

# Community Services Card application



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

The Community Services Card can help you and your family with the costs of health care, like paying less on some health services, prescriptions and public transport.

Always carry your card to make it easy to get the benefits.

If you have any questions or need help with this application, please call us on **0800 999 999**.

## Who should fill in this form?

### You need to complete this form if:

- you're working and have a low income and no children
- you're working, have children and are getting family tax credits
- you've applied for, or are getting NZ Super and have a low income. (If you already have a Community Services Card when you apply for NZ Super, it will stop working when your NZ Super is granted.)

### Some people don't need to fill in the form because they automatically get sent a card.

These include people who get Work and Income benefits, Veteran's Pension or Accommodation Supplement, students getting a Student Allowance, people getting Residential Care or Residential Support Subsidy.

## What you need to provide

| Proof of who you are:  | For you                  | For your partner (if you have one) |
|--|--------------------------|------------------------------------|
| <b>If you were born in New Zealand</b> , provide 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> , provide 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> , provide 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 provide <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"/>           |
| Full birth certificate for each dependent child in your care.  | <input type="checkbox"/> | <input type="checkbox"/>           |

**If you're using identification that has expired, it must not be more than two years past the expiry date.**

# 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

# Community Services Card applicant's form



MINISTRY OF SOCIAL  
DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

In the applicant form, 'you', 'your', and 'yourself' means the person applying for a Community Services Card.

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

## Tell us about yourself

Client number

 |  | 

It's on your Community Services Card if you've had one before, or if you've applied for support from StudyLink or Work and Income before it's on a letter from us.

### 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

#### ATTACHMENT FOR Q1:

Provide proof of who you are. What you need to provide is explained on page 1.

2

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

No       Yes

First and middle names

Surname or family name

#### HOW TO ANSWER Q3:

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

3

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

No    Yes  

1.

2.

#### ATTACHMENT FOR Q3:

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

4

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

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

Other

## Tell us more about you

5

What date were you born?

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

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"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|



**ATTACHMENT FOR Q7:**

A form or letter from Inland Revenue showing your tax number.

## Tell us how we can contact you

8

Where do you live?

Flat/House number Street name

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

Suburb

Town/City

9

Is your mailing address different from where you live?

No       Yes      **↓ If yes, tell us your mailing address**

10

Are you in a rest home or hospital?

No       Yes

11

How else can we contact you?

Tick the best way for us to first contact you

|              |        |  |
|--------------|--------|--|
| Home phone   | (    ) |  |
| Mobile phone | (    ) |  |
| Other phone  | (    ) |  |
| Email        |        |  |



**HOW TO ANSWER Q8:**

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



**HOW TO ANSWER Q9:**

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

12

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 ↓ **If other, write below**     Don't want to answer

**INFORMATION FOR Q12:**  
We collect this information for statistics we use in research and future development work.

## Tell us about your residence status

13

Do you usually live in New Zealand?

No     Yes

14

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

New Zealand citizen by birth    **Go to question 17**

Granted New Zealand citizenship    → **Date citizenship granted**     Day     Month     Year

**Go to question 15**

Granted permanent residency    → **Date permanent residence granted**     Day     Month     Year

**Go to question 15**

Other    ↓ **If other, what is your residence status?**

**HOW TO ANSWER Q13:**  
This means you consider New Zealand your home, you're a legal resident, you usually live here and you intend to stay.

15

When did you arrive in New Zealand?

Day     Month     Year

16

What country were you born in?

# Tell us about the people in your household

## 17 INFORMATION FOR Q17:

If the people you live with get a benefit or pension from us, we'll match your information with theirs, and we may need to contact them.

## ATTACHMENT FOR Q17:

If more than 4 other people live at your address, please write these details about each one on a separate sheet of paper, and bring them with this application form.

17

## What other people live at your residence? (Tick all that apply)

- I live alone [Go to question 19](#)
- My partner and/or dependent children [Go to question 19](#)
- The people listed below (don't list your partner or dependent children)

| First name | Surname or family name | Relationship to you |
|------------|------------------------|---------------------|
|            |                        |                     |
|            |                        |                     |
|            |                        |                     |
|            |                        |                     |

Our definitions of renters and boarders are:

- **Renters:** people who pay for accommodation only
- **Boarders:** people who pay a fixed amount for accommodation, food and utilities, and are not included on the tenancy agreement. This includes people living in a boarding house (with food provided) or social housing property and are not the head tenant.

18

## Do any of the people you live with, listed in Q17 above, pay you board or rent?

- No [Go to question 19](#)       Yes [If yes, please provide details below](#)

## HOW TO ANSWER Q18:

'Self-contained' means there is a kitchen or a kitchenette and a bathroom. If it's a caravan or campervan it needs to have facilities for:

- day-to-day living
- sleeping
- preparing and cooking food.

It must also have a:

- Sink
- Toilet

## HOW TO ANSWER Q18:

The floor area for the whole home can be found by looking up the address on [qv.co.nz](http://qv.co.nz)

**Person 1**

|   |          |                                   |  |
|---|----------|-----------------------------------|--|
| Full name of renter or boarder  |          |                                   |  |
| Date of birth      /      /   |          |                                   |  |
| Phone number      (      )  |          |                                   |  |
| Email address   |          |                                   |  |
| Do they pay you rent or board? <input type="checkbox"/> Rent <input type="checkbox"/> Board                 |          |                                   |  |
| How much do they pay?      \$   |          | How often?                        |  |
| When did they start paying?      /      /   |          |                                   |  |
| Does this person live in a self-contained part of the property?   |          |                                   |  |
| <input type="checkbox"/> No <a href="#">Go to next person or question 19</a>                                |          |                                   |  |
| <input type="checkbox"/> Yes <a href="#">What is the floor area of the self-contained part of property?</a> |          |                                   |  |
| Length of the space<br>(in metres)  | Multiply | Width of the space<br>(in metres) | Floor area<br>(in metres <sup>2</sup> )  |
| <input type="text"/>  | ×        | <input type="text"/>              | = <input type="text"/>                   |
| What is the total floor area of the whole property?   |          |                                   | <input type="text"/> metres <sup>2</sup> |

**HOW TO ANSWER Q18:**  
 'Self-contained' means there is a kitchen or a kitchenette and a bathroom. If it's a caravan or campervan it needs to have facilities for:

- day-to-day living
- sleeping
- preparing and cooking food.

It must also have a:

- Sink
- Toilet

**HOW TO ANSWER Q18:**  
 The floor area for the whole home can be found by looking up the address on [qv.co.nz](http://qv.co.nz)

**Person 2**

Full name of renter or boarder \_\_\_\_\_

Date of birth     /     / \_\_\_\_\_

Phone number    (     ) \_\_\_\_\_

Email address \_\_\_\_\_

Do they pay you rent or board?     Rent     Board

How much do they pay? \$ \_\_\_\_\_     How often? \_\_\_\_\_

When did they start paying?     /     / \_\_\_\_\_

Does this person live in a self-contained part of the property?

No    **Go to next person or question 19**

Yes    **↓ What is the floor area of the self-contained part of property?**

|                                    |          |                                   |        |   |
|------------------------------------|----------|-----------------------------------|--------|---|
| Length of the space<br>(in metres) | Multiply | Width of the space<br>(in metres) | Equals | Floor area<br>(in metres <sup>2</sup> ) |
| <input type="text" value="."/>     | ×        | <input type="text" value="."/>    | =      | <input type="text" value="."/>          |

What is the total floor area of the whole property?   

**Person 3**

Full name of renter or boarder \_\_\_\_\_

Date of birth     /     / \_\_\_\_\_

Phone number    (     ) \_\_\_\_\_

Email address \_\_\_\_\_

Do they pay you rent or board?     Rent     Board

How much do they pay? \$ \_\_\_\_\_     How often? \_\_\_\_\_

When did they start paying?     /     / \_\_\_\_\_

Does this person live in a self-contained part of the property?

No    **Go to next person or question 19**

Yes    **↓ What is the floor area of the self-contained part of property?**

|                                    |          |                                   |        |   |
|------------------------------------|----------|-----------------------------------|--------|---|
| Length of the space<br>(in metres) | Multiply | Width of the space<br>(in metres) | Equals | Floor area<br>(in metres <sup>2</sup> ) |
| <input type="text" value="."/>     | ×        | <input type="text" value="."/>    | =      | <input type="text" value="."/>          |

What is the total floor area of the whole property?   

**Person 4**

Full name of renter or boarder \_\_\_\_\_

Date of birth     /     / \_\_\_\_\_

Phone number    (     ) \_\_\_\_\_

Email address \_\_\_\_\_

Do they pay you rent or board?     Rent     Board

How much do they pay? \$ \_\_\_\_\_     How often? \_\_\_\_\_

When did they start paying?     /     / \_\_\_\_\_

Does this person live in a self-contained part of the property?

No    **Go to question 19**

Yes    **↓ What is the floor area of the self-contained part of property?**

|                                    |          |                                   |        |   |
|------------------------------------|----------|-----------------------------------|--------|---|
| Length of the space<br>(in metres) | Multiply | Width of the space<br>(in metres) | Equals | Floor area<br>(in metres <sup>2</sup> ) |
| <input type="text" value="."/>     | ×        | <input type="text" value="."/>    | =      | <input type="text" value="."/>          |

What is the total floor area of the whole property?   

**ATTACHMENT FOR Q18:**  
 If more than 4 other people live at your address, please write these details about each one on a separate sheet of paper, and bring them with this application form.

## Tell us about your dependent children

19

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

 No

[Go to question 20](#)

 Yes

[↓ If 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

#### Child 5

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 five children in your application, please write these details about each one on a separate sheet of paper, and provide it with this application form.

#### HOW TO ANSWER Q19:

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 Q19:

Provide the birth certificate for each dependent child.

## Tell us about your relationship status

20

### Do you have a partner?

By 'partner' we mean someone you're in a relationship with.

No

**Go to question 24**

Yes

21

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

Mr

Mrs

Ms

Miss

Other

First and middle names

Surname or family name

22

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

Day Month Year

Please ask your partner to fill in the Partner's section on page 16

23

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

**Tick one of the following boxes**

Married

In a civil union

In a relationship

## Overseas pensions and benefits

24

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

No

**Go to question 26**

Yes

**↓ If yes, tick the box that best describes the benefit, pension or allowance**

Retirement or old age

Superannuation

Disability or health condition

Widow or survivor

Child or dependent

War related

Other

**↓ If other, please provide details below**

**ATTACHMENT FOR Q25:** **25**  
 You'll need to provide proof of these payments, such as a pension certificate.

**If you ticked 'Yes' for question 24, please give details of the payments you or your partner get.**

|   | Payment 1 | Payment 2 | Payment 3 |
|---|-----------|-----------|-----------|
| Who is the payment for (you or your partner)?   |           |           |           |
| What country does the payment come from?  |           |           |           |
| How much do you or your partner get each time the payment is made (in overseas currency)?     |           |           |           |
| Is this amount before or after tax?   |           |           |           |
| How often do you or your partner get the payment (for example: weekly, fortnightly, monthly)? |           |           |           |
| What is the name of the pension, allowance or benefit?  |           |           |           |
| What is the payment reference number?   |           |           |           |

**Business income**

**26 Are you or your partner self-employed?**

- No **Go to question 30**
- Yes **↓ If yes, please describe your business**
- Sole trader     Partnership     Limited liability company

**ATTACHMENT FOR Q27:** **27**  
 You need to provide your business accounts, including personal tax summaries.

**Please complete the following table for your last financial year.**

|                       | You | Your partner |
|-----------------------|-----|--------------|
| Net profit before tax | \$  | \$           |
| Shareholder salaries  | \$  | \$           |
| Depreciation          | \$  | \$           |
| Net drawings          | \$  | \$           |
| Funds introduced      | \$  | \$           |

**INFORMATION FOR Q28:** **28**  
 For example a room you use as an office.

**Do you claim back part of the home you live in as a business expense from Inland Revenue at the end of each tax year?**

- No **Go to question 30**     Yes

**HOW TO ANSWER Q29:** **29**  
 If you don't know the exact amount please estimate it, based on the percentage of your home used for the business. Talk with us if you're not sure.

**What is the amount you claim back from Inland Revenue?**

\$

## Other rent payments

### ② HOW TO ANSWER Q30:

For example:

- a person pays you to use your garage to park their car in each week
- an organisation rents a bedroom they use as an office.

### ② HOW TO ANSWER Q31:

For example a bedroom or garage.

30

Do you rent out some of your residence (not used for accommodation purposes) to another person or organisation?

No

[Go to question 35](#)

Yes

31

What is the space they rent?

  


32

What is the floor area of the space they use?

Length of the space  
(in metres)

Multiply

Width of the space  
(in metres)

Equals

Floor area  
(in metres<sup>2</sup>)

×

=

33

What is the total floor area of the whole property?

 metres<sup>2</sup>

34

How much do they pay you?

Amount

How often (eg weekly)?

Start date of  
payment

|    |  |     |
|----|--|-----|
| \$ |  | / / |
|----|--|-----|

## Tell us about your current work

### ① INFORMATION FOR Q35:

Working means for wages or salary.

35

Are you working?

No

[Go to question 37](#)

Yes

36

How much do you get paid?

| Where does it come from? | Amount paid?<br>(before tax) | How often?<br>(for example weekly,<br>fortnightly, monthly) |
|--------------------------|------------------------------|---|
|                          | \$                           |   |
|                          | \$                           |   |
|                          | \$                           |   |
|                          | \$                           |   |
|                          | \$                           |   |

37

Is your partner working?

No

[Go to question 39](#)

I don't have a partner

[Go to question 39](#)

Yes

38

How much is your partner's regular gross wage (before tax)?

| Where does it come from? | Amount paid?<br>(before tax) | How often?<br>(for example weekly,<br>fortnightly, monthly) |
|--------------------------|------------------------------|---|
|                          | \$                           |   |
|                          | \$                           |   |
|                          | \$                           |   |

# Tell us about your income and assets

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

39

### 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 (private arrangement or through Inland Revenue)  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 Q39:**  
Bring a copy of your business accounts.

**INFORMATION FOR Q39:**  
In this application form, 'partner' means the person you're married to or in a civil union or relationship with, not a business partner.

**ATTACHMENT FOR Q40:**  
You need to provide proof of income received in the last 52 weeks.

40

### Did you answer 'yes' to any of the sources of income listed in question 39?

No  Yes

**↓ If yes, tell us the total before-tax amounts, for the last 52 weeks**

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

**HOW TO ANSWER Q41:**  
Other types of payment include advantages such as free or subsidised goods and services (for example, free food, subsidised accommodation).

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

No  Yes **↓ If yes, tell us about the type of payment and its value**

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

**42 Do you think you and your partner will get the same amounts you've told us in questions 40 and 41 in the next 12 months?**

No **Go to question 43**  Yes **Go to question 44**

**43 Tell us what income or other payments you and your partner expect to get in the next 12 months.** Please use the before-tax amounts.

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

**44 Do you or your partner pay a professional to prepare your tax return?**

No  Yes **↓ If yes, please tell us below how much you pay**

You  Your partner

**45 Do you or your partner pay child support?**

No  Yes **↓ If yes, please tell us below how much you pay and how often**

| You                             |                      | Your partner                    |                      |
|---------------------------------|----------------------|---------------------------------|----------------------|
| How much?                       | How often?           | How much?                       | How often?           |
| <input type="text" value="\$"/> | <input type="text"/> | <input type="text" value="\$"/> | <input type="text"/> |

**46 Are you a tertiary student or will you be one next year?**

No  Yes

**47 Do you or your partner get Working for Families tax credit?**

No  Yes **↓ If yes, please tell us below how much you get and how often**

| You                             |                      | Your partner                    |                      |
|---------------------------------|----------------------|---------------------------------|----------------------|
| How much?                       | How often?           | How much?                       | How often?           |
| <input type="text" value="\$"/> | <input type="text"/> | <input type="text" value="\$"/> | <input type="text"/> |

## Paid parental leave 48

**ATTACHMENT FOR Q48:**  
Please provide proof of these payments, eg your payment advice letter from Inland Revenue.

Are you or your partner getting paid parental leave payments?

No

Yes

→ How much per week?

\$

49 What is the date of the last payment?

Day Month Year

## Are you involved in a trust?

**ATTACHMENT FOR Q50:**  
You'll need to show us trust documents, such as the trust deed, deed of debt, gift statements, accounts.

50 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

↓ If yes, please write the name of the trust

Name of trust

  

## Tell us about your accommodation costs 51

**INFORMATION FOR Q52:**  
By rent we mean the amount you pay is for your accommodation only and doesn't include other costs such as food or electricity.

Do you get board or rent payments from another person?

No

Go to page 16

Yes

Go to question 52

52 Do you pay rent?

No

Go to question 57

Yes

53 Do you pay rent to Kāinga Ora or an approved community housing provider?

No

Yes

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

\$

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

\$

56 Do you pay water rates separately from your rent?

No

Yes

↓ If yes, tell us how much you pay

\$

How often

**HOW TO ANSWER Q57:**  
For example food, electricity, telephone.

57

**INFORMATION FOR Q57:**  
By board we mean the amount you pay for your accommodation where it includes food costs and may also include other costs like electricity.

58

**ATTACHMENT FOR Q58:**  
You'll need to show proof of what you pay for rent or board.

59

**INFORMATION FOR Q59:**  
If your landlord gets a benefit or pension from us, we may need to contact them. We need this information so we can correctly identify them.

60

**HOW TO ANSWER Q61:**  
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.

61

**ATTACHMENT FOR Q61:**  
You'll need to show proof of your home ownership costs.

62

**ATTACHMENT FOR Q62:**  
Bring receipts for any repair and maintenance costs.

63

**Do you pay board?**

No **Go to question 60**  Yes **↓ If yes, tell us what costs your board includes**

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

 \$

**Tell us about the person or organisation you pay rent or board to:**

Person's or organisation's full name

Person's or organisation's contact details

|              |     |  |
|--------------|-----|--|
| Address      |     |  |
| Phone number | ( ) |  |
| Email        |     |  |

If paid to a person, what is their date of birth (if known?)

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

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

No **Go to page 16**  Yes

**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 |                 | \$                   |  |

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

No  Yes **→ If yes, please write the total amount**  \$

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

No  Yes Amount \$  Rating year 1 July  20  
to 30 June  20

# Community Services Card partner form



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This partner form should be completed by the partner of the person applying for Community Services Card. If you don't have a partner please go to page 19.

## Tell us about yourself

Client number

 |  | 

It's on your Community Services Card if you've had one before, or if you've applied for support from StudyLink or Work and Income before it's on a letter from us.

### Tell us about yourself

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:

Provide proof of your identity. What you need to provide 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:

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

5

What date were you born?

Day Month Year [ ] [ ] [ ]

6

Are you:

[ ] Male [ ] Female [ ] Gender diverse

ATTACHMENT FOR Q7:

A form or letter from Inland Revenue showing your tax number.

7

What is your Inland Revenue tax number?

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Tell us where you live

8

Where do you live?

Flat/House number Street name Suburb Town/City

HOW TO ANSWER Q8:

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

9

Are you in a rest home or hospital?

[ ] No [ ] Yes

HOW TO ANSWER Q10:

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

10

Is your mailing address different from where you live?

[ ] No [ ] Yes [ ] If yes, tell us your mailing address

HOW TO ANSWER Q11:

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

11

How else can we contact you?

Tick the best way for us to first contact you

Table with 3 columns: Contact method, phone number, and first contact preference.

Tell us your ethnicity

12

Tick the group(s) you most identify with.

Form with checkboxes for various ethnicities and a text box for 'Other'.

INFORMATION FOR Q12:

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

## Tell us about your residence status

13

Do you usually live in New Zealand?

No  Yes

14

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

New Zealand citizen by birth

Go to page 19

Granted New Zealand citizenship

→ Date citizenship granted

Day Month Year

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Go to question 15

Granted permanent residency

→ Date permanent residence granted

Day Month Year

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Go to question 15

Other

↓ If other, what is your residence status?

15

When did you arrive in New Zealand?

Day Month Year

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

16

What country were you born in?

# Signature page

## Applicant and partner

The information that I have given, or that has been given about me in this application is true and complete.

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

Applicant's name (print)

Applicant's signature

Day Month Year

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

Applicant's partner's name (print)

Applicant's partner's signature

Day Month Year

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

## Helper's statement

Complete this if you've helped anyone to complete this application form.

Your first name

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

Day Month Year

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

## Next steps

### Next steps:

Send this form to:

Seniors Support Centre  
Ministry of Social Development  
PO Box 5054  
Wellington 6145



# How we protect your privacy



MINISTRY OF SOCIAL  
DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

## Collecting your information

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

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

## Using your information

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

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

## Sharing your information

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

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

## Respecting you and your information

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

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

## Get in touch if you have a question

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

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