# Funeral Grant applicant's form



If you are applying for a Funeral Grant you will need to complete questions 31–35 if:

- · you are **not** the partner of the person who has died
- you are **not** the parent of a dependent child who has died.

Please tell us your details	Are you the partner or parent of the person who has died?  No  Yes Go to the Signature page
	31 What is your full name?
	Mr Mrs Ms Miss Other  First and middle names Surviame
	Are you applying on behalf of an organisation managing the estate of the person who died?  No Pes Please provide details below  Name of the organisation
	What is your address?  Suburb  Suburb  Town/City
Mailing address can include a postal box (PO Box), rural	Is your mailing address different from where you live?  No  Yes  Tell us your mailing address
delivery details, or C/O address.	35 How can we contact you?
	Tick the best way for us to contact you
	Phone ( )
	Mobile phone ( )
	Email

## Signature page for Funeral Grant

#### Partner or parent/guardian

#### By signing this form I confirm that:

- I am aware of and understand the Privacy Statement contained in this application.
- · The information I have given is true and complete.

Partner or parent/guardian's name (print)	Partner or parent/guardian's signature	Date		
		Day	Month	Year

#### Applicant (if not the partner or parent/guardian of a child who has died)

#### By signing this form I confirm that:

- I am aware of and understand the Privacy Statement contained in this application.
- · The information I have given is true and complete.

Applicant's name (print)	Applicant's signature	Date	
	SY (20)	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 or your Contracted Service Provider<sup>1</sup> 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 and/or your Contracted Service Provider.

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 1964
- granting student loans and student allowances under the Education Act 1989
- delivering superannuation services under the New Zealand Superannuation and Retirement Income Act 2001
- assessing eligibility for social housing and calculating incomerelated rents under the Housing Restructuring and Tenancy Matters Act 1992
- care and protection needs of children under the Children, Young Persons and their Families Act 1989
- providing support and services for you and your family in relation to employment, education and housing
- assessing whether you and/or your partner (if you have one) may be entitled to an overseas pension, benefit or allowance.

MSD may also use the information for statistical and research purposes, and for providing advice to Government.

The Ministry of Social Development and your Contracted Service Provider will exchange information about you in order to provide you with your correct financial assistance and other services. Your Contracted Service Provider may collect information from other agencies where that information is relevant to the services that the Contracted Service Provider is providing you.

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

1 The term Contracted Service Providers has the meaning given by section 125A(1), Social Security Act 1964, and references to Contracted Service Provider in this privacy statement only apply where one has been assigned to you.

#### We may use information for social housing

Information you give us when you apply for assistance, and at any time after that, may also be used for social housing purposes<sup>2</sup> under the Housing Restructuring and Tenancy Matters Act 1992, including reviewing your eligibility for social housing or your income-related rent.

2 Social 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 contact health providers

The Ministry of Social Development or your Contracted Service Provider may contact health providers to check any health related information you give us.

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

The information you give us, or your Contracted Service Provider, may be compared with information held by other agencies such as Inland Revenue, the Ministry of Justice, the Ministry of Defence, 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).

#### We may share information with Inland Revenue

Under the Tax Administration Act 1994, if you have dependent children, the information you give us, or your Contracted Service Provider, 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

cisclose 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, social housing providers and childcare providers

The Ministry of Social Development or your Contracted Service Provider may:

- give employers information about you to find you employment and contact the employer to discuss the result of any job interview that you are referred to
- 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.
- share information about you with social housing providers (such as Housing New Zealand) to administer your housingrelated assistance.

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

Other information that you give us or your Contracted Service Provider (for example, on your skills, aspirations, family circumstances) that is not required to assess your entitlement to a benefit may be used by us or your Contracted Service Provider to provide a better service to you.

## You have the right to see your information and ask for it to be corrected

Under the Privacy Act 1993 you have the right to ask to see all information we, or your Contracted Service Provider, hold about you and to ask them, or us, to correct that information.

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# **Including a partner** form



If you get a benefit from Work and Income and now have a partner, your partner will need to be included in your benefit and may get payments as well.

If you and your partner are both under 20 years old and you have dependent children, you may qualify for Young Parent Payment. Please talk to us about this.

# What you need to do

#### Before your partner can be included in your benefit:

- · you need to answer some questions (pages 3 to 5)
- your partner will need to answer questions in the Partner form (pages > to 14)
- you'll both need to read and complete the obligations and privacy section (pages 15 to 19)
- · you'll both need to sign the form (pages 21 and 23)

#### You'll need to bring proof of who you are.

Please bring some identification that you've given us before, such as a driver licence or passport, or your Community Services Card.

# What your partner needs 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:	
If you were born in New Zealand, bring one type of official identification that has your full legal name and your date of birth (for example, your birth certificate, passport, driver licence, firearms licence, deed poll).	
If you were born overseas, bring proof that you have a right to live in New Zealand (for example, a citizenship certificate, a New Zealand passport, a passport from another country with residence class visa or proof of permanent residence).	
<b>If your name has changed</b> , bring your marriage certificate, deed poll, or other proof of the name change.	
<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).	
A form or letter from Inland Revenue showing your tax number	
Proof of your bank account details, such as a bank statement or deposit slip	
One of the documents above must be at least two years old.	

the page.

Other thing	ţs
you need to	)
bring	

Depending on your answers you both may also need to bring these other documents.	For you	For your partner (if you have one)
Proof of your assets and their value.		
Proof of payments, if you receive a benefit, allowance or pension from overseas.		
Full birth certificates for each dependent child in your care.		
Your marriage or civil union certificate, for your relationship.		
Your business accounts, if you have your own business.		
Proof of any before-tax income for the 52 weeks, before the application (for example, wages, holiday pay and any other income).		
Trust documents, if you are involved in a trust (for example, trust deed, deed of debt, gift statements, accounts).		GÒ

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

If you do not 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, we may impose a penalty, and you could be prosecuted.

# **Including a partner** form



Please answer questio	ns 1 to 13 to have your partner included in your benefit.
Tell us about y Write your client number Client number	r here. This number can be found on your Community Services Card.
Tell us your details	What is your full name? First and middle names  Surname or family name
2	What date were you born?  Day Month Year
Tell us how we can contact you  How To ANSWER Q3: If you live in a rural area, flat/house number could include your RAPID number, fire number emergency services number.  How To ANSWER Q4: Mailing address can include a PO Box, rural delivery details, or C/O address.	Where do you live?  Plat/House number Street name  Suburb  Town/City  Is your mailing address different from where you live?  No Yes   Tell us your mailing address
HOW TO ANSWER QS: Please only give us contact details you'd like us to use.	How else can we contact you?  Tick the best way for us to first contact you  Home phone ( )  Mobile phone ( )  Other phone ( )  Do you agree to get emails from us?  No Yes Tell us your email address I don't have an email address

Tell us about t	he people in your household
Tell us about your partner	What is your partner's full name?
8	What is your partner's date of birth?  Day Month Year
ATTACHMENT FOR Q9: Bring your marriage or civil union certificate for your current relationship.	What is your relationship status with your partner?  Tick one of the following boxes  Married In a civil union In a relationship
10	What date did your relationship start?  Day Month Year
Tell us about your dependent children  Tell us about your dependent children  HOW TO ANSWER Q11: Please give the names of children you support financially and who live with you as a member of	Do you have dependent children in your care?  No Go to page 7  Yes Please provide details below  Child 1  Full name  Date of birth
your family, including:  your own children  adopted children  stepchildren  children at boarding school	Relationship to you  Parent 1: Full name  Parent 2: Full name
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.	Child 2 Full name  Date of birth  Day Month Year  Relationship to you
ATTACHMENT FOR Q11: Bring the birth certificate for each dependent child.	Parent 1: Full name Parent 2: Full name

Child 3 Full name	. Date of birth
Relationship to you	Day Month Year
Parent 1: Full name	Parent 2: Full name
Child 4 Full name	Date of birth  Day Month Year
Parent 1: Full name	Parent 2: Full name
If you need to include more than four children about each one on a separate sheet of paper.  Do you have a shared care arrangement of the paper of t	in your application, please write these details and bring them with this application form.  Int for any of your dependent children?  Int for any of your depende
	Relationship to you  Parent 1: Full name  Child 4 Full name  Relationship to you  Parent 1: Full name  If you need to include more than four children about each one on a separate sheet of paper.  Do you have a shared care arrangement of the pour children about each one on a separate sheet of paper.  No Yes Please list the Hour your benefit?  No Yes

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# Including a partner partner form



#### This form should be completed by the partner being included in the benefit. 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 if you have one. Client number Tell us the What is your full name? names you've Mr been known by First and middle names ATTACHMENT FOR Q1: Bring proof of who you are. What you need to Surname or family name bring is explained on page 1. Is the name on your birth certificate the same as above? Tell us the name that is on your birth certificate Yes First and middle names Surriame or family name HOW TO ANSWER Q3: Have you ever been known by any other name? For example, have you had married names, ₩rite them all out below English names, changes by deed poll, or aliases? 1. ATTACHMENT FOR Q3: 2. Bring your marriage certificate, deed poll, or other proof of any What name would you like us to call you? name change. The name I wrote in Question 1 The name I wrote in Question 2 Other Write the full name

Tell us more about you	What date were you born?  Day Month Year
6	Are you:  Male Female Gender diverse
ATTACHMENT FOR Q7: Bring a form or letter from Inland Revenue showing your tax number.	What is your Inland Revenue tax number?
You need to provide proof of your bank account details, such as a bank statement or deposit slip.	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  II II III III
Tell us how 9	Where do you live?
we can	Flat/House number Streetname
Contact you  TO ANSWER Q9:  If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.	Suburb Town City Is your mailing address different from where you live?
Mailing address can include a PO Box, rural delivery details, or Coaddress.	No Yes Tell us your mailing address
Please only give us contact details you'd like us to use.	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

Tell us your ethnicity  INFORMATION FOR Q13: We collect this information for statistics we use in research and future development work.	Tick the group(s) you most identify with.  Māori
Tell us about your residence status  15  HOW TO ANSWER 014: This means you consider New Zealand your home, you're a legal resident, you usually live here and you intend to stay.  ATTACHMENT FOR 014: If you answered 'no' you will need to provide proof of your assets and their yalue (nage 14)	Do you usually live in New Zealand?  No Yes  What best describes your residence status in New Zealand? Tick only one box.  New Zealand citizen by birth  Granted New Zealand citizenship granted citizenship  Go to question 16  Granted permanent residence granted  Day Month Year  Date permanent residence granted  Day Month Year
value (page 14).	Other  What is your residence status?  When did you arrive in New Zealand?  Day Month Year  What country were you born in?
How to Answer Q18:  Please answer even if you're a New Zealand citizen by birth.	Have you lived in New Zealand continuously for at least two years since you became a New Zealand citizen or permanent resident?  No Yes  Page 9

ave lived r worked	No Go to qu	estion 22	Yes U	Please list details below
verseas	M	Date you entered	Date you left	
1	Name of country	this country	this country	Reason for being in this country
ormation for Q19: riods of overseas		11		
dence may:		11		
ffect entitlement some benefits	-	11		
nean you're eligible for		11	11	
noverseas		11		
enefit or pension. more information,		11	11	
ne <b>0800 777 227</b> .		11	11	
/ TO ANSWER Q19:		//	11	
were born there.	O Year (1 Experience)	no how that host docar	ibes your benef	fit, pension or allowance
1	Van T	no how that book docor	ibes your benef	fit, pension or allowance
	Yes Tick ti	ie box that best descr		
		1/2/11		
		ment or old age	Superannuation	
	Retire	ment or old age	Superannuation	Disability or health condition  dent War related
Il need to show proof of these	Retire	ment or old age	Superannuation Child or depend	Disability or health condition  War related  tails of the payments
Ill need to show proof of these ments, such as a	Retired Widow Other  If you ticked 'yes' 1 you get.	or question 20, pl	Superannuation Child or dependence ease give det  Payment 1	Disability or health condition  dent War related
Il need to show roof of these ments, such as a	Retired Widow Other  If you ticked 'yes' 1 you get.  What country does the	ment or old age  cor survivor  for question 20, pl	Superannuation Child or dependence ease give det	Disability or health condition  War related  tails of the payments
Ill need to show proof of these ments, such as a	Retired Widow Other  If you ticked 'yes' 1 you get.  What country does the	ment or old age  cor survivor  for question 20, pl e payment come from? each time the payment	Superannuation Child or dependence ease give det	Disability or health condition  War related  tails of the payments
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ACHMENT FOR Q21: (Il need to show proof of these ments, such as a sion certificate.	What country does the How much do you get is made (in overseas of How often do you get (for example, weekly, f What is the name of you	e payment come from? each time the payment urrency)? or after tax? the payment ortnightly, monthly)? our pension, allowance	Superannuation Child or dependence ease give det	Disability or health condition  War related  tails of the payments
Il need to show roof of these ments, such as a	What country does the How much do you get is made (in overseas of the How often do you get (for example, weekly, for benefit?	e payment come from? each time the payment urrency)? or after tax? the payment ortnightly, monthly)? our pension, allowance	Superannuation Child or dependence ease give det	Disability or health condition  War related  tails of the payments
Il need to show roof of these ments, such as a	What country does the How much do you get is made (in overseas of the How often do you get (for example, weekly, for benefit?	e payment come from? each time the payment urrency)? or after tax? the payment ortnightly, monthly)? our pension, allowance	Superannuation Child or dependence ease give det	Disability or health condition  War related  tails of the payments
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Il need to show proof of these ments, such as a sion certificate.	What country does the How much do you get is made (in overseas of the How often do you get (for example, weekly, for benefit?  What is the payment reference to the payment	e payment come from? each time the payment urrency)? or after tax? the payment ortnightly, monthly)? our pension, allowance eference number?	Superannuation Child or depend  ease give det  Payment 1  nd Armed Fo	Disability or health condition  War related  tails of the payments  Payment 2  prces?
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Il need to show proof of these ments, such as a sion certificate.  Il us nether you	What country does the How much do you get is made (in overseas of the How often do you get (for example, weekly, for benefit?  What is the payment reference to the payment	e payment come from? each time the payment correction after tax? the payment fortnightly, monthly)? our pension, allowance eference number?  vith the New Zeala  If you've ticked 'yes  Veteran's Pension  War Disablement	ease give det  Payment 1  Payment 1  (for more inform Pension or assocition call Veterant	Disability or health condition  dent War related  tails of the payments  Payment 2  Prices?  titled to a: mation call 0800 650 656), and/or a ciated payments as' Affairs New Zealand on

Tell us about y	our work		
Tell us about your current work	By 'work' we mean any employ advantages for, such as free or drawings from a business.	MAN TO SERVICE THE SERVICE SHOWS A SERVICE SHOWS	
23	Are you working?  No Go to question 28	Yes	
How To Answer 024:  By full-time, we mean you generally work at least 30 hours a week.  INFORMATION FOR 024:	What type of work do you do?  Full-time Part-t Seasonal Self-e		asual olunta <del>ry</del>
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	Who are you working for? Employer's name		
information asked for in questions 24, 25 and 26.	Employer's contact details  Address  Phone number  Email	Fax (	)
(a) HOW TO ANSWER 026: Include the amount you're paid and also	How much are you paid each wee		fore tax Amount after tax
the value of things you	3 1.	\$	\$
get from your employer instead of money	2 0	\$	\$
If your income varies	3, 1	\$	\$
week to week - provide an average (for example the average of your last four weeks pay).	4.	\$	\$
1) INFORMATION FOR 227: Paid Parental Leave is	Have you applied, or will you appl	y, for Paid Parental I	Leave?
paid to eligible parents to care for their newborn or	No Go to question 28	Yes Please wi	rite the details below
newly adopted child. It's paid by Inland Revenue.	Which child is it for?		
You may get Best Start	How much is it each week? \$		
tax credits when the Paid			
Parental Leave ends.	What date will it end?  Day Mont	h Year	
	Day Mori	i cai	
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## Tell us about your income and assets

Tell us 28	Did you get income from any of the folk	owing sources in the last 52 weeks?
about income in the last 52 weeks?	Wages or salary	No Yes
	Termination pay	No Yes
	Redundancy pay	No Yes
ATTACHMENT FOR Q28: Bring a copy of your	Accident compensation (eg ACC)	No Yes
business accounts.	Income insurance (replacement/protection)	No Yes Jointly with partner
INFORMATION FOR Q28: In this application form,	Farm or business income	No Yes Jointly with partner
'partner' means the person you're married	Payments from self employment or contract work	No Yes Jointly with partner
to or in a civil union or relationship with, not a	Interest from savings, investments, or bonds	No Yes Jointly with partner
business 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	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
You need to show us proof of income you've received in the last 52 weeks.	Did you answer 'yes' or 'jointly with part listed in question 28?  No Yes Tell us the total b  Where did the income come from?	Payment made to? You Jointly with partner \$
		\$ \$
		\$ \$
		\$ \$

10 HOW TO ANSWER Q30:	Did you get other ty	pes of payment ap	art from money in th	ne last 52 weeks?
Other types of payment include	No Yes		out the type of payment	and its value
advantages such as free or subsidised	Type of payment		d it come from?	lts value
goods and services (for example, free	Type of payment	Where div	arcome nom:	\$
food, subsidised				\$
accommodation).				\$
Mow to Answer Q31: How often do you	Do you expect to ge	t income or other p	ayments in the next	52 weeks?
expect the payment, such as weekly,	No Yes	→ Please write the	details below. Tell us the	before-tax amounts
fortnightly, monthly, one-off.	Where will the payment come from?	Payment You	made to? Jointly with partner	How often do you expect the payment?
The types of income you need to include		\$	\$	
here are listed on		\$	\$	23
page 12.		\$	\$200	3 /
		\$	\$ 1	
		\$	\$ 1	>
			19	
			39(0)0	
You'll need to show us trust documents, such as the trust deed, deed of debt, gift statements, accounts.		pout managing a trust ist, for example, by received the Please write the	ring income such as trust o	distributions.
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Tell us 33	Do you or your partner have any of	the following c	ash assets?	
about		O O		
your assets	Money in bank or other savings	No U	Yes	
ATTACHMENT FOR Q33:	Bonus Bonds, shares, debentures or stocks	No	Yes	
You may be asked to provide proof of your	Money lent to other people or organisations	No	Yes	
assets and their value.	Other cash assets	No O	Yes	
34	If you answered 'yes' to any of the a details below.	assets listed ab	ove, please v	write the
	Type of asset	You	Your partner	Jointly owned
		\$	\$	\$
		\$	\$2	\$
		\$	\$ (5)	\$
		\$	\$ 0	(\$)
O HOW TO ANGLES OF			2/ 1/2	$\sim$
Mow to ANSWER Q35: Examples of property	Do you or your partner have any of	the following n	on-cash ass	ets?
you do not live in include, land, holiday homes,	Property you don't live in	No No	Yes	
bach/crib, investment properties.	Boat, caravan or motorhome	THE T	Yes	
properties.	Other		Yes	
		Billio C	103	
ATTACHMENT FOR Q36: 36	If you answered 'yes' to any of the	⇒ non-cash asset	s listed abov	e nlease write
You may be asked to	the details below.			o, prodoc write
provide proof of these details.			H	ow much do you
	Type of asset	How much		we on it?
		\$	\$	
(0)		\$	\$	
	(CD)	\$	\$	

# **Including a partner** obligations and privacy form



#### Both the applicant and partner need to read this section.

This part of the form:

- · lists the change of circumstances obligations for the client
- · lists the full obligations for the partner
- · explains what will happen if obligations are not met
- · explains how we protect the information given to us, and what we can do with it.

Clients including their partners will be aware of their full obligations, which have not changed.

#### **Obligations**

These are what you have to do to receive payments from Work and Income. If you are a partner you have full time work obligations if you are:

- · 18 or over and have no dependent children, or
- 20 or over and have no dependent children under 14 years old (including any child you get Orphan). Benefit
  or Unsupported Child's Benefit for).

People in other situations may have part-time work obligations, work preparation obligations of youth activity obligations, depending on their circumstances. These obligations are explained in the following sections. Please read all the obligations in each section because they could apply to you'ff your circumstances change.

#### 1. Change of circumstances

I must tell Work and Income or my Contracted Service Provider (where I have one assigned to me) 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, contact details or bank account number)
- have changes to my/out living situation (such as marriage or separation, starting or ending a civil union, starting or ending a defacto relationship with someone, 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.

#### 2. Full-time work obligations

I understand that while I'm getting this benefit, I have the following full-time work obligations:

- be available for and take reasonable steps to get a suitable job
- $\bullet \ \ \, \text{take any offer of suitable full-time, part-time or temporary work, or work that is seasonal or subsidised}\\$
- attend and take part in any suitable job interviews Work and Income ask me to
- take and pass any drug test potential employers or training providers require
- attend and take part in interviews with Work and Income as required
- work with Work and Income to plan how I'll find a suitable job
- take part in any other activities that Work and Income refer me to, such as attend any job training courses, seminars, work experience or work assessments (including rehabilitation, but not medical treatment) that will improve my work readiness or help me get work
- let Work and Income know how I'm meeting my work obligations as often as Work and Income reasonably requires.

#### **Applies to:**

Client and partner

#### Partner

Full-time means you'll generally be expected to look for work of at least 30 hours a week.

#### **Obligations**

#### Applies to:

#### 3. Part-time work obligations

I understand that if I am 20 years or older and my youngest child (including any child I get Orphan's or Unsupported Child's Benefit for) is aged between three and 13 years, I'll have the following part-time work obligations:

- be available for and take reasonable steps to get a suitable part-time job
- · take any offer of suitable part-time or temporary work, or work that is seasonal or subsidised
- · attend and take part in any suitable job interviews Work and Income ask me to
- · take and pass any drug test potential employers or training providers require
- · attend and take part in interviews with Work and Income as required
- · work with Work and Income to plan how I'll find a suitable job
- take part in any other activities that Work and Income refer me to, such as attend any job training courses, seminars, work experience or work assessments (including rehabilitation, but not medical treatment) that will improve my work readiness or help me get work
- let Work and Income know how I'm meeting my work obligations as often as Work and Income reasonably requires.

#### Partner

Part-time means you'll generally be expected to look for work of at least 20 hours a week.

#### 4. Work preparation obligations

I understand that if I am 20 years or older and my youngest child (including any child I get Orphan's or Unsupported Child's Benefit for) is under three years of age, I'll have the following work preparation obligations:

- · take reasonable steps to prepare and plan for work
- · attend and take part in work preparation interviews, where Work and Income ask me to
- attend and take part in work related activities or programmes such as a work assessment, a programme or seminar to increase particular skills or enhance motivation where Work and Income ask me to
- · attend and take part in any other activity that Work and Income require me to finch ding rehabilitation but not medical treatment, voluntary work or activity in the community).

#### Partner

#### 5. Work ability assessment

Where I've been asked to I'll have an obligation to attend and participate in a work ability assessment.

Partner

#### 6. Working with a Contracted Service Provider

Where I've been asked to work with a Contracted Service Provider I'll have an obligation to co-operate with them and to:

**Partner** 

- · attend and participate in any interview with them
- · report to them on how I'm meeting my obligations
- complete assessments with them.

#### Obligations for parents and caregivers with dependent children

I understand that while I'm getting this benefit I'll be expected to take reasonable steps to meet social obligations as a parent or a caregiver. These are to ensure my dependent children (including any child I get Orphan's or Unsupported Child's Benefit for) are:

- · enrolled with a general practitioner (GP) or a medical practice that is part of a Primary Health Organisation
- enrolled in and attending one of the following from the age of three until they start school:
  - an approved early childhood education programme or
  - Te Aho o Te Kura Pounamu The Correspondence School or
  - another approved parenting and early childhood home education programme
- · up to date with core Well Child/Tamariki Ora checks if aged under five
- · enrolled in and attending school from the age of five or six (depending on when they start school).

I understand that I may be required to meet with Work and Income to discuss how I'm meeting my obligations as a parent or a caregiver.

**Partner** 

(PHO)

Obligations Applies to:

#### 8. Youth activity obligations

I understand that if I am aged 16-17 years without children and I am a partner of a main beneficiary I will have the following activity obligations:

Partner

- be enrolled in and attending, or be available for a full-time course of secondary school or tertiary education or approved training or work-based learning leading to:
  - ~ NCEA Level 2 or
  - an equivalent qualification or
  - a higher qualification
- · when asked, participate in and complete an approved budgeting programme
- when asked, report to Work and Income or my Youth Service Provider (where I have one assigned to me) on how I am meeting my
  activity obligations
- when asked, attend and participate in regular budgeting discussions with Work and Income or my Youth Service Provider (where I have one assigned to me)
- when asked, attend and participate in any interview with Work and Income or my Youth Service Provider (where I have one assigned to me)
- when asked, provide within 20 working days, Work and Income or my Youth Service provider (where I have one assigned to me) with
  details of my accommodation costs and service costs such as electricity and telephone, lawful debts and liabilities.
- · co-operate with Work and Income or my Youth Service provider to manage the spending of my benefit, and:
  - attend and be involved in regular budgeting discussions with Work and Income or my Youth Service provider
  - at these discussions or when asked, provide details on:
    - > accommodation costs and service costs such as electricity and telephone
    - > lawful debts and liabilities
    - > how I spend any in-hand allowance and money credited to my payment card or any other device.

I also understand when I turn 18 the above obligations may continue to apply depending on my circumstances.

I understand that if I am aged 16-19 years, I am a partner of a main beneficiary and have one or more dependent children, I will have the following activity obligations:

- · when asked, participate in and complete an approved budgeting programme
- when asked, participate in an approved parenting education programme
- enrol my children:
- with a Primary Health Organisation, where to cal provider capacity allows
- under the age of five years, with a Well-Child/Tamariki Ora provider and keep up to date with their visits
- ensure my children are attending an Early Childhood Education Programme or other suitable childcare, while I am participating in education, training, work-based learning or part-time work
- when asked and in the mariner reasonably required, report to Work and Income or my Youth Service Provider (where I have one assigned to me) on towl am meeting my obligations
- when asked, attendand participate in regular budgeting discussions with Work and Income or my Youth Service Provider (where I have one assigned to me)
- when asked, attendand participate in any interview with Work and Income or my Youth Service Provider (where I have one assigned to me).

I understand that when my youngest dependent child is 12 months of age or over (or is over six months of age and a suitable place becomes available in a Teen Parent Unit) and there are no special circumstances, or I am not the primary caregiver, I will also have the following activity obligations:

- be enrolled in and satisfactorily undertaking, or be available for a full-time course of secondary school or tertiary education or approved training or work-based learning leading to:
  - NCEA Level 2 or
  - an equivalent qualification or
  - a higher qualification.
- when asked, provide within 20 working days, Work and Income or my Youth Service provider (where I have one assigned to me) with
  details of my accommodation costs and service costs such as electricity and telephone, lawful debts and liabilities
- · co-operate with Work and Income or my Youth Service provider to manage the spending of my benefit, and:
  - attend and be involved in regular budgeting discussions with Work and Income or my Youth Service provider
  - at these discussions or when asked, provide details on:
    - > accommodation costs and service costs such as electricity and telephone
    - > lawful debts and liabilities
    - > how I spend any in-hand allowance and money credited to my payment card or any other device

I also understand when I turn 20 the above obligations may continue to apply depending on my circumstances.

#### 9. Temporary Additional Support

I understand that if I receive 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.

Client and partner

#### What happens if you do not meet your obligations

#### Not telling us about changes in your circumstances

I understand that if I do not tell Work and Income about changes in my life that might affect my benefit entitlement, or rate, that:

- · 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 and/or imprisoned.

#### Not meeting obligations that apply to your situation

I understand that I must meet these obligations and that:

- The first and second time I don't meet my obligations, without a good and sufficient reason, my benefit will be reduced by 50% or stopped. I understand that my benefit will increase or restart if I undertake the activity I failed to do.
- The third time I don't meet my obligations, without a good and sufficient reason, my benefit will be reduced by 50% or stopped, for 13 weeks. If my benefit has been reduced or stopped, and I agree to take part in an approved activity for at least six weeks and I'm still entitled to my benefit, it will be increased or restarted.
- When my benefit is reduced or stopped this may affect my entitlement to any incentive payments or supplementary assistance I am receiving.
- · If I act in a way that is inconsistent with the purpose for which any incentive payment is paid, the incentive payment may be cancelled.
- If my benefit is stopped and restarted again, I may have to re-earn my incentive payments.

#### Not meeting obligations that apply to your situation if you are subject to money-management

I understand that I must meet these obligations and that:

- The first and second time I don't meet my obligations, without a good and sufficient reason, my in-hand allowance will be stopped. I understand that my benefit will increase or restart if I undertake the activity (failed to do.
- The third time I don't meet my obligations, without a good and surficient reason, my benefit will be reduced by 50% or stopped, for 13 weeks. If my benefit has been reduced or stopped, and Lagree to take part in an approved activity for at least six weeks and I'm still entitled to my benefit, it will be increased or restarted.
- When my benefit is reduced or stopped this may affect my entitlement to any incentive payments or supplementary assistance I am receiving.
- · If I act in a way that is inconsistent with the purpose for whick any incentive payment is paid, the incentive payment may be cancelled
- · If my benefit is stopped and restarted again, I may have to re earn my incentive payments.

#### Not meeting your obligation to take any offer of suitable work

I understand that if I fail my work obligation to take any offer of suitable work, including temporary work, or work that is seasonal or subsidised without a good and sufficient reason, that my benefit will be reduced by 50% or stopped, for 13 weeks. If my benefit has been reduced or stopped, and I agree to take part in an approved activity for at least six weeks and I'm still entitled to my benefit, it will be increased or restarted.

#### Not meeting your obligations to take and pass drug tests

I understand that if fail my work obligation to take and pass a drug test when required by a potential employer or training provider, without a good and sufficient reason, that:

- the first time I do this, I will have to agree to stop using drugs so that I can pass a drug test
- the second time I do this, I will have to agree to take and pass a drug test within 25 working days.

I understand that if I don't take and pass a drug test within 25 working days my benefit will be reduced by 50% or stopped, for 13 weeks. If my benefit has been reduced or stopped, and I agree to take part in an approved activity for at least six weeks and I'm still entitled to my benefit, it will be increased or restarted.

I understand that if I fail a pre-employment drug test with a potential employer I will need to pay for the test from my benefit. I also understand that if I have to take and pass a drug test within 25 working days I will need to pay for the test.

I understand that if I have failed other obligations in the last 12 months the consequences of a first or second failed drug test may be more serious than those described above.

#### Not telling us if you plan to travel overseas

I understand that if I intend to travel overseas and don't let Work and Income know before I leave New Zealand, my benefit will be stopped the day after I leave New Zealand.

You have the right to review or dispute any decision to reduce or stop your benefit.

#### **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 Kāinga Ora 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, Kainga Ora, 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 Kāinga Ora) 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.

## Signature page

## Client's copy

By signing this form, you agree to meet your obligations.

#### **Applicant**

- I have had the obligations explained to me, I understand these, and have been given a copy of these obligations.
- I have read (or had explained to me) and understood what will happen if I do not meet my obligations.
- I understand my responsibility to let Work and Income or my Contracted Service Provider (where I have one assigned to me) know about any changes in my circumstances and what will happen if I do not do this.

<ul> <li>I have read (or had explained to me) an</li> </ul>	d understood the f	Privacy Stateme	nt containe	d in this form.	
• The information I have provided is true	and complete.		120	1	
Client's name (print)	Client's signature		Da	ite	
			2 CE	Day Month	Year
			9 J. J.		
Partner's copy					
Partner					
I have had the obligations explained to these obligations.	me, I understand ti	nese, and have b	oeen given a	copy of	
· I have read (or had explained to me) an	d understood wha	t will happen if I o	do not meet	t my obligation	is.
I understand my responsibility to let Wassigned to me) know about any change					
• I have read (or had explained to me) an	d understood the I	Privacy Stateme	nt containe	d in this form.	
• The information I have provided is true	and complete.				

Partner's signature

Partner's name (print)

Year

Date

Month

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, we may impose a penalty, and you could be prosecuted.

Please use the "What to Bring" checklists on pages 1 and 2 to help you make sure you bring all the documents you need to your meeting with us.

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, we may impose a penalty, and you could be prosecuted.

Please use the checklists on pages 1 and 2 to help you make sure you bring all the documents you need to your meeting with us.

#### Signature page

#### Office copy

By signing this form, you agree to meet your obligations.

#### Client

- I have had the obligations explained to me, I understand these, and have been given a copy of these obligations.
- I have read (or had explained to me) and understood what will happen if I do not meet my obligations.
- I understand my responsibility to let Work and Income or my Contracted Service Provider (where I have one assigned to me) know about any changes in my circumstances and what will happen if I do not do this.
- I have read (or had explained to me) and understood the Privacy Statement contained in this form.

The information I have provided is true and complete.		
Client's name (print)	Client's signature	Date

Client's name (print)	Client's signature	Date
		Day Month Year

#### **Partner**

- I have had the obligations explained to me, I understand these, and have been given a copy of these obligations.
- I have read (or had explained to me) and understood what will happen if I do not meet my obligations.
- I understand my responsibility to let Work and Income or my Contracted Service Provider (where I have one assigned to me) know about any changes in my circumstances and what will happen if I do not do this.
- I have read (or had explained to me) and understood the Privacy Statement contained in this form.
- · The information? have provided is true and complete.

Partner's name (print)		Partner's signature	Date		
The state of the s	0				
			Day	Month	Year

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, we may impose a penalty, and you could be prosecuted.

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# Jobseeker Support application



Why not apply online?

Go to workandincome.govt.nz

If you need more information go to our website or call us on 0800 559 009.

We suggest you read pages 1 to 4 of this application form before starting to fill it in, so you get a feel for what's needed.

#### Support we can give job seekers

Jobseeker Support is about helping you into full-time work and supporting you with a weekly payment while you're not working you may be able to get Jobseeker Support if one of the following is true:

- you're not working full time and you're looking for work
- you're willing to work full time but are temporarily unable to work or you need to work fewer hours; for example, because of a health condition, injury or disability.

#### You must be:

- 18 years or over (or 20 years or over with a dependent child)
- prepared to meet your obligations and complete the activities
   Work and income requires

You need to meet some other conditions. The information we collect on this application form will help us to work out what assistance we can give you while you're not working full time.

# What you need to do next

You and your partner (if you have one) need to do several things before Work and Income can help you.

- Carry out any activities we ask you to do to help you prepare for or find work.
- 2. Fill out this application form.
- 3. Get other people to fill out parts of the application form, if you need to (for example, if you're applying for a Disability Allowance, a health practitioner needs to fill out the Disability Allowance medical certificate).
- 4. Collect all the documents you need to show us. We tell you about these documents in the application form (look for the ) and we also have a list on pages 3 and 4.
- 5. Bring this application form and the documents to a meeting. 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



We will use your feedback to improve our service

Ka mōhio ki a koe

know you We will make sure you understand everything you need to know



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 maybe eligible for

Ka tautoko la koe

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

support VOU

We will be honest about our mistakes and put them right





We will respect you and what is important to you



We will let you know your options, rights and obligations

Ka mahi tahi ki a koe

with

We will work o together to achieve shared goals



Our actions will follow our words





wedo? Let us know by visiting msd.govt.nz/feedback or call us on o800 559 009

# Jobseeker Support what to bring



Once you've 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 don't 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.

you	Proof of who you are:		or your partner fyou have one)
ION NOTE: Ints need to be or copies of its that have stiffed as a true a Solicitor/Lawyer, Jublic, Registrar urt or Justice of its.	If you were born in New Zealand, bring one type of official identification that has your full legal name and your date of birth (for example, your birth certificate, passport, driver licence, firearms licence, deed poll).	D.	
	If you were born overseas, bring proof that you have a right to live in New Zealand (for example, a citizenship certificate, a New Zealand passport, a passport from another country with residence class visa or proof of permanent residence).		
	If your name has changed, bring your marriage certificate, deed poll, or other proof of the name change.		
	All people applying need to bring two more documents that help to prove who you are (for example, a marriage certificate, bank statement, phone or power account, driver licence).		
	A form or letter from Inland Revenue showing your tax number.		
	Proof of your bank account details, such as a bank statement or deposit slip.		
	One of the documents above must be at least two years of	ld.	

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 20) and partner form (pages 31 to 37), you may need to bring:	Foryou	For your partner (if you have one)
TOTTIS	Proof of your assets and their value.		
	Proof of payments, if you receive a benefit, allowance or pension from overseas.		
	Full birth certificates for each dependent child in your care.		
	Your marriage or civil union certificate, for a current relationship.		
	Your business accounts, if you have your own business.		
	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.		
	Trust documents, if you're involved in a trust (for example) trust deed, deed of debt, gift statements, accounts).		y ò
	A medical certificate if you have a health condition, injury or disability that stops you working full-time.	20	
Extra help	Depending on your answers in the extra help forms (pages 21 to 30), you may need to bring:	Foryou	
forms	If you're applying for an Accommodation Supplement:		
	· proof of accommodation costs		
/	proof of your assets and their value.		
	If you're applying for a Disability Allowance:		
1	proof of health-related costs		
	• a Disability Allowance medical certificate for each person you apply for.		
	If you're applying for <b>Temporary Additional Support</b> :		
	proof of any essential ongoing costs		
	<ul> <li>proof of accommodation costs</li> </ul>		
	<ul> <li>proof of your rates rebate if you get one</li> </ul>		
	proof of your assets and their value.		

# Jobseeker Support applicant form



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

If we say 'your partner' this only applies if you have one.

mymsd

Apply online instead It's quicker and easier my.msd.govt.nz

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

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

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.

page 3.

	What is your full name?
	Mr Mrs Miss Other
	First and middle names
	Surname ortamily name
1	
	Is the name on your birth certificate the same as above?
	Tell us the name that is on your birth certificate  Yes
1	First and middle names
Y	Surname or family name
	Have you ever been known by any other name?
	No Yes Write them all out below
	1.
	2.
	What name would you like us to call you?
	The name I wrote in Question 1 The name I wrote in Question 2
	Other Write the full name
	1

	70
Tell us more about you	What date were you born?  Day Month Year
6	Are you:  Male Gender diverse
ATTACHMENT FOR Q7: Bring a form or letter from Inland Revenue showing your tax number.	What is your Inland Revenue tax number?
ATTACHMENT FOR Q8: You need to provide proof of your bank account details, such as a bank statement or deposit slip.	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
Tell us how 9 we can	Where do you live? Flat/House number Street name
Contact you  The 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.	Suburb  Town/City  Is your mailing address different from where you live?  No Yes  Tell us your mailing address
Please only give us contact details you'd like us to use.	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

Tell us your ethnicity	Tick the group(s) you most identify with.
INFORMATION FOR Q13:     We collect this	Māori → Which tribe(s) or iwi?  New Zealand European Niuean Samoan Indian
information for statistics we use in research and	Other European Tokelauan Tongan Chinese
future development work.	Cook Island Māori Other Please write below Don't want to answer
Tell us 14	Do you usually live in New Zealand?
about your residence status	No Yes
15 HOW TO ANSWER Q14:	What best describes your residence status in New Zealand? Tick only one box.
This means you consider New Zealand your home,	New Zealand citizen by birth Go to question 18
you're a legal resident, you usually live here and you intend to stay.	Granted New Zealand citizenship granted  Date citizenship granted  Day Month Year
ATTACHMENT FOR Q14:	Go to question 16
If you answered 'No' you'll need to provide proof of your assets and their	Granted permanent residence granted  Day Month Year
value (page 20).	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?
How TO ANSWER Q18: Please answer even if you're a	Have you lived in New Zealand continuously for at least two years since you became a New Zealand citizen or permanent resident?
New Zealand citizen by birth.	No Yes
ATTACHMENT FOR Q18:  If you answered 'No' you'll	
need to provide proof of your assets and their value (page 20).	
,	

No Go to ques  Name of country	Date you entered this country	Date you left this country	Reason for being	in this country
	3			
1	4			
No Go to question  Yes Tick the	n 22 box that best descr	ibes your benefi	t, pension or allowa	ance
Other			ent War rel	lated
	<u> </u>	Payment1	Paymer	nt 2
Howmuch do you get ea is madê (in overseas curr	ch time the payment ency)?			200
How often do you get the (for example, weekly, for	payment nightly, monthly)?			
or benefit?				
what is the payment rele	rence number:			
Have you served wit	If you've ticked 'Yes • Veteran's Pension • War Disablement (for more informations)	s', you may be enti n (for more inform Pension or associ ation call Veterans	tled to a: lation call <b>0800 65C</b> lated payments ' Affairs New Zealan	
	Yes Tick the Retireme Widow of Other What country does the phowmuch go you get earlis made (in overseas curr How often do you get the (for example, weekly, fort What is the name of your or benefit? What is the payment reference that is the payment reference to the country of the country or benefit?	From overseas?  No Go to question 22  Yes  Tick the box that best descr  Retirement or old age  Widow or survivor  Other  What country does the payment come from?  Howmuch go you get each time the payment is made (in overseas currency)?  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?  Have you served with the New Zeala  No Yes  If you've ticked 'Yes'  Veteran's Pension  War Disablement (for more information of the payment of the payment of the payment reference number)	Tick the box that best describes your benefit  Retirement or old age  Superannuation  Widow of survivor  Other  What country does the payment come from?  Howmuch 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?  Have you served with the New Zealand Armed Form  Veteran's Pension (for more inform or assoc (for more information call Veterans)	Yes

Yes Parent 2: Full	Date of Day Date of Day	Month	Year Year
Yes Parent 2: Full	Date of Day Date of Day	birth	Year
Yes Parent 2: Full	Date of Day Date of Day	birth	Year
Parent 2: Full	Date of Day Date of Day	birth	Year
Parent 2: Full	Date of Day Date of Day	birth	Year
	Day  Date of  Day	Month	
	Date of Day	birth	
	Date of Day	birth	
	Date of Day		Year
	Date of Day		Year
	Date of Day		Year
Parent 2: Full	Day		Year
Parent 2: Full	Day		Year
Parent 2: Full	Day		Year
Parent 2: Full		Month	Year
Parent 2: Full		Month	Year
Parent 2: Full	Iname		
Parent 2: Full	Iname		
Parent 2: Full	Iname		
	Date of	birth	
	Day	Month	Year
Parent 2: Full	Iname		
L			
	Date of I	birth	
	Day	Month	Year
Parent 2: Full	Iname	- 5-2-	
			detaile
	Committee of the last		ALCOHOL: SALES
Pa	arent 2: Ful ur applicat	Date of Day  arent 2: Full name  ur application, please	Date of birth  Day Month

1 HOW TO ANSWER Q26: 26	Have you named all the p	arents for each child	?	
Record the names of all known parents, including those:	No Please talk with us	Yes		
named on the child's birth certificate  27	Have you applied for Chil	d Support for each cl	nild?	
<ul> <li>named in a Deed of Acknowledgement of</li> </ul>	No Please talk with us	Yes		
Paternity, or named as the child's parent by	Do you have a shared care			ndent children?
the Court.	No Yes	Please list the details belonger	ow	
INFORMATION FOR Q27:  If you're a sole parent you may need to complete a Child Support application for each dependent child.	Name of child	Hours a week in your care	Name of perso shared care wit	
① INFORMATION FOR Q29: 29	If you qualify for any Wor	king for Familiantay	wadita da va	Cont thom noid
Working for Families tax credits are payments to families with children to help with day-to-day	with your benefit?	king for Families tax of	credits do you	want them paid
living costs. People getting a benefit who have dependent children generally qualify.	If you tick 'Yes', we'll tell Inland	Revenue for you-splyoud	onot need to.	
- II - CO				. de a como o a la compan
Tell us 30 about other	Have you had any childre dependent on you?	n in <del>-y</del> our care in the i	ast 52 weeks	wno are no longer
children	No Yes U	Please list their details be	elow	
that were				Date they became
dependent on you	Name orchild	Date	of birth	no longer dependent
	7			
Tell us	Definition of a relationsh	ip for benefit purpos	es	
about your	Whether people are single or a co		ertain income ass	sistance and the rate
relationship status	at which we can pay that assistar When we work out your entitleme	ent to income assistance, w		
	you're married, in a civil union, or By degree of companionship, we		nd have a degree	of companionship.
	are committed to each other e		ble future ,and	
	are financially interdependent.			
	To give you a better idea of what some of the things below:	we mean by this, think abou	t whether your re	elationship includes
	• you live together at the same a			
	you share responsibilities, for e		n (if any)	
	<ul><li>you socialise and holiday toget</li><li>you share money, bank accour</li></ul>			

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 32.	<ul> <li>you share household bills</li> <li>you have a sexual relationship</li> <li>people think of you as a couple</li> <li>you give each other emotional support and companionship.</li> <li>Do you understand our definition of a relationship?</li> <li>I understand the definition of a relationship for benefit purposes</li> <li>Do you have a partner?</li> <li>By 'partner' we mean someone you're in a relationship with. If you're not sure, please leave this section blank until you talk to us. In the meantime, go to question 49.</li> <li>No Go to question 38</li> </ul> Yes Your partner needs to complete the Partner form on page 31
(33	What is your partner's full name?
34	What is your partner's date of birth?  Day Month Year
ATTACHMENT FOR Q35: Bring your marriage or civil union certificate for your current relationship.	What is your relationship status with your partner?  Tick one of the following boxes  Macried In a civil union In a relationship
36	Are you living at the same address as your partner?  No Go to question 49  Why are you living apart from your partner?
	They're in prison  Date they were imprisoned  Day Month Year  Your partner doesn't need to fill out the partner form.
	Other Please explain why below
Tell us about a change in relationship status	Are you applying for Jobseeker Support because of a change in relationship status?  No Go to question 49  Yes  For example you've separated from your partner or your partner has died.
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39	How has your relationship status changed?  My partner has died  I've separated from my partner  Go to question 44  I've lost the financial support of a former partner  Other  Please explain below  Go to question 49
Tell us about your partner who has died  41  42	What was the date of your partner's death?  Day Month Year  Was your partner's death the result of an accident?  No Go to question 49  Have you applied for accident compensation or are you going to?  Go to question 49  Go to question 49
Tell us about your separation 45	What is the name of the person you separated from?  When did you separate from your partner?  Day Month Year  Are you and the partner you separated from still living in the same house?  No Yes Please explain why  Go to question 49

Tell us about 47 financial support you've lost	What is the name of the former partner who was giving you this financial support?  When did this support stop?  Day Month Year
	Say Plontin Teal
Tell us about h	ealth conditions, injuries or disabilities
Tell us about your ability to work  INFORMATION FOR Q49: By full-time, we mean you can generally work at least 30 hours a week.  ATTACHMENT FOR Q49: If you answered 'Yes' you need to provide a medical certificate from a health practitioner.  INFORMATION FOR Q50: By part-time, we mean you can generally work 51 at least 15 hours a week.	Are you willing to work full-time but have a health condition, injury or disability that limits you?  No Go to question 64  Yes Please tell us about the work you can do  Can you work part-time?  Please describe (in your own words) how your health condition, injury or disability limits your ability to work.
Tell us about any ACC cover	Do you have an injury, or does your health condition or disability result from an injury or accident?  No Go to question 60 Yes  When did the injury or accident happen?  Day Month Year  How did the injury or accident happen?

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55	Have you applied, or will you apply, for earnings-related accident compensation payments?  No Please write the reasons you're not applying Go to question 60  Yes
56	Who will make these payments?  ACC  Another workplace accident insurer  Go to question 60
58	Have you applied to ACC?  No Go to question 60  Yes Which ACC office did you apply at?  When did you apply?  Day Month Year  What is your ACC reference number?
Tell us about any insurance cover	Do you have insurance to replace all or part of your income if you can't work?  Go to question 62  Yes Please write the name of the insurance company or scheme below  How much do you expect to get from insurance, before tax?  Weekly \$  Lump sum \$
Tell us about your business situation  ATTACHMENT FOR Q62: Please bring your business accounts.	Are you self-employed?  No Go to question 64 Yes  Are you employing someone else to do your work while you can't?  No Yes How much are you paying that person?  \$ Weekly Fortnightly Monthly