

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

OSCAR Subsidy Declaration



Work and Income
Te Hirainga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

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

Please read this before you start

If your children are going to continue to attend an OSCAR programme over the school holidays, you need to complete this form and return it to us before the child starts the holiday programme. Your OSCAR Subsidy will stop if the form isn't returned.

If your child is attending more than one programme during the holidays, we require separate details for each. Further forms are available from your local Work and Income Service Centre.

Please complete all questions.

Client details

1. What is your name?

First name(s)

Surname or family name

--	--

Child details

2. What is your child's name?

First name(s)

Surname or family name

--	--

3. Are you receiving Child Disability Allowance for any of your children?

No

Yes ▶ Please provide details of the children you are receiving this allowance for:

Child's name

Date of birth

Child's name	Date of birth

School holiday childcare arrangements

4. Will your child be attending an approved school holiday programme or out of school centre during the holidays?

No ▶ Go to Question 6

Yes ▶ Please have the Programme Administrator complete the OSCAR Programme Supervisor Section

5. Will you or your partner be continuing with your current employment during the holidays?

No ▶ Go to Question 6

Yes ▶ Go to Question 8

Next school term childcare arrangements

6. Are your childcare arrangements next term going to be different from the current school term arrangements?

No

Yes ▶ Please have the Programme Administrator complete the OSCAR Programme Supervisor Section

7. Will you or your partner be continuing with your current employment?

No ▶ Please sign the Client statement

Yes ▶ Go to Question 8

Work details

8. What is the name of your and your partner's employer?

Your employer

Your partner's employer

Q9 note: Please provide verification of your wages / salary.

9. What is your gross weekly wage?

You

Your partner

10. How many hours each week, including lunch breaks, do you spend at work?

You

Your partner

11. How many hours each week do you spend travelling between the programme and work?

You

Your partner

Privacy statement

The Privacy Act 1993 requires us to tell you, the information you give us is collected under the authority and for the purposes of legislation administered by the Ministry of Social Development (MSD) and in particular for payment of the OSCAR subsidy. I understand that under the Privacy Act 1993 I have the right to access and correct any information held by the Ministry of Social Development about me.

Client statement

I have completed all questions on this OSCAR Subsidy declaration form, or this declaration has been completed for me, and the information I have given is true and complete.

Client's name (print)

Client's signature

Day Month Year

OSCAR Programme Supervisor to complete

Information for the OSCAR Programme service

This form needs to be completed by the OSCAR programme supervisor.

The information you provide will help us to work out the applicant is eligible for the OSCAR Subsidy.

OSCAR programmes are for children under 14 years of age (or 14–18 years of age if they receive the Child Disability Allowance) and include:

- before and after school care
- school holiday programmes.

Provider details

1. What is the programme name?

2. What is the programme's Work and Income provider number?

3. Is your programme approved by the Ministry of Social Development?

Yes No ▶ The programme cannot receive a subsidy unless it is approved by the Ministry of Social Development.

Please call ☎ 0800 559 009 and ask for your local Childcare Coordinator.

4. What type of programme is this?

School holiday programme ▶ Please complete Section 1.
 Before/after school care programme ▶ Please complete Section 2.

SECTION 1

School holiday childcare arrangements

5. To confirm the child's place, do you require a lump sum payment in advance?

No Yes

6. Please confirm the details for each week you are claiming, in the table below:

No Yes

	Start date	End date	Hours enrolled	Fee
Week 1				\$
Week 2				\$
Week 3				\$
Week 4				\$
Week 5				\$
Week 6				\$
Week 7				\$
Week 8				\$
Week 9				\$
Week 10				\$

SECTION 2

Next school term childcare arrangements

Programme start date
Day Month Year

Programme finish date
Day Month Year

Programme charge per week \$

Total hours of attendance per week

Supervisor's statement

The statement and answers I have given are true and complete.

This information is required under Section 12 of the Social Security Act 1964.

Supervisor's name (print)

Supervisor's signature

Date

Day Month Year

RELEASED UNDER THE OFFICIAL INFORMATION ACT

OFFICE USE ONLY

SWIFT ACTION

- CCSI/CCSC Screens
- CD TSA-enter holiday dates and/or next term school dates
- Care periods must be entered.

Comments:

Processor's signature

Day	Month	Year

10% 100% Critical data

--	--	--

Checker's signature

Day	Month	Year

Re-application (within 52 weeks) form



**MINISTRY OF SOCIAL
DEVELOPMENT**
TE MANATŪ WHAKAHIATO ORA

Why not re-apply online?

Go to www.workandincome.govt.nz

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

myMSD

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

Tell us about yourself

Write your client number here. It can be found on your Community Services Card.

Client number

Tell us your details

1

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

3

Where do you live?

Flat/House number

Street name

Suburb

Town/City

4

Is your mailing address different from where you live?

 No

 Yes


Tell us your mailing address

5

How else can we contact you?

Tick the best way for us to first contact you

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

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.

HOW TO ANSWER Q5:
Please only give us contact details you'd like us to use.

6

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 the people in your household

Tell us about your dependent children

7

Do you have dependent children in your care?

No

Go to question 8

Yes



Please provide details below

Child 1

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 2

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 3

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 4

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

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

HOW TO ANSWER Q7:

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

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

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

Tell us the names of all parents of each child.

Tell us about other children that were dependent on you

8

Have you had any children in your care in the last 52 weeks who are no longer dependent on you?

No

Yes

↓ Please list the details below

Name of child	Date of birth	Date they became no longer dependent

Tell us about your relationship status

Definition of a relationship for benefit purposes

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

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

By degree of companionship, we mean two people:

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

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

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

HOW TO ANSWER Q9:

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 13.

9

Do you understand our definition of a relationship?

I understand the definition of a relationship for benefit purposes

10

Do you have a partner?

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 13.

No

Go to question 13

Yes

11

What is your partner's full name?

12

What is your partner's date of birth?

Day Month Year

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.

Answer this section about your work

13

Have you worked in the last 52 weeks?

No **Go to question 19** Yes

Tell us about your current work

14

Are you working?

No **Go to question 19** Yes

HOW TO ANSWER Q15:

By full-time, we mean you generally work at least 30 hours a week.

If you have more than one job please record details of your other work on a separate sheet of paper.

For each job include the information asked for in questions 15, 17 and 18.

15

What type of work do you do?

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

16

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

17

Who are you working for?

Employer's name

Employer's contact details

Address		
Phone number	()	Fax ()
Email		

HOW TO ANSWER Q18:

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).

18

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"/>

Tell us about income and assets

Tell us about your income

19

Did you or your partner get any income from 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 Q18:
Bring a copy of your business accounts.

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

RELEASED UNDER THE OFFICIAL INFORMATION ACT

20

Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 19?

No Yes ↓ Tell us the total before-tax amounts.

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

ATTACHMENT FOR Q20:
You need to show us proof of income you get.

HOW TO ANSWER Q21:

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

21

Did you or your partner 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	Who received it?	Where did it come from?	Its value
			\$
			\$
			\$

HOW TO ANSWER Q22:

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 5.

22

Do you or your partner 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

Your payments

Where will the payment come from?

How much?

How often do you expect the payment?

Where will the payment come from?	How much?	How often do you expect the payment?
	\$	
	\$	
	\$	

Your partner's payments

Where will the payment come from?

How much?

How often does your partner expect the payment?

Where will the payment come from?	How much?	How often does your partner expect the payment?
	\$	
	\$	
	\$	

Jointly with partner

Where will the payment come from?

How much?

How often do you expect the payment?

Where will the payment come from?	How much?	How often do you expect the payment?
	\$	
	\$	
	\$	

Are you involved with a trust?

23

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

'Involved' means one or more of the following:

- you've set up a trust, usually by making a gift of assets or property
- you've sold or gifted assets to a trust
- you make decisions about managing a trust
- you benefit from a trust, for example, by receiving income such as trust distributions.

No Yes

Please write the name of the trust

Name of trust

Empty text box for name of trust

Tell us about your assets

ATTACHMENT FOR Q24:

You will need to show us proof of your assets and their value.

HOW TO ANSWER Q26:

Examples of property you don't live in include, land, holiday homes, bach/crib, investment properties.

ATTACHMENT FOR Q27:

You may be asked to provide proof of these details.

24

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

25

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

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

26

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

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

27

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?
	\$	\$
	\$	\$
	\$	\$

Tell us about your accommodation

Tell us who you live with

28

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

Tell us about your accommodation costs

29

Do you receive an Accommodation Supplement?

No

Go to your obligations on page 9

Yes

30

What are your accommodation costs?

	Who do you pay?	How much do you pay?	How often do you make the payment (such as weekly, monthly or yearly)?
Rent		\$	
Board		\$	
First mortgage		\$	
Other mortgage		\$	
House insurance		\$	
Mortgage insurance		\$	
Rates		\$	
Ground lease		\$	
Water rates		\$	
Body corporate fees		\$	
Cost of repairs/ Maintenance in last 12 months		\$	

HOW TO ANSWER Q30:

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.

You can only claim repairs and maintenance if you own the home you live in.

ATTACHMENT FOR Q30:

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

Bring receipts for any repair and maintenance costs within the last 12 months.

31

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

I don't pay rent or board.

32

Do you have a mortgage from Housing New Zealand?

No

Yes



Please write your interest rate

 %

33

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

No

Yes

Amount \$

Rating year 1 July

 20

to 30 June

 20

Re-application (within 52 weeks) obligations and privacy



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Both the applicant and their partner need to read and complete this section.

This part of the application form:

- lists the obligations for the applicant and partner
- explains what will happen if obligations are not met
- includes a signature page for you and your partner (if you have one) to sign
- explains how we protect the information given to us, and what we can do with it.

Obligations

These are what you have to do to receive payments from Work and Income.

If you are getting Jobseeker Support you have full-time work obligations. If you are a partner you also have full-time work obligations if you are:

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

People getting other benefits or in other situations may have part-time work obligations, work preparation obligations, or 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 if your circumstances change.

Applies to:

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/our living situation (such as marriage or separation, starting or ending a civil union, starting or ending a de facto relationship with someone of the same or opposite sex, change in the number of children supported, change in accommodation costs)
- 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.

Applicants and partners

2. Full-time work obligations

I understand that while I'm getting Jobseeker Support, I have the following full-time work obligations to:

- be available for and take reasonable steps to get a suitable job
- 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

Applicants and partners

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

- 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.

3. Work obligations if you have a health condition, disability or injury that stops you working full time

I understand that while I get this benefit, if I have a health condition, injury or disability that means I can only work part-time, I have the following part-time work obligations to:

- 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.

I understand that while I get this benefit, if I have a health condition, injury or disability that means I am unable to work or can only work less than 15 hours a week, I will not be asked to meet work obligations until my situation changes and in the meantime I will have the following work preparation obligations to:

- 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 (including rehabilitation but not medical treatment, voluntary work or activity in the community).

Applicants

Part-time means you'll generally be expected to look for work of at least 15 hours a week.

4. 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 to:

- 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.

Applicants and partners

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

Obligations

Applies to:

5. 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 to:

- 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 (including rehabilitation but not medical treatment, voluntary work or activity in the community).

Applicants and partners

6. Work ability assessment

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

Applicants and partners

7. 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:

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

Applicants and partners

8. 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 practice that is part of a Primary Health Organisation (PHO)
- 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.

Applicants and partners

9. 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:

- 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 and in the manner required, 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)

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 local provider capacity allows
 - under the age of five years, with a WellChild/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 manner reasonably required, report to Work and Income or my Youth Service Provider (where I have one assigned to me) on how I am meeting my 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 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.

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

10. Temporary Additional Support

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

Applicants and partners

RELEASED UNDER THE OFFICIAL INFORMATION ACT

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.

The consequences described above will also apply if we use this application form to grant you the Emergency Benefit or Emergency Maintenance Allowance.

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.

The consequences described above will also apply if we use this application form to grant you the Emergency Benefit or Emergency Maintenance Allowance, you have dependent children, and you do not meet one of the obligations for parents and caregivers of dependent children.

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 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 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 I 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.

The consequence described above will also apply if we use this application form to grant you the Emergency Benefit or Emergency Maintenance Allowance.

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

If we use this application form to grant the Emergency Benefit or Emergency Maintenance Allowance, and you fail one or more of the obligations assigned to you as a condition of granting your benefit, your benefit may be reduced or stopped.

RELEASED UNDER THE OFFICIAL INFORMATION ACT

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 Veteran's Support Act 2014
- providing services under the Residential Care and Disability Support Services Act 2018
- statistical and research purposes
- providing advice to Government
- providing support and services for you and your family
- providing education related services
- care and protection needs of children
- assessing eligibility for social housing and calculating income-related rents under the Housing Restructuring and Tenancy Matters Act 1992
- assessing whether you and/or your partner may be entitled to an overseas pension, benefit or allowance.

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

We may contact health practitioners

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

We may use information for public housing

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

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

The information you give us may be compared with information held by other agencies such as Inland Revenue, the Ministry of Justice, Department of Corrections, New Zealand Customs Service, Department of Internal Affairs, Accident Compensation Corporation, Housing New Zealand Corporation, Ministry of Health and Immigration New Zealand. It may also be compared with social security information (for example, pension or benefit information) held by other governments (including Australia, Malta and the Netherlands).

We may share information with Inland Revenue

Under the Tax Administration Act 1994, if you have dependent children, the information you give us may be shared with Inland Revenue for the purpose of administering Working for Families Tax Credits. Inland Revenue may also:

- use the information for the purposes of child support, student loans and taxation
- disclose it to the Ministry of Business, Innovation, and Employment, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
- disclose your personal information to your partner.

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

The Ministry of Social Development may:

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

We may use your information to give you a better service

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

You have the right to see and correct your information

Under the Privacy Act 1993 you have the right to ask to see all information we hold about you and to ask us to correct that information.

Signature page

Applicant 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
- The information I have provided is true and complete
- I have read (or had explained to me) and understood the Privacy Statement contained in this form

Applicant's name (print)

Applicant's signature

Date

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

Applicant's partner copy

Applicant's 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
- The information I have provided is true and complete
- I have read (or had explained to me) and understood the Privacy Statement contained in this form

Applicant's partner's name (print)

Applicant's partner's signature

Date

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

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.

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Signature page

Office 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
- The information I have provided is true and complete
- I have read (or had explained to me) and understood the Privacy Statement contained in this form

Applicant's name (print)

Applicant's signature

Date

Day	Month	Year

Applicant's 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
- The information I have provided is true and complete
- I have read (or had explained to me) and understood the Privacy Statement contained in this form

Applicant's partner's name (print)

Applicant's partner's signature

Date

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.

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Redirection of benefit payment form



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

A redirection of benefit payment is where part or all of your benefit is paid to another person or organisation by the Ministry of Social Development. Requests for a redirection will only be approved in special circumstances and for good reason.

You'll need to show us why you can't use other options, such as paying by direct debit or using your bank's automatic payment service.

The other person or organisation who receives your payments doesn't have any power to act on your behalf in relation to the rest of your benefit or other dealings with us. If you want to give extra powers to another person or organisation, you'll need to complete an Appointment of Agent form.

When you apply for a redirection of your benefit payment, you'll need to:

- Give the reasons why you need to have part or all of your benefit paid to another person or organisation
- Tell us what other options you've tried and attach proof to support your application. For example, a recommendation from a doctor or budget advisor, a tenancy tribunal decision, proof from a bank that they won't provide the service you need (like opening an account or setting up automatic payments)
- Attach proof of the bank account of the person or organisation you want to get your benefit payment
- Have the person (or a representative of the organisation) who'll get receive part or all of your benefit sign this form to show they agree to the redirection.

Client number

Tell us your details

1

What's your full name?

First and middle names

Surname or family name

2

What date were you born?

Day Month Year

Your benefit payments

3

Why do you need part or all of your benefit paid to another person or organisation?

INFORMATION FOR Q3:

You need to have good cause for this. For example, you have a health condition and can't manage your own affairs, or you're having problems managing your finances.

ATTACHMENT FOR Q4:
Please attach proof of this to support your explanation.

4

Please explain what efforts you have made to find another way for these payments to be made.

5

How much of your benefit do you want to redirect?

The whole amount

Part of my benefit

Write how much

\$

a week

Payee's details

6

What's the name of the person or organisation you want your benefit payment redirected to?

7

What's their postal address?

8

What are their contact details?

Phone	()
Mobile phone	()

ATTACHMENT FOR Q9:

You'll need to provide proof of the payee's bank account details, such as a bank statement or deposit slip.

9

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

The account is in the name of:

The account number is:

■										■/							■							■/	■
---	--	--	--	--	--	--	--	--	--	----	--	--	--	--	--	--	---	--	--	--	--	--	--	----	---

10

Is there a Payee's Reference that should be added?

No

Yes

Please tell us the Payee Reference

Client declaration

By signing this form, I understand that:

- this redirection of benefit will continue until I ask the Ministry of Social Development or my Contracted Service provider (if I have one assigned to me) to stop it
- I'll advise the Ministry of Social Development or my Contracted Service provider (if I have one assigned to me) of any changes to this redirection, including the amount of benefit being redirected
- if this redirection is to pay bills or debts, I'm responsible for them, and for advising the payee of any changes.
- the Ministry of Social Development will only pay the benefit due.

The information I have given is true and complete.

Client's name (print)

Client's signature

Date

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

Helper's statement

Complete this if you've helped the client to complete this form.

What is your full name?

First and middle names

Surname or family name

What are your contact details?

Address

Phone number

- I completed this form at the request of the person applying for a redirection of their benefit. They told me they understood what they were signing.
- The statements and answers I've completed are true and complete as given to me by the person applying.

Helper's signature

Date

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

Agreement of the person or organisation receiving the benefit payments

- I agree to receive benefit payments, from the client named above, at the amount stated in question 5.
- I understand I'm receiving all or part of the client's benefit, and I agree to use these payments as directed by the client or their agent.
- I understand the payment will only be made where the client's payment is sufficient to cover the redirection. The client or their agent may change the redirection at any time.

Full name (print)

Signature

Date

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

Reimbursement of Health Overcharges application



MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

To avoid delays with your reimbursement, please read this form carefully.

If you need any help completing the form, call us on **0800 999 999**.

Post your completed application to **PO Box 5054, Lambton Quay, Wellington 6145**

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 your details

1

What is your full name?

First and middle names

Surname or family name

2

What date were you born?

Day Month Year

3

What is your Inland Revenue tax number?

Tell us how we can contact you

4

Where do you live?

Flat/House number Street name

Suburb

Town/City

5

Is your mailing address different from where you live?

 No Yes

Tell us your mailing address

HOW TO ANSWER Q4:

If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

HOW TO ANSWER Q5:

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

HOW TO ANSWER Q6:

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

6

How else can we contact you?

Tick the best way for us to first contact you

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

7

Do you agree to get emails from us?

No
 Yes

 I don't have an email address

Claim details

8

Who are you applying for?

Myself
 My dependent children

Child 1's full name	Date of birth
<input type="text"/>	<input type="text"/>
	Day Month Year
Child 2's full name	
<input type="text"/>	<input type="text"/>
	Day Month Year
Child 3's full name	
<input type="text"/>	<input type="text"/>
	Day Month Year

9

Are any of these overcharges covered by ACC?

No
 Yes

10

Do you have a High Use Health Card?

No
 Yes

High Use Health Card number:

Start date:	Expiry date:
<input type="text"/>	<input type="text"/>
Day Month Year	Day Month Year

11

Do you have a Pharmaceutical Subsidy Card?

No
 Yes

Pharmaceutical Subsidy Card number:

Start date:	Expiry date:
<input type="text"/>	<input type="text"/>
Day Month Year	Day Month Year

Bank details

12

Do you get income support payments from Work and Income?

No

[Go to question 13](#)

Yes

↓ The reimbursement will be paid to the same account as your other payments.**ATTACHMENT FOR Q13:**

You need to provide proof of your bank account details, such as a bank statement or deposit slip.

13

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
	/		/

Declaration and signature

The information I have given you is true and complete.

Applicant's name (print)

Applicant's signature

Date

--	--	--

Day Month Year

Checklist

Are all the original receipts attached? (EFTPOS receipts are not acceptable.)

No

Yes

How many receipts are you attaching?

Do you want the receipts returned to you?

No

Yes

Rent Arrears Assistance application



MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Rent Arrears Assistance is a one-off payment to help you pay your overdue rent so you can stay in your home.

If you already get regular payments from us you don't need to fill in this form. If you haven't already done so, call us on **0800 559 009** to book an appointment to apply for Rent Arrears Assistance.

You'll need to bring the documents below with you to your appointment. 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 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.

Information about your tenancy		For you	
Your tenancy agreement or a tenancy order from the court		<input type="checkbox"/>	
Proof of the overdue rent you need to pay (for example a letter from a landlord)		<input type="checkbox"/>	
Proof of who you are:		For you	For your partner (if you have one)
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).		<input type="checkbox"/>	<input type="checkbox"/>
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).		<input type="checkbox"/>	<input type="checkbox"/>
If your name has changed, bring your marriage certificate, deed poll, or other proof of the name change.		<input type="checkbox"/>	<input type="checkbox"/>
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).		<input type="checkbox"/>	<input type="checkbox"/>
A form or letter from Inland Revenue showing your tax number.		<input type="checkbox"/>	<input type="checkbox"/>
Proof of your bank account details, such as a bank statement or deposit slip.		<input type="checkbox"/>	<input type="checkbox"/>
One of the documents above must be at least two years old.			

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

What you need to bring

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

You must give us all the information we need.

We may consider prosecution if we find out later any of the information you give us isn't true, or that you knew information you should've told us but didn't.

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Rent Arrears Assistance application



MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

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

Tell us about yourself

If you've received a benefit or extra financial help from us before, write your client number here if you know it. This number can be found on your Community Services Card or SuperGold Card if you have one.

Client number

Tell us the names you've been known by

1

What is your full name?

Mr Mrs Ms Miss Other

First and middle names

Surname or family name

2

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

No Yes

First and middle names

Surname or family name

3

Have you ever been known by any other name?

No Yes

1.

2.

4

What name would you like us to call you?

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

Other

ATTACHMENT FOR Q1:
Bring proof of who you are. What you need to bring is explained on page 1.

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

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

Tell us more about you

5

What date were you born?

Day	Month	Year

6

Are you:

Male
 Female

7

What is your Inland Revenue tax number?

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

8

What is your bank account number?

The account is in the name of:

The account number is:

Bank	Branch	Account number	Suffix

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.

Tell us how we can contact you

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](#)

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.

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

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.

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

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

Tell us about your residence status

14

Do you usually live in New Zealand?

No Yes

15

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

New Zealand citizen by birth [Go to question 18](#)
 Granted New Zealand citizenship → Date citizenship granted
Day Month Year
[Go to question 16](#)
 Granted permanent residency → Date permanent residence granted
Day Month Year
[Go to question 16](#)
 Other ↓ What is your residence status?

16

When did you arrive in New Zealand?

Day Month Year

17

What country were you born in?

18

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

No Yes

Tell us about the people in your household

Tell us about your dependent children

19

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

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 2

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 3

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 4

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

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

20

Do you have a shared care arrangement for any of your dependent children?

 No

 Yes

Please list the details below

Name of child	Hours a week in your care	Name of person you have shared care with

Tell us about your relationship status

HOW TO ANSWER Q21:

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.

ATTACHMENT FOR Q25:

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

Definition of a relationship for benefit purposes

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

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

By degree of companionship, we mean two people:

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

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

- you live separately but stay overnight at each other's place a few nights a week
- you share responsibilities, for example bringing up children (if any)
- you socialise and holiday together
- you share money, bank accounts or credit cards
- you share household bills
- you have a sexual relationship
- people think of you as a couple
- you give each other emotional support and companionship.

21

Do you understand our definition of a relationship?

I understand the definition of a relationship for benefit purposes

22

Do you have a partner?

No [Go to question 28](#) Yes

23

What is your partner's full name?

24

What is your partner's date of birth?

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

25

What is your relationship status with your partner?

↓ Tick one of the following boxes

Married In a civil union In a relationship

26

Are you living at the same address as your partner?

No Yes [Go to question 28](#)

27

Why are you living apart from your partner?

They're in prison → [Date they were imprisoned](#)

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

Other ↓ [Please explain why below](#)

Tell us about your income and assets

Tell us about income in the last 52 weeks?

28

Do you or your partner get income from any of the following sources?

- 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
- Farm or business income No Yes
- Payments from self employment or contract work No Yes
- Interest from savings, investments, or bonds No Yes
- Dividends from shares, unit trusts, or managed funds No Yes
- Income from rents No Yes
- Payments from boarders or flatmates No Yes
- 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
- Income from trusts No Yes
- Other No Yes

ATTACHMENT FOR Q28:
Bring a copy of your business accounts.

29

Did you answer 'yes' to any of the sources of income listed in question 28?

No Yes

↓ Tell us the before-tax amounts you get

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

ATTACHMENT FOR Q29:
You need to show us proof of income you get.

HOW TO ANSWER Q30:

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

30

Do you or your partner get other types of payment apart from money?

No Yes

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

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

Are you involved in a trust?

ATTACHMENT FOR Q31:

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

31

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

Tell us about your assets

ATTACHMENT FOR Q32:

You may be asked to provide proof of your assets and their value.

32

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

33

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

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

HOW TO ANSWER Q34:
 Examples of property you don't live in include, land, holiday homes, bach/crib, investment properties.

34

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

ATTACHMENT FOR Q35:
 You may be asked to provide proof of these details.

35

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?
	\$	\$
	\$	\$
	\$	\$

Tell us about the rent you owe

36

How much overdue rent do you owe your landlord?

\$

ATTACHMENT FOR Q36:
 You need to provide proof from the landlord of the amount you owe you them.

37

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

ATTACHMENT FOR Q37:
 You need to provide your Tenancy Agreement or Tenancy Order.

38

What will happen if this rent arrears assistance isn't provided?

RELEASED UNDER THE OFFICIAL INFORMATION ACT