

# Tell us about your education and training

## Tell us about your study and training

64

Have you finished full-time study or training in the last 28 days?

 No

[Go to question 66](#)

 Yes

65

When did you stop attending?

Day	Month	Year

**ⓘ INFORMATION FOR Q66:**

This is an approved full-time work-related course that runs for 12 weeks or less.

66

Are you enrolled in a work training course Work and Income has referred you to?

 No Yes

[Go to question 68](#)

**🗉 HOW TO ANSWER Q67:**

If you're unsure whether your course meets the full-time criteria, check with your education provider.

67

Are you enrolled in full-time study at a school, university, Wānanga, or private training establishment?

 No

[Go to question 68](#)

 Yes

If you're a full-time student you won't qualify for Jobseeker Support. You may qualify for assistance from Studylink. Please visit [studylink.govt.nz](http://studylink.govt.nz)

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# Tell us about your work in the last 52 weeks

By 'work' we mean any employment 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

68

Have you worked in the last 52 weeks?

No Go to question 81  Yes

69

Are you working?

No Go to question 74  Yes

70

What type of work do you do?

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

71

Are you a sole parent and pay for childcare while you're working?

No       Yes      ↓ Please tell us how much you pay  
 \$        Weekly       Fortnightly       Monthly

72

Who are you working for?

Employer's name

Employer's contact details

Address	<input type="text"/>	
Phone number	( ) ( )	Fax ( ) ( )
Email	<input type="text"/>	

73

How much are you paid each week?

	Type of payment (include goods or services)	Amount before tax	Amount after tax
1.	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2.	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
3.	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
4.	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

**HOW TO ANSWER Q70:**  
By full-time, we mean you generally work at least 30 hours a week.

**INFORMATION FOR Q70:**  
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 70, 72 and 73.

**HOW TO ANSWER Q73:**  
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).

**Tell us about any work during the last 52 weeks that has finished**

74

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

No **Go to question 81**  Yes

75

**Who did you last work for?**

Employer's name

Employer's contact details

Address	<input type="text"/>	
Phone number	( ) ( )	Fax ( ) ( )
Email	<input type="text"/>	

**HOW TO ANSWER Q75:**

If you've had more than one job end in the last 52 weeks please record details of all other employers on a separate sheet of paper.

For each job include the employer's:

- name
- address
- phone number
- email and fax
- the job's start and end dates.

76

**How long did you work there?**

Date you started work    Date of last day at work

Day Month Year Day Month Year

77

**Why did this work end?**

**HOW TO ANSWER Q78:**

Holiday pay includes long-service leave payments, and termination pay includes payments in lieu of notice.

78

**Did you get any of the following payments when you left?**

No **Go to question 80**

Yes **↓ Please tick the box and write in the before-tax amount**

<input type="checkbox"/> Sick pay	\$ <input type="text"/>
<input type="checkbox"/> Holiday pay	\$ <input type="text"/>
<input type="checkbox"/> Termination pay	\$ <input type="text"/>
<input type="checkbox"/> Redundancy pay	\$ <input type="text"/>
<input type="checkbox"/> Other	\$ <input type="text"/>

**↓ Please tell us what for**

**HOW TO ANSWER Q79:**

Don't include any of the payments you got in Q78.

79

**How much was your pay for the four weeks before you left?**

	Before tax	After tax
1.	\$ <input type="text"/>	\$ <input type="text"/>
2.	\$ <input type="text"/>	\$ <input type="text"/>
3.	\$ <input type="text"/>	\$ <input type="text"/>
4.	\$ <input type="text"/>	\$ <input type="text"/>

**INFORMATION FOR Q80:**

Paid Parental Leave is paid to eligible parents to care for their newborn or newly adopted child. It's paid by Inland Revenue.

You may get Best Start tax credits when the Paid Parental Leave ends.

80

**Have you applied, or will you apply, for Paid Parental Leave?**

No **Go to question 81**  Yes **↓ Please write the details below**

Which child is it for?

How much is it each week? \$

What date will it end?

Day Month Year

# Tell us about your income and assets

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

81

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

- 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 Q81:**  
Bring a copy of your business accounts.

**INFORMATION FOR Q81:**  
In this application form, 'partner' means the person you're married to or in a civil union or relationship with, not a business partner.

82

### Did you answer 'Yes' or 'Jointly with partner' to any of the sources of income listed in question 81?

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
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

**ATTACHMENT FOR Q82:**  
You need to show us proof of income you've received in the last 52 weeks and details of your income for the last 26 weeks.

**HOW TO ANSWER Q83:**

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

**83**

**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 Q84:**

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 18.

**84**

**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?		How often do you expect the payment?
	You	Jointly with partner	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

**Are you involved in a trust?**

**85**

**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 transferred assets to a trust
- you make decisions about managing a trust
- you benefit from a trust, for example, by receiving income such as trust distributions.

No  Yes

↓ Please write the name of the trust

Name of trust

[Empty text box for name of trust]

**ATTACHMENT FOR Q85:**

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

**Tell us about your assets**

**86**

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

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

**87**

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

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

**88**

**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

**89**

**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?
	\$	\$
	\$	\$
	\$	\$

**ATTACHMENT FOR Q86:**  
You may be asked to provide proof of your assets and their value.

**HOW TO ANSWER Q88:**  
Examples of property you don't live in include, land, holiday homes, bach/crib, investment properties.

**ATTACHMENT FOR Q89:**  
You may be asked to provide proof of these details.

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# Extra help form: Accommodation Supplement

The Accommodation Supplement helps with rent, board, or home ownership costs.

**Tell us if you want to apply**

90

**Do you want to apply for the Accommodation Supplement?**

No

**Go to question 106**

Yes

If you answered 'yes' you'll need to provide proof of your assets and their value (page 20)

**Tell us who you live with**

91

**Do you live alone?**

No



**Please write below the names of the others you live with**

Yes

First name

Surname or family name

Relationship to you

First name	Surname or family name	Relationship to you

**Tell us about rental costs**

92

**Do you pay rent?**

No

**Go to question 98**

Yes

**INFORMATION FOR Q92:**

By rent we mean the amount you pay is for your accommodation only and doesn't include other costs such as food or electricity.

93

**Do you pay rent to Kāinga Ora (previously Housing New Zealand) or an approved community housing provider?**

No

Yes

**Go to question 106**

You won't be able to get Accommodation Supplement

94

**What is the total amount of rent paid each week for your home?**

\$

95

**How much of this total amount do you pay for you and your family?**

\$

**ATTACHMENT FOR Q95:**

You may need to show proof of what you pay for rent.

96

**Do you pay water rates separately from your rent?**

No

Yes



**Tell us how much you pay**

\$

How often?

**ATTACHMENT FOR Q96:**

You may need to show proof of what you pay for water rates.

97

**What is the name, address and telephone number of the person or organisation you pay rent to?**

**Go to question 106**

## Tell us about board costs

### INFORMATION FOR Q98:

By board we mean the amount you pay for your accommodation where it includes food costs and may also include other costs like electricity.

### HOW TO ANSWER Q98:

For example food, electricity, telephone.

### ATTACHMENT FOR Q99:

You may need to show proof of what you pay for board.

98

Do you pay board?

 No

Go to question 101

 Yes

List what costs your board includes

99

What is the total amount of board you pay for you and your family?

 \$

100

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

Go to question 106

## Tell us about home ownership costs

### HOW TO ANSWER Q102:

Only include mortgages you used to buy or alter your home. Include both interest and principal.

List any other mortgages such as a second mortgage or revolving mortgage.

Don't include contents insurance.

### ATTACHMENT FOR Q102:

You'll need to show proof of your home ownership costs.

### ATTACHMENT FOR Q103:

Bring receipts for any repair and maintenance costs.

### ATTACHMENT FOR Q105:

You'll need to show proof of your rates rebate.

101

Do you own the home you live in?

 No

Go to question 106

 Yes

102

What are your home ownership costs?

	Who do you pay?	How much do you pay?	How often do you make the payment (such as weekly, monthly or yearly)?
First mortgage		\$	
Other mortgage		\$	
House insurance		\$	
Mortgage insurance		\$	
Rates		\$	
Ground lease		\$	
Water rates		\$	
Body corporate fees		\$	

103

Did you have to pay for repairs and maintenance to your home in the last 12 months?

 No

 Yes

Please write the total amount

 \$

104

Do you have a mortgage from Housing New Zealand?

 No

 Yes

Please write your interest rate

 %

105

Have you received a rates rebate in the last 52 weeks?

 No

 Yes

Amount \$

Rating year 1 July

20

to 30 June

20



# Extra help form: Disability Allowance

The Disability Allowance helps with extra costs if you or a family member has a health condition, injury or disability lasting more than six months. The allowance can help with extra costs directly related to the health condition, injury or disability.

## Tell us about the person you're applying for 106

### Do you want to apply for the Disability Allowance?

No Go to question 111  Yes

If you ticked 'Yes' to question 106, you'll also need your doctor, specialist or nurse practitioner to fill out the Disability Allowance medical certificate on page 25. You need to complete one Disability Allowance application for each person you're applying for, so please ask us if you need more.

**ATTACHMENT FOR Q107:** 107  
You need to provide a Disability Allowance medical certificate for each person you apply for.

### Who in your family has health-related costs?

You  Your partner  Your dependent child

↓ Tell us the name of the children you're applying for

First name	Surname or family name

**INFORMATION FOR Q107:**  
You may be able to get a Child Disability Allowance for the same child. Please ask us.

## Tell us about any payments you get for these health needs 108

### Do you get payments from private medical insurance for any health-related needs?

No  Yes ↓ Please write the details below

What cost is covered	How much is paid?	Name of person the payment is for
	\$	
	\$	
	\$	

### 109 Is this health condition covered by ACC or War Disablement Pension?

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

## Describe your extra costs 110

### What extra health-related costs do you have?

**HOW TO ANSWER Q110:**  
Extra costs must be directly related to the health condition. Costs can include medical and prescription costs, medical alarms, lawn mowing, extra power or gas, transport and special equipment.

Type of cost	Cost	How often (such as weekly, monthly, yearly)	Name of person costs relate to
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

**ATTACHMENT FOR Q110:**  
You'll need to show proof of these costs.

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# Disability Allowance medical certificate



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Health practitioner to complete

The Disability Allowance is available for reimbursement of additional costs arising from a disability where the following criteria are 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 in the body of organisms capable of causing illness.

The information you provide below is covered by our Privacy Statement which lets clients know we may contact health providers to check the health-related information they give us.

For more information go to [workandincome.govt.nz](http://workandincome.govt.nz) and search on *Disability Allowance*.

## Client details

1

Client number

2

Client's name

First names

Surname

## Disability details

3

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

Yes

No

4

What is the nature of the person's disability?

*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)

*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
- 6 to 12 months
- 1 to 2 years
- 2 to 3 years
- Permanent (never reassess)

**There may be no entitlement to Disability Allowance**

**Verification of doctor, specialist or nurse practitioner visits**

6

**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**

7

**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 (  )

Health practitioner's signature

Date

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

# Extra help form: Temporary Additional Support

Temporary Additional Support helps with essential costs for a short time when you've tried everything you can think of, and still can't pay for them.

## Tell us if you want to apply 111

**Do you want to apply for Temporary Additional Support?**

No Go to page 31  Yes

If you answered 'Yes' you'll need to provide proof of your assets and their value (page 20)

## Tell us about any Working for Families tax credits you get 112

**Do you or your partner get any Working for Families tax credits from Inland Revenue?**

No tax credit   
  Family tax credit   
  Minimum family tax credit  
 Parental tax credit   
  In-work tax credit   
  Best Start tax credit

↓ Please write the details of any tax credits below

Type of tax credit	You	Your partner	How often? (For example, weekly, fortnightly)
	\$	\$	
	\$	\$	
	\$	\$	

## Tell us what essential work-related costs you need to pay to keep working 113

**Are you or your partner working?**

No Go to question 115  Yes

## i INFORMATION FOR Q114: 114

These are the only work-related essential costs that we may be able to help you with.

p **ATTACHMENT FOR Q114:**  
You'll need to show proof of these costs.

**Do you or your partner have any essential costs that you have to pay to keep working?**

No  Yes ↓ Please write the details below

Type of cost	How much?	How often? (For example, weekly, fortnightly)
Running costs for a vehicle you use to get to and from work	\$	
Repayment costs for a vehicle you use to get to and from work	\$	
Public transport to and from work	\$	
Telephone, if it is a condition of your work	\$	
Childcare	\$	

**Tell us how much it costs you for the place where you and your family live**

**INFORMATION FOR Q116:**

By rent we mean the amount you pay is for your accommodation only and doesn't include other costs such as food or electricity.

**ATTACHMENT FOR Q119:**

You'll need to show proof of what you pay for rent.

**ATTACHMENT FOR Q120:**

You'll need to show proof of what you pay for water rates.

**HOW TO ANSWER Q122:**

For example food, electricity, telephone.

**INFORMATION FOR Q122:**

By board we mean the amount you pay for your accommodation where it includes food costs and may also include other costs like electricity.

**ATTACHMENT FOR Q123:**

You'll need to show proof of what you pay for board.

115

Are you receiving, or are you applying for, an Accommodation Supplement?

No  Yes [Go to question 130](#)

116

Do you pay rent?

No [Go to question 122](#)  Yes

117

Do you pay rent to Kāinga Ora (previously Housing New Zealand) or an approved community housing provider?

No  Yes

118

What is the total amount of rent paid each week for your home?

\$

119

How much of this total amount do you pay for you and your family?

\$

120

Do you pay water rates separately from your rent?

No  Yes [Tell us how much you pay](#)

\$  How often

121

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

[Go to question 130](#)

122

Do you pay board?

No [Go to question 125](#)  Yes [List what costs your board includes](#)

123

What is the total amount of board you pay for you and your family?

\$

124

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

[Go to question 130](#)

125

Do you own the home you live in?

No

Go to question 130

Yes

## HOW TO ANSWER Q126:

Only include mortgages you used to buy or alter your home. Include both interest and principal.

List any other mortgages such as a second mortgage or revolving mortgage.

Don't include contents insurance.

## ATTACHMENT FOR Q126:

You'll need to show proof of your home ownership costs.

## ATTACHMENT FOR Q127:

Bring receipts for any repair and maintenance costs.

126

What are your home ownership costs?

	Who do you pay?	How much do you pay?	How often do you make the payment (such as weekly, monthly or yearly)?
First mortgage		\$	
Other mortgage		\$	
House insurance		\$	
Mortgage insurance		\$	
Rates		\$	
Ground lease		\$	
Water rates		\$	
Body corporate fees		\$	

127

Did you have to pay for repairs and maintenance to your home in the last 12 months?

No

Yes

→ Please write the total amount

\$

128

Do you have a mortgage from Housing New Zealand?

No

Yes

→ Please write your interest rate

%

129

Have you received a rates rebate in the last 52 weeks?

No

Yes

Amount \$

Rating year 1 July

20

to 30 June

20

## Tell us about other essential costs

130

Do you or your family have any regular essential costs?

No

Yes

↓ Please provide the details below

Item	Amount	How often (for example, weekly, fortnightly)?	Start or purchase date	End date
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			

## INFORMATION FOR Q130:

Essential regular costs can include:

- hire purchase
- vehicle repayments
- costs relating to a health condition or disability
- lease or hire of an essential household item such as fridge, washing machine, stove.

## ATTACHMENT FOR Q130:

You'll need to show proof of these costs.

If you don't apply for the Disability Allowance on page 23 and your costs are health-related, please tell us.

**HOW TO ANSWER Q131:**  
Don't include toll or mobile phone costs.

**131**

**Do you need a telephone for safety or security reasons, or because of special family circumstances?**

 No Yes

↓ Please write the details below

How much do you pay?

\$

How often? (weekly, fortnightly, monthly)

**Tell us what you've done to try to pay your essential costs**

**132**

**What steps have you and your partner taken to get other help, reduce costs, or increase income?**

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# Jobseeker Support partner form



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This partner form should be completed by the partner of the person applying for Jobseeker Support. If you don't have a partner, or your partner doesn't need to complete this form, please go to the Obligations and Privacy section on page 38.

In this form, 'you', 'your', and 'yourself' means the partner of the person applying for Jobseeker Support.

## 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 if you have one.

Client number

### 1 Tell us the names you've been known by

#### ATTACHMENT FOR Q1:

Bring proof of who you are. What you need to bring is explained on page 3.

#### 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

#### HOW TO ANSWER Q3:

For example, have you had married names, English names, changes by deed poll, or aliases?

3

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

No  Yes

1.

2.

#### ATTACHMENT FOR Q3:

Bring your marriage certificate, deed poll, or other proof of any name change.

4

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

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

## Tell us more about you

5

What date were you born?

Day	Month	Year

6

Are you:

Male
  Female
  Gender diverse

7

What is your Inland Revenue tax number?

--	--	--	--	--	--	--	--

8

What bank account would you want your payments to be paid into?

The account is in the name of:

The account number is:

Bank	Branch	Account number	Suffix
■	/	:	■

9

Where do you live?

Flat/House number Street name

Suburb

Town/City

10

Is your mailing address different from where you live?

No
  Yes
 [↓ Tell us your mailing address](#)

11

How else can we contact you?

Tick the best way for us to first contact you

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

12

Do you agree to get emails from us?

No
  Yes
 [↓ Tell us your email address](#)
 I don't have an email address

**ATTACHMENT FOR Q7:**  
Bring a form or letter from Inland Revenue showing your tax number.

**ATTACHMENT FOR Q8:**  
You need to provide proof of your bank account details, such as a bank statement or deposit slip.

**HOW TO ANSWER Q9:**  
If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

**HOW TO ANSWER Q10:**  
Mailing address can include a PO Box, rural delivery details, or C/O address.

**HOW TO ANSWER Q11:**  
Please only give us contact details you'd like us to use.

## Tell us your ethnicity

13

Tick the group(s) you most identify with.

Māori → Which tribe(s) or iwi?   
 New Zealand European     Niuean     Samoan     Indian  
 Other European     Tokelauan     Tongan     Chinese  
 Cook Island Māori     Other ↓ Please write below  Don't want to answer

### INFORMATION FOR Q13:

We collect this information for statistics we use in research and future development work.

## 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.

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?

### 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.

16

When did you arrive in New Zealand?

Day    Month    Year

17

What country were you born in?

### HOW TO ANSWER Q18:

Please answer even if you're a New Zealand citizen by birth.

18

Have you lived in New Zealand continuously for at least two years since you became a New Zealand citizen or permanent resident?

No     Yes

## Tell us if you've lived or worked overseas

19

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

No

**Go to question 22**

Yes

**↓ Please list the details below**

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

**INFORMATION FOR Q19:**

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 Q19:**

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.

20

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

No

**Go to question 22**

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

21

### If you ticked 'Yes' for question 20, 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 whether you're a veteran

22

### Have you served with the New Zealand Armed Forces?

No

Yes

If you've ticked 'Yes', you may be entitled to a:

- Veteran's Pension (for more information call **0800 650 656**), and/or a
- War Disablement Pension or associated payments (for more information call Veterans' Affairs New Zealand on **0800 4 VETERAN (0800 483 8372)**).