

# Jobseeker Support application



MINISTRY OF SOCIAL  
DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

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.

1. 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

Ka mōhio  
ki a koe

—  
know  
you

We will make sure you  
understand everything  
you need to know



We will use your  
feedback to improve  
our service

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



We will let you know  
everything you may  
be eligible for

Ka tautoko  
i a koe

—  
support  
you

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



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

We will be honest  
about our mistakes  
and put them right



We will respect you  
and what is important  
to you

Ka mahi  
tahi ki a koe

—  
with  
you

We will work  
together to achieve  
shared goals



We will let you know  
your options, rights  
and obligations

Our actions will  
follow our words



How did   
*wedo?*

Let us know by visiting [msd.govt.nz/feedback](https://msd.govt.nz/feedback)  
or call us on 0800 559 009

# Jobseeker Support

## what to bring



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

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.

<b>Proof of who you are:</b>	For you	For your partner (if you have one)
<b>If you were born in New Zealand</b> , bring one type of official identification that has your full legal name and your date of birth (for example, your birth certificate, passport, driver licence, firearms licence, deed poll).	<input type="checkbox"/>	<input type="checkbox"/>
<b>If you were born overseas</b> , bring proof that you have a right to live in New Zealand (for example, a citizenship certificate, a New Zealand passport, a passport from another country with residence class visa or proof of permanent residence).	<input type="checkbox"/>	<input type="checkbox"/>
<b>If your name has changed</b> , bring your marriage certificate, deed poll, or other proof of the name change.	<input type="checkbox"/>	<input type="checkbox"/>
<b>All people applying</b> need to bring <b>two</b> more documents that help to prove who you are (for example, a marriage certificate, bank statement, phone or power account, driver licence).	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
<b>One of the documents above must be at least two years old.</b>		

**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:

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

## Extra help forms

### Depending on your answers in the extra help forms (pages 21 to 30), you may need to bring:

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

# Jobseeker Support applicant form



MINISTRY OF SOCIAL DEVELOPMENT  
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**myMSD**

Apply online instead  
It's quicker and easier

[my.msd.govt.nz](http://my.msd.govt.nz)

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.

## 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

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 3.

**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?

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

6

Are you:

Male     Female     Gender diverse

7

What is your Inland Revenue tax number?

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

8

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

The account is in the name of:

The account number is:

	Bank	Branch		Account number		Suffix	
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	

9

## Tell us how we can contact you

Where do you live?

Flat/House number    Street name

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

Suburb

Town/City

10

Is your mailing address different from where you live?

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

11

How else can we contact you?

Tick the best way for us to first contact you

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

12

Do you agree to get emails from us?

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

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

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

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

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

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

## Tell us your ethnicity

13

**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.

<input type="checkbox"/> Māori	<b>→ Which tribe(s) or iwi?</b>	<input type="text"/>	
<input type="checkbox"/> New Zealand European	<input type="checkbox"/> Niuean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Indian
<input type="checkbox"/> Other European	<input type="checkbox"/> Tokelauan	<input type="checkbox"/> Tongan	<input type="checkbox"/> Chinese
<input type="checkbox"/> Cook Island Māori	<input type="checkbox"/> Other	<b>↓ Please write below</b>	<input type="checkbox"/> Don't want to answer
<input type="text"/>			

## 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.

<input type="checkbox"/> New Zealand citizen by birth	<b>→ Go to question 18</b>
<input type="checkbox"/> Granted New Zealand citizenship	<b>→ Date citizenship granted</b>
	<input type="text"/> <input type="text"/> <input type="text"/>
	Day Month Year
	<b>→ Go to question 16</b>
<input type="checkbox"/> Granted permanent residency	<b>→ Date permanent residence granted</b>
	<input type="text"/> <input type="text"/> <input type="text"/>
	Day Month Year
	<b>→ Go to question 16</b>
<input type="checkbox"/> Other	<b>↓ What is your residence status?</b>
<input type="text"/>	

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

No  Yes

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

**ATTACHMENT FOR Q14:**  
If you answered 'No' you'll need to provide proof of your assets and their value (page 20).

**HOW TO ANSWER Q18:**  
Please answer even if you're a New Zealand citizen by birth.

**ATTACHMENT FOR Q18:**  
If you answered 'No' you'll need to provide proof of your assets and their value (page 20).

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

19

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

 No

**Go to question 22**

 Yes

**↓ Please list details below**

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

#### INFORMATION FOR Q19:

Periods of overseas residence may:

- affect entitlement to some benefits
- mean you're eligible for an overseas benefit or pension.

For more information, phone **0800 777 227**.

#### HOW TO ANSWER Q19:

Your reason for being in a country may be that you were there for a working holiday, you were living there, you were born there.

20

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

 No

**Go to question 22**

 Yes

**↓ Tick the box that best describes your benefit, pension or allowance**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Retirement or old age | <input type="checkbox"/> Superannuation     | <input type="checkbox"/> Disability or health condition |
| <input type="checkbox"/> Widow or survivor     | <input type="checkbox"/> Child or dependent | <input type="checkbox"/> War related                    |
| <input type="checkbox"/> Other                 |   |   |

21

### If you ticked 'Yes' for question 20, please give details of the payments you get.

	Payment 1	Payment 2
What country does the payment come from?		
How much do you get each time the payment is made (in overseas currency)?		
Is this amount before or after tax?		
How often do you get the payment (for example, weekly, fortnightly, monthly)?		
What is the name of your pension, allowance or benefit?		
What is the payment reference number?		

#### ATTACHMENT FOR Q21:

You'll need to show us proof of these payments, such as a pension certificate.

## Tell us whether you're a veteran

22

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

 No

 Yes

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

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

# Tell us about the people in your household

## Tell us about who you live with

23

Are you 18 or 19 and living with a parent or legal guardian?

No  Yes

## Tell us about your dependent children

24

Do you have dependent children in your care?

No  Yes [Go to question 30](#) [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.

### HOW TO ANSWER Q24:

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

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

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

Tell us the names of all parents of each child.

### ATTACHMENT FOR Q24:

Bring the birth certificate for each dependent child.

### HOW TO ANSWER Q25:

Please read the definition of a relationship on page 10.

25

Are you a sole parent?

No  Yes [Go to question 28](#)

**HOW TO ANSWER Q26:**  
Record the names of all known parents, including those:

- named on the child's birth certificate
- named in a Deed of Acknowledgement of Paternity, or
- named as the child's parent by the Court.

26

**Have you named all the parents for each child?**

No   Yes

27

**Have you applied for Child Support for each child?**

No   Yes

28

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

No  Yes

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

**INFORMATION FOR Q27:**

If you're a sole parent you may need to complete a Child Support application for each dependent child.

29

**If you qualify for any Working for Families tax credits do you want them paid with your benefit?**

No  Yes

If you tick 'Yes', we'll tell Inland Revenue for you – so you do not need to.

**Tell us about other children that were dependent on you**

30

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

No  Yes

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

**HOW TO ANSWER Q31:**

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.

**ATTACHMENT FOR Q35:**

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

- you share household bills
- you have a sexual relationship
- people think of you as a couple
- you give each other emotional support and companionship.

**31**

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

I understand the definition of a relationship for benefit purposes

**32**

**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 49.

No **Go to question 38**

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?**

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

**35**

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

**↓ Tick one of the following boxes**

Married  In a civil union  In a relationship

**36**

**Are you living at the same address as your partner?**

No  Yes **Go to question 49**

**37**

**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

Your partner doesn't need to fill out the partner form.

**Go to question 49**

Other **↓ Please explain why below**

**Tell us about a change in relationship status**

**38**

**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.

39

How has your relationship status changed?

↓ Tick the box that applies

My partner has died

Go to question 40

I've separated from my partner

Go to question 44

I've lost the financial support of a former partner

Go to question 47

Other

↓ Please explain below

Go to question 49

Tell us about your partner who has died

40

What was your partner's name

41

What was the date of your partner's death?

Day Month Year

42

Was your partner's death the result of an accident?

No

Go to question 49

Yes

43

Have you applied for accident compensation or are you going to?

No

Yes

Go to question 49

Tell us about your separation

44

What is the name of the person you separated from?

45

When did you separate from your partner?

Day Month Year

46

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 financial support you've lost**

47

What is the name of the former partner who was giving you this financial support?

48

When did this support stop?

Day Month Year

**Tell us about health conditions, injuries or disabilities**

**Tell us about your ability to work**

49

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**

**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.

50

Can you work part-time?

No

Yes

**INFORMATION FOR Q50:**  
By part-time, we mean you can generally work at least 15 hours a week.

51

Please describe (in your own words) how your health condition, injury or disability limits your ability to work.

**Tell us about any ACC cover**

52

Do you have an injury, or does your health condition or disability result from an injury or accident?

No

**Go to question 60**

Yes

53

When did the injury or accident happen?

Day Month Year

54

How did the injury or accident happen?

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

57

Have you applied to ACC?

No



Go to question 60

Yes



Which ACC office did you apply at?

58

When did you apply?

Day

Month

Year

59

What is your ACC reference number?

Tell us about any insurance cover

60

Do you have insurance to replace all or part of your income if you can't work?

No



Go to question 62

Yes



Please write the name of the insurance company or scheme below

61

How much do you expect to get from insurance, before tax?

Weekly

\$

Lump sum

\$

Tell us about your business situation

62

Are you self-employed?

No



Go to question 64

Yes

63

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



ATTACHMENT FOR Q62:

Please bring your business accounts.

# Tell us about your education and training

## Tell us about your study and training

64

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

No

[Go to question 66](#)

Yes

65

When did you stop attending?

Day

Month

Year

66

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

No

Yes

[Go to question 68](#)

67

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

No

[Go to question 68](#)

Yes

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

**INFORMATION FOR Q66:**  
This is an approved full-time work-related course that runs for 12 weeks or less.

**HOW TO ANSWER Q67:**  
If you're unsure whether your course meets the full-time criteria, check with your education provider.

# Tell us about your work in the last 52 weeks

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

## Tell us about your current work

68

Have you worked in the last 52 weeks?

No [Go to question 81](#)  Yes

69

Are you working?

No [Go to question 74](#)  Yes

70

What type of work do you do?

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

71

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

No  Yes [Please tell us how much you pay](#)  
 \$   Weekly  Fortnightly  Monthly

72

Who are you working for?

Employer's name

Employer's contact details

Address		
Phone number	( )	Fax ( )
Email		

73

How much are you paid each week?

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

**HOW TO ANSWER Q70:**

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

**INFORMATION FOR Q70:**

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

For each job include the information asked for in questions 70, 72 and 73.

**HOW TO ANSWER Q73:**

Include the amount you're paid and also the value of things you get from your employer instead of money.

If your income varies week to week – provide an average (for example, the average of your last four weeks pay).

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

74

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

 No

**Go to question 81**

 Yes

75

Who did you last work for?

Employer's name

Employer's contact details

Address		
Phone number	( )	Fax ( )
Email		

76

How long did you work there?

Date you started work

Day	Month	Year

Date of last day at work

Day	Month	Year

77

Why did this work end?

78

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

 No

**Go to question 80**

 Yes

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

 Sick pay \$ 
 Holiday pay \$ 
 Termination pay \$ 
 Redundancy pay \$ 
 Other \$ 

**↓ Please tell us what for**

79

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

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

80

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

 No

**Go to question 81**

 Yes

**↓ Please write the details below**

Which child is it for?

How much is it each week?

 \$

What date will it end?

Day	Month	Year

### HOW TO ANSWER Q75:

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

For each job include the employer's:

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

### HOW TO ANSWER Q78:

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

### HOW TO ANSWER Q79:

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

### INFORMATION FOR Q80:

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

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

# Tell us about your income and assets

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

81

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

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

**ATTACHMENT FOR Q81:**  
Bring a copy of your business accounts.

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

82

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

No  Yes

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

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

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

**HOW TO ANSWER Q83:**

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

**83**

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

No  Yes

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

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

**HOW TO ANSWER Q84:**

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

The types of income you need to include here are listed on page 18.

**84**

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

No  Yes

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

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

**Are you involved in a trust?**

**85**

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

'Involved' means one or more of the following:

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

No  Yes

**↓ Please write the name of the trust**

Name of trust

**ATTACHMENT FOR Q85:**

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

## Tell us about your assets

86

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

Money in bank or other savings  No  Yes

Bonus Bonds, shares, debentures or stocks  No  Yes

Money lent to other people or organisations  No  Yes

Other cash assets  No  Yes

87

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

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

88

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

Property you don't live in  No  Yes

Boat, caravan or motorhome  No  Yes

Other  No  Yes

89

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

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

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

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

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

# Extra help form: Accommodation Supplement

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

## Tell us if you want to apply

90

Do you want to apply for the Accommodation Supplement?

No

[Go to question 106](#)

Yes

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

## Tell us who you live with

91

Do you live alone?

No



Please write below the names of the others you live with

Yes

First name

Surname or family name

Relationship to you

First name	Surname or family name	Relationship to you

## Tell us about rental costs

92

Do you pay rent?

No

[Go to question 98](#)

Yes

### INFORMATION FOR Q92:

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

93

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

No

Yes

[Go to question 106](#)

You won't be able to get Accommodation Supplement

94

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

95

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

### ATTACHMENT FOR Q95:

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

96

Do you pay water rates separately from your rent?

No

Yes



Tell us how much you pay

How often?

### ATTACHMENT FOR Q96:

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

97

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

[Go to question 106](#)

## Tell us about board costs

98

Do you pay board?

No

**Go to question 101**

Yes



**List what costs your board includes**

99

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

100

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

**Go to question 106**

**INFORMATION FOR Q98:**

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

**HOW TO ANSWER Q98:**

For example food, electricity, telephone.

**ATTACHMENT FOR Q99:**

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

## Tell us about home ownership costs

101

Do you own the home you live in?

No

**Go to question 106**

Yes

102

What are your home ownership costs?

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

**HOW TO ANSWER Q102:**

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

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

Don't include contents insurance.

**ATTACHMENT FOR Q102:**

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

**ATTACHMENT FOR Q103:**

Bring receipts for any repair and maintenance costs.

103

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

No

Yes



**Please write the total amount**

104

Do you have a mortgage from Housing New Zealand?

No

Yes



**Please write your interest rate**

%

**ATTACHMENT FOR Q105:**

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

105

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

No

Yes

Amount

Rating year 1 July

to 30 June

# Extra help form: Disability Allowance

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

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

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

No Go to question 111  Yes

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

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

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

You  Your partner  Your dependent child

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

First name	Surname or family name

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

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

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

No  Yes ↓ Please write the details below

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

109

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

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

## Describe your extra costs 110

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

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

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

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



# Disability Allowance medical certificate



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Health practitioner to complete

The Disability Allowance is available for reimbursement of additional costs arising from a disability where the following criteria are met:

1. The person has a disability which is likely to continue for at least six months; and
2. The disability has resulted in a reduction of the person's independent function to the extent that:
  - the person requires ongoing support to undertake the normal functions of life, or
  - the person requires ongoing supervision or treatment by a health practitioner.

For the purposes of qualifying for Disability Allowance, a disability means:

- physical disability or impairment
- physical illness

- psychiatric illness
- intellectual or psychological disability or impairment
- any other loss or abnormality of psychological, physiological, or anatomical structure or function (including sensory impairment)
- reliance on a guide dog, wheelchair, or other remedial means
- the presence in the body of organisms capable of causing illness.

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

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

## Client details

1

Client number    |    |

2

Client's name

First names

Surname

## Disability details

3

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

Yes



Please provide the details below

No

Go to Health Practitioner Verification

4

What is the nature of the person's disability?



Please tick the major disabilities or specify below

*Psychological or psychiatric conditions*

Stress (160)

Depression (161)

Bipolar disorder (162)

Schizophrenia (163)

Other psychological/psychiatric (165)

*Nervous system disorders*

Epilepsy (120)

Multiple sclerosis (121)

Parkinson's disease (122)

Muscular dystrophy (123)

Other nervous system disorders (124)

*Cardio-vascular disorders*

Heart disease (130)

Stroke (131)

Other cardio-vascular (132)

*Immune system disorders*

HIV / Aids (140)

Other immune system disorders (141)

*Metabolic and endocrine disorders*

Diabetes (150)

Other metabolic or endocrine disorders (151)

*Substance abuse*

Alcohol (170)

Drug (171)

Other substance abuse (172)

*Sensory disorders*

Blindness (180)

Other visual / eye (181)

Hearing / ear (182)

Other sensory disorders (183)

*Accident*

- Burns (190)
- Fractures, dislocations, soft tissue injury (191)
- Poisoning, toxic effects (192)
- Internal injuries (193)
- Injury to the nervous system (194)
- Back pain / injury (195)
- Overuse injury [RSI] (196)
- Complications of medical or surgical care (197)
- Other injury (198)

*Other disorders*

- Congenital conditions (103)
- Intellectual disability (164)
- Cancer (104)
- Infectious / parasitic diseases (105)
- Musculo-skeletal system disorder (106)
- Respiratory disorders (107)
- Genito-urinary disorders (108)
- Blood and blood forming organs (109)
- Skin disorders (110)
- Digestive system disorder (111)

5

**Please indicate the expected duration of the disability:**

- Less than 6 months **There may be no entitlement to Disability Allowance**
- 6 to 12 months
- 1 to 2 years
- 2 to 3 years
- Permanent (never reassess)

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

6

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

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

**Items, services, treatments, pharmaceuticals**

7

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

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

**Health practitioner's verification**

**Please print your details below.**

HPI number   |

Health practitioner's full name

Practice name and address

Telephone number (  )

Health practitioner's signature

Date

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

# Extra help form: Temporary Additional Support

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

## Tell us if you want to apply 111

Do you want to apply for Temporary Additional Support?

No [Go to page 31](#)  Yes

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

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

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

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

[Please write the details of any tax credits below](#)

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

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

Are you or your partner working?

No [Go to question 115](#)  Yes

## 114 INFORMATION FOR Q114:

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

## 114 ATTACHMENT FOR Q114:

You'll need to show proof of these costs.

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

No  Yes [Please write the details below](#)

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

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

115

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

No  Yes [Go to question 130](#)

116

Do you pay rent?

No [Go to question 122](#)  Yes

117

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

No  Yes

118

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

\$

119

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

\$

120

Do you pay water rates separately from your rent?

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

\$  How often

121

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

[Go to question 130](#)

122

Do you pay board?

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

123

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

\$

124

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

[Go to question 130](#)

**INFORMATION FOR Q116:**  
By rent we mean the amount you pay is for your accommodation only and doesn't include other costs such as food or electricity.

**ATTACHMENT FOR Q119:**  
You'll need to show proof of what you pay for rent.

**ATTACHMENT FOR Q120:**  
You'll need to show proof of what you pay for water rates.

**HOW TO ANSWER Q122:**  
For example food, electricity, telephone.

**INFORMATION FOR Q122:**  
By board we mean the amount you pay for your accommodation where it includes food costs and may also include other costs like electricity.

**ATTACHMENT FOR Q123:**  
You'll need to show proof of what you pay for board.

125

**Do you own the home you live in?**

No

**Go to question 130**

Yes

**HOW TO ANSWER Q126:**

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

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

Don't include contents insurance.

**ATTACHMENT FOR Q126:**

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

126

**What are your home ownership costs?**

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

**ATTACHMENT FOR Q127:**

Bring receipts for any repair and maintenance costs.

127

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

No

Yes

**→ Please write the total amount**

128

**Do you have a mortgage from Housing New Zealand?**

No

Yes

**→ Please write your interest rate**

 %

129

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

No

Yes

Amount \$

Rating year 1 July

to 30 June

**Tell us about other essential costs**

130

**Do you or your family have any regular essential costs?**

No

Yes

**↓ Please provide the details below**

**INFORMATION FOR Q130:**

Essential regular costs can include:

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

**ATTACHMENT FOR Q130:**

You'll need to show proof of these costs.

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

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

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

**131**

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

 No Yes

**↓ Please write the details below**

How much do you pay?

How often? (weekly, fortnightly, monthly)

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

**132**

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

# Jobseeker Support partner form



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

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

## Tell us about yourself

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

Client number

 |  | 

### 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 

#### ATTACHMENT FOR Q1:

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

#### HOW TO ANSWER Q3:

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

#### ATTACHMENT FOR Q3:

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



## Tell us your ethnicity

13

**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 → **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 continuously for at least two years since you became a New Zealand citizen or permanent resident?

No     Yes

**HOW TO ANSWER Q18:**  
Please answer even if you're a New Zealand citizen by birth.

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

19

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

 No

[Go to question 22](#)

 Yes

↓ Please list the details below

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

#### INFORMATION FOR Q19:

Periods of overseas residence may:

- affect entitlement to some benefits
- mean you're eligible for an overseas benefit or pension.

For more information, phone **0800 777 227**.

#### HOW TO ANSWER Q19:

Your reason for being in a country may be that you were there for a working holiday, you were living there, you were born there.

20

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

 No

[Go to question 22](#)

 Yes

↓ Tick the box that best describes your benefit, pension or allowance

Retirement or old age

Superannuation

Disability or health condition

Widow or survivor

Child or dependent

War related

Other

21

### If you ticked 'Yes' for question 20, please give details of the payments you get.

	Payment 1	Payment 2
What country does the payment come from?		
How much do you get each time the payment is made (in overseas currency)?		
Is this amount before or after tax?		
How often do you get the payment (for example, weekly, fortnightly, monthly)?		
What is the name of your pension, allowance or benefit?		
What is the payment reference number?		

#### ATTACHMENT FOR Q21:

You'll need to show us proof of these payments, such as a pension certificate.

22

## Tell us whether you're a veteran

 No

 Yes

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

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

# Tell us about your work in the last 52 weeks

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

## Tell us about your current work

23

### Are you working?

No

[Go to question 27](#)

Yes

### HOW TO ANSWER Q24:

24

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

### What type of work do you do?

Full-time

Part-time

Casual

Seasonal

Self-employed

Voluntary

### INFORMATION FOR Q24:

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

25

### Who are you working for?

Employer's name

Employer's contact details

Address		
Phone number	(    )	Fax (    )
Email		

### HOW TO ANSWER Q26:

26

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).

### 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"/>

### INFORMATION FOR Q27:

27

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

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

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

No

[Go to question 28](#)

Yes

[Please write the details below](#)

Which child is it for?

How much is it each week?

\$

What date will it end?

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

# Tell us about your income

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

28

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

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

**ATTACHMENT FOR Q28:**

Bring a copy of your business accounts.

**INFORMATION FOR Q28:**

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

29

### Did you answer 'Yes' or 'Jointly with partner' to any of the sources of income listed in question 28?

No  Yes

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

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

**ATTACHMENT FOR Q29:**

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

**HOW TO ANSWER Q30:**

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

**30**

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

No  Yes

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

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

**HOW TO ANSWER Q31:**

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 36.

**31**

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

No  Yes

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

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

**Are you involved in a trust?**

**32**

**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

**ATTACHMENT FOR Q32:**

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



# What you need to do (your obligations)



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When you're getting payments from us, there are some things you need to do to make sure you're getting paid the right amount. So does your partner, if you have one.

If you don't do these things, we could pay you the wrong amount. It could also mean we have to reduce or stop your payments. We don't want you to miss out on money you need so please read these carefully.



## Let us know when things change

**You need to let us know about changes that might affect the amount you're paid.**

Changes to your income or availability for work, like:

- starting, stopping or changing jobs
- starting or finishing part-time or full-time study
- changes to your pay or other income, including getting an overseas pension
- starting to run a business (for yourself or someone else).

Changes to information about you or your family, like:

- name, address, contact details or bank account number
- starting or ending a relationship, marriage, or civil union
- a partner passes away
- the number of children in your care, including having another baby.

Changes to where you live or how much it costs, like a rise or drop in your rent, board, mortgage or rates.

We also need to know if you:

- go into or come out of hospital
- are being held in custody or on remand.

If we have the wrong information we could pay you the wrong amount. If we pay you too much you might have to pay us back.

ⓘ A **job** could be part-time, casual or full-time, paid or unpaid.

ⓘ Having another baby while you're getting a benefit changes your obligations about looking for work.



## Tell us if you're going overseas

**If you're travelling overseas, you need to let us know.**

You need to let us know before you leave New Zealand. If there's a good reason you can't, then you need to let us know as soon as you can.

ⓘ We can't pay you while you're out of New Zealand unless we've agreed to it.



① **Full-time work** means work of at least 30 hours a week.

**Part-time work** for partners with children means work of more than 20 hours and less than 30 hours a week.

**Part-time work** for people with a health condition means work of more than 15 hours and less than 30 hours a week.

**Health condition** includes illness, disability, or injury.

① **Getting ready to work** might include job training courses, seminars, work experience, or work assessment.

① A **suitable job** is any work you're capable of doing and can get to. Work could be full-time, part-time or temporary work, or work that is seasonal or subsidised.

## Look for work

**Generally, you need to look for full-time work if you're not caring for children under the age of 14.**

**You'll need to look for part-time work if your health condition means you can work part-time.**

**Your partner (if you have one) needs to look for part-time work if the youngest child in your care is between 3 and 13.**

You need to:

- do things we ask you to do to help you get ready to work
- be available for a suitable job, and do everything you can to get one
- take part in job interviews we ask you to go to
- accept any suitable job offer.

If potential employers or training providers are legally allowed to ask you to take a drug test, you need to pass the test.

You also need to:

- meet with us when we ask
- keep us up-to-date with what you're doing to find work.



① **Health condition** includes illness, disability, or injury.

## Do what you can to get ready to work

**You'll need to do what you can to get ready to work while you have:**

- **children in your care aged under 3**
- **a health condition that stops you from working 15 or more hours a week.**

We won't ask you to look for work until you're able to. Until then, you need to:

- make a plan and do everything you can to get ready to work
- meet with us when we ask.



## Keep up-to-date with children's health and education

**Looking after children in your care includes making sure they're:**

- **enrolled with a health practitioner or medical centre**
- **up-to-date with core Well Child/Tamariki Ora checks**
- **enrolled in and going to early childhood education from the age of 3 until they start school**
- **going to school from when they start at the age of 5 or 6.**

If we ask, you'll need to talk to us about what you're doing to care for your children's health and education.



## Work with a Youth Coach, if you're asked to

You'll need to work with a Youth Coach if you're:

- aged 16-17 and don't have children
- aged 16-19 and have children.

You'll meet with them to talk about how things are going with your Youth Service Plan.

**i** You'll set up a Youth Service Plan with your coach to cover:

- education, training and work-based learning
- budgeting and how you'll manage your money
- parenting (if you have children).



## Make any changes you can so you don't need Temporary Additional Support

**Temporary Additional Support (TAS) is short-term help to meet your costs.**

If you get TAS you need to do what you can to:

- reduce costs
- earn extra money
- get other help with costs.

**i** You can find ideas on how to do this at [msd.govt.nz/reducing-costs](https://msd.govt.nz/reducing-costs)

## What can happen if you don't meet your obligations

You need to do the things listed above to keep getting payments from us. So does your partner, if you have one.

**If you don't do these things your payments may go down or stop. In some cases you could even be prosecuted.**



## Your payments can go down or stop if you:

- don't tell us something we need to know
- don't do something we asked you to do to look for work
- refuse an offer of suitable work
- are not doing what you need to do to get ready for work
- refuse to take, or fail a drug test needed by an employer or training provider.

**i** You can find full details about what can happen if you don't meet your obligations at [msd.govt.nz/not-meeting-your-obligations](https://msd.govt.nz/not-meeting-your-obligations)

## Your rights

You have the right to ask us to review any decision we make about your payments.



## If you don't think we have things right or there's something you don't understand:

- call us – we can usually fix it over the phone
- you have the right to ask us to review the decision. Find out how at [msd.govt.nz/reviews](https://msd.govt.nz/reviews)



# How we protect your privacy



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## Collecting your information

**We collect your personal information so we can provide income support under the Social Security Act 2018, and connect you with employment, education, and housing services.**

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

## Using your information

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

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

## Sharing your information

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

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

## Respecting you and your information

**We make sure we follow the Privacy Act 1993 to do what's right when we use your information.**

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

## Get in touch if you have a question

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

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

# Signature page

## Office copy

### Applicant

I have answered all the questions that apply to me and my situation.

The information I have given you is true and complete.

I understand the things I need to do while I'm getting payments.

I will do what I need to do to meet my obligations.

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

Applicant's name (print)

Applicant's signature

Date

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

### Applicant's partner

I have answered all the questions that apply to me and my situation.

The information I have given you is true and complete.

I understand the things I need to do while I'm getting payments.

I will do what I need to do to meet my obligations.

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

Applicant's partner's name (print)

Applicant's partner'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 applicant or their partner to complete this application form.

Your first and middle names

Your surname or family name

Your address

Your phone number

#### Tick the box for the statement that applies

- I completed this application form at the request of the person applying. They told me they understood what they were signing. The statements and answers I have completed are true and complete as given to me by the person applying.
- I completed this application form at the request of the partner of the person applying. They told me they understood what they were signing. The statements and answers I have completed are true and complete as given to me by the partner of the person applying.

Helper's signature

Date

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

# Signature page

## Applicant's copy

### Applicant

I have answered all the questions that apply to me and my situation.

The information I have given you is true and complete.

I understand the things I need to do while I'm getting payments.

I will do what I need to do to meet my obligations.

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

Applicant's name (print)

Applicant's signature

Date

Day Month Year

**Please use the document checklist to help you make sure you bring all the documents you need to your meeting with us.**

## Applicant's partner's copy

### Applicant's partner

I have answered all the questions that apply to me and my situation.

The information I have given you is true and complete.

I understand the things I need to do while I'm getting payments.

I will do what I need to do to meet my obligations.

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

Applicant's partner's name (print)

Applicant's partner's signature

Date

Day Month Year

**Please use the document checklist to help you make sure you bring all the documents you need to your meeting with us.**

