.**

	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?		

**Tell us if you're studying**

21

**Are you a full-time student?**

No  Yes

# Tell us about the people in your household

## Tell us about your dependent children

22

### Do you have dependent children in your care?

 No

**Go to next page**

 Yes

**Please provide details below**

#### HOW TO ANSWER Q22:

Please give the names of children you support financially and who live with you as a member of your family, including:

- your own children
- adopted children
- stepchildren
- children at boarding school
- grandchildren / mokopuna.

The child's name should be the same as on the child's birth certificate.

Tell us the names of all parents of each child.

#### ATTACHMENT FOR Q22:

Bring the birth certificate for each dependent child.

#### Child 1

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

#### Child 2

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

#### Child 3

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

#### Child 4

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

If you need to include more than four children in your application, please write these details about each one on a separate sheet of paper, and bring them with this application form.



## Tell us about your relationship status

### HOW TO ANSWER Q23:

Tick this statement to confirm you understand the definition of a relationship for benefit purposes.

If you don't understand what we mean by a relationship please leave this blank until you talk with us. In the meantime, go to question 28.

### ATTACHMENT FOR Q27:

Bring your marriage or civil union certificate for your current relationship.

## Definition of a relationship for benefit purposes

Whether people are single or a couple affects eligibility for certain income assistance and the rate at which we can pay that assistance.

When we work out your entitlement to income assistance, we'll consider you to be in a relationship if you're married, in a civil union, or in a de facto relationship, and have a degree of companionship.

By degree of companionship, we mean two people:

- are committed to each other emotionally for the foreseeable future and
- are financially interdependent on each other.

To give you a better idea of what we mean by this, think about whether your relationship includes some of the things below:

- you live together at the same address most of the time
- you share responsibilities, for example bringing up children (if any)
- you socialise and holiday together
- you share money, bank accounts or credit cards
- you share household bills
- you have a sexual relationship
- people think of you as a couple
- you give each other emotional support and companionship.

23

### Do you understand our definition of a relationship?

I understand the definition of a relationship for benefit purposes

24

### Do you have a partner?

No

[Go to question 28](#)

Yes

Your partner needs to complete the Partner form on page 25

25

### What is your partner's full name?

26

### What date was your partner born?

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

27

### What is your relationship status with your partner?



Please tick one of the following boxes

Married

In a civil union

In a relationship

# Tell us about your work in the last 52 weeks

By 'work' we mean any employment for which you get paid or get other advantages for, such as free or subsidised board, payments in kind, or drawings from a business.

## Tell us about your current work

**HOW TO ANSWER Q29:**  
By full-time, we mean you generally work at least 30 hours a week.  
By part-time, we mean you generally work at least 15 hours a week.  
If you have more than one job please record details of your other employers on a separate sheet of paper.  
For each job include the information asked for in questions 29, 30 and 31

**HOW TO ANSWER Q31:**  
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).

### 28 Are you working?

No  **Go to question 32**  Yes

### 29 What type of work do you do?

Full-time  Part-time  Casual  
 Seasonal  Self-employed  Voluntary

### 30 Who are you working for?

Employer's name

Employer's contact details

Address		
Phone number	Fax ( )	
Email		

### 31 How much are you paid each week?

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



# Tell us about your income and assets

## Tell us about income in the last 52 weeks?

32

Did you get income from any of the following sources in the last 52 weeks?

↓ Tick one box in each line below

- Wages or salary  No  Yes
- Termination pay  No  Yes
- Redundancy pay  No  Yes
- Accident compensation (eg ACC)  No  Yes
- Income insurance (replacement/protection)  No  Yes  Jointly with partner
- Farm or business income  No  Yes  Jointly with partner
- Payments from self employment or contract work  No  Yes  Jointly with partner
- Interest from savings, investments, or bonds  No  Yes  Jointly with partner
- Dividends from shares, unit trusts, or managed funds  No  Yes  Jointly with partner
- Income from rents  No  Yes  Jointly with partner
- Payments from boarders or flatmates  No  Yes  Jointly with partner
- Child Support payments  No  Yes
- Other income for a child  No  Yes
- Maintenance payments  No  Yes
- Payments from a former partner  No  Yes
- Student Allowance, scholarship, or Student Loan living cost payments  No  Yes
- Overseas pension, benefit or allowance payments  No  Yes
- Other superannuation or retirement scheme income (government or private)  No  Yes
- Income from an estate, if you've inherited money  No  Yes  Jointly with partner
- Income from trusts  No  Yes  Jointly with partner
- Other  No  Yes  Jointly with partner

**ATTACHMENT FOR Q32:**  
Bring a copy of your business accounts.

**INFORMATION FOR Q32:**  
In this application form, 'partner' means the person you're married to or in a civil union or relationship with, not a business partner.

33

Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 32?

No  Yes

↓ Tell us the total before-tax amounts, for the last 52 weeks

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

**HOW TO ANSWER Q34:**

Other types of payment include advantages such as free or subsidised goods and services (for example, free food, subsidised accommodation).

**34**

**Did you get other types of payment apart from money in the last 52 weeks?**

No  Yes

↓ Please tell us about the type of payment and its value

Type of payment	Where did it come from?	Its value
		\$
		\$
		\$

**HOW TO ANSWER Q35:**

How often do you expect the payment, such as weekly, fortnightly, monthly, one-off.

The types of income you need to include here are listed on page 12.

**35**

**Do you expect to get income or other payments in the next 52 weeks?**

No  Yes

↓ Please write the details below. Tell us the before-tax amounts

Where will the payment come from?	Payment made to? You	Jointly with partner	How often do you expect the payment?
	\$	\$	
	\$	\$	
	\$	\$	

**Are you involved with a trust?**

**36**

**Are you involved in a trust, or have you ever been involved in a trust?**

'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 sold or gifted 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

↓ Please write the name of the trust

Empty text box for writing the name of the trust.

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**Tell us about your assets**

**37**

**Do you or your partner have any of the following cash assets?**

- Money in bank or other savings  No  Yes
- Bonds, shares, debentures or stocks  No  Yes
- Money lent to other people or organisations  No  Yes
- Other cash assets  No  Yes

**38**

**If you answered 'yes' to any of the assets listed above, please write the details below.**

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

**HOW TO ANSWER Q39:**

Examples of property you do not live in include, land, holiday homes, bach/crib, investment properties.

**39**

**Do you or your partner have any of the following non-cash assets?**

- Property you don't live in  No  Yes
- Boat, caravan or motorhome  No  Yes
- Other  No  Yes

**40**

**If you answered 'yes' to any of the non-cash assets listed above, please write the details below.**

Type of asset	How much is it worth?	How much do you owe on it?
	\$	\$
	\$	\$
	\$	\$