

# Youth Payment Partner 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** and say “youth” when you’re asked why you’re calling.

We suggest that 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.

## Youth Payment

Youth Payment is for young people aged 16 or 17 who don’t have dependent children, and are in need of financial assistance. For example if you’re:

- single, you may qualify if you can’t live with your parents or guardian, and you can’t get financial support from them or anyone
- married, in a civil union or de facto relationship with a partner who meets certain requirements.


When you get Youth Payment you’ll need to work with a Youth Service provider who’ll provide on-going support and guidance. You’ll also need to meet some other conditions.

We want you to have the skills to get a job that will help you have a better future. It’s important you stay in or get back to into education, training or work-based learning.

The information we collect on this application form will help us to work out what help we can give you.

## What you need to do next

You need to do several things before a Youth Service provider can help you.

1. Carry out any activities we ask you to do to help you prepare for or stay in education, training or work-based learning.
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 with your Youth Service provider. If you don’t already have a meeting arranged, contact us on **0800 559 009** and say “youth” when you’re asked why you’re calling.

### 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 your payments. 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

# Youth Payment Partner

## what to bring



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DEVELOPMENT  
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Once you've filled out the application form, use this checklist to tick off all the documents you need for your meeting with the Youth Service provider.

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

#### Proof of who you are:

For you

**If you were born in New Zealand**, bring one type of official identification that has your full legal name and your date of birth (for example, your birth certificate, passport, driver licence, firearms licence, deed poll).

**If you were born overseas**, bring proof that you have a right to live in New Zealand (for example, a citizenship certificate, a New Zealand passport, a passport from another country with residence class visa or proof of permanent residence).

**If your name has changed**, bring your marriage certificate, deed poll, or other proof of the name change.

You need to bring **two** more documents that help to prove who you are (for example, a bank statement, phone or power account, driver licence, letter from school).

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

Proof of your bank account details, such as a bank statement or deposit slip.

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

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

## Applicant form

<b>Depending on answers in the applicant form (pages 5 to 20) you may need to bring:</b>	For you	For your partner (if you have one)
Your marriage or civil union certificate, for a current relationship.	<input type="checkbox"/>	
Reports you may already have that relate to any reason why you can't live with your parents/step-parents or guardians or get support from them.	<input type="checkbox"/>	
A letter from your school to confirm you're enrolled there (if you're a full-time student).	<input type="checkbox"/>	
Proof that you're participating in a training course or work-based learning.	<input type="checkbox"/>	
Your school leaving certificate (only if you've recently left school).	<input type="checkbox"/>	
A medical certificate if you have a health condition, injury or disability that stops you participating in education, training or work-based learning.	<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"/>
Proof of your weekly living expenses including accommodation, power, phone and any hire purchase or loan agreements you may have.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of your assets and their value.	<input type="checkbox"/>	<input type="checkbox"/>

## Extra help forms

<b>Depending on your answers in the extra help forms (pages 21 to 29), you may need to bring:</b>	For you	For your partner (if you have one)
<b>If you're applying for a Disability Allowance:</b>		
• proof of health-related costs	<input type="checkbox"/>	
• a Disability Allowance medical certificate.	<input type="checkbox"/>	
<b>If you're applying for an Accommodation Supplement:</b>		
• proof of accommodation costs	<input type="checkbox"/>	<input type="checkbox"/>
• proof of your assets and their value.	<input type="checkbox"/>	<input type="checkbox"/>
<b>If you're applying for Temporary Additional Support:</b>		
• proof of any essential ongoing costs	<input type="checkbox"/>	<input type="checkbox"/>
• proof of accommodation costs	<input type="checkbox"/>	<input type="checkbox"/>
• proof of your assets and their value.	<input type="checkbox"/>	<input type="checkbox"/>
• your 'Child Support to Pay' letter from Inland Revenue, unless you give us consent to share information with them.	<input type="checkbox"/>	<input type="checkbox"/>

# Youth Payment Partner applicant form



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In the applicant form, 'you', 'your', and 'yourself' means the person applying for Youth Payment.

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

**myMSD**

Apply online instead  
It's quicker and easier

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

## Tell us about yourself

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

Client number

 |  | 

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

1

#### What is your full name?

Mr  Mrs  Ms  Miss Other

First and middle names

Surname or family name



#### ATTACHMENT FOR Q1:

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

2

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

No  **If no, tell us the name that is on your birth certificate**  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  **If yes, write them all out below**

1.

2.



#### ATTACHMENT FOR Q3:

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

4

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

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

Other  **If other, write the full name**

## 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?



#### ATTACHMENT FOR Q8:

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

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"/>

## Tell us how we can contact you

9

### Where do you live?

Flat/House number Street name

Suburb

Town/City



#### 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.

10

### Is your mailing address different from where you live?

No  Yes



#### 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

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

12

### Do you agree to get text messages and emails from us?

No  Yes   I don't have an email address

## Tell us your ethnicity

13

Tick the group(s) you most identify with.

Māori → **Which tribe(s) or iwi?**

New Zealand European    Niuean    Samoan    Indian

Other European    Tokelauan    Tongan    Chinese

Cook Island Māori    Other ↓ **If other, write below**    Don't want to answer

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

## Tell us about your residence status

14

Do you usually live in New Zealand?

No    Yes

15

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

New Zealand citizen by birth   **Go to question 18**

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

**Go to question 16**

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

**Go to question 16**

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

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

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

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.

**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

**↓ If 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

**↓ If 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

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

**ATTACHMENT FOR Q21:**

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

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?		

## Oranga Tamariki

22

Have you recently been in the care of Oranga Tamariki?

 No

 Yes

**↓ If yes, what date are you leaving/did you leave their care?**

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

**INFORMATION FOR Q22:**

We'll contact Oranga Tamariki to find out the type of involvement you had with them and when you left their care.

# Tell us about the situation with your parents/step-parents/guardians

For single people who have never been married, in a civil union or de facto relationship, we sometimes need to get information about your circumstances from an assessment provider, school counsellor, parents and/or wider family.

## Tell us about your situation

23

What are the names, addresses and phone numbers of your parents/step-parents/guardians?


24

Are you living at your parent's/step-parent's/guardian's home?

No



If no, what date did you leave?

Day    Month    Year

--	--	--

Yes

Please talk with your Youth Service provider or Work and Income about this

Go to question 26

25

Please tell us why you're not living with them.


### INFORMATION FOR Q26:

Examples of any other person include:

- partner/boyfriend/girlfriend
- family/relatives
- friends.

26

Do you get any money from your parents/step-parents/guardians or any other person?

No

Yes



If yes, please provide details below

Who do you get money from?

How much

	\$
	\$

27

Why aren't you getting any support from your parents/step-parents/guardians?


28

Has the relationship with your parents/step-parents/guardians broken down?

No

Go to question 31

Yes

29

How long have you been experiencing problems with your parents/step-parents/guardians?

Text input field for duration of problems.

30

Are you seeing a social worker or counsellor because of the relationship breakdown?

No

Yes

↓ If yes, please provide their name and organisation below

Text input field for name and organisation.

## Tell us about the people in your household

### Dependent children

31

Do you have dependent children in your care?

No

Yes

Please talk to your Youth Service provider or Work and Income about this

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

By degree of companionship, we mean two people:

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

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

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

**HOW TO ANSWER Q32:**  
 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 37.

**32**

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

I understand the definition of a relationship for benefit purposes

**33**

**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 37.

No **Go to question 37**  Yes

**34**

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

**35**

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

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

**ATTACHMENT FOR Q36:**  
 Bring your marriage or civil union certificate for your current relationship.

**36**

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

↓ **Tick one of the following boxes**

Married  In a civil union  In a relationship

Please get your partner to complete the Youth Payment Partner form.

**Tell us about who you live with**

**INFORMATION FOR Q37:**  
 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.

**37**

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

- I live alone **Go to question 39**
- My partner and/or dependent children **Go to question 39**
- The people listed below (don't list your partner or dependent children)

First name	Surname or family name	Relationship to you
<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 Q37:**  
 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.



**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 39**

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

Length of the space (in metres)	Multiply	Width of the space (in metres)	Equals	Floor area (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?   

 metres<sup>2</sup>

**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 39**

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

Length of the space (in metres)	Multiply	Width of the space (in metres)	Equals	Floor area (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?   

 metres<sup>2</sup>

**ATTACHMENT FOR Q38:**  
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 study and training**    **39**

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

No    **Go to question 41**     Yes

**ATTACHMENT FOR Q40**    **40**  
You'll need to provide proof if you stopped attending.

**Why did you stop attending?**

\_\_\_\_\_

\_\_\_\_\_

**HOW TO ANSWER Q41:**    **41**  
If you're unsure whether your course meets the full-time criteria, check with your education provider.

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

No    **Go to question 42**

Yes    **↓ If yes, what's the name of the place you attend?**

\_\_\_\_\_

\_\_\_\_\_

# Tell us about health conditions, injuries or disabilities

## Tell us about your ability to work

**ATTACHMENT FOR Q42:**  
If you answered 'yes' you need to provide a medical certificate from a health practitioner.

42

Do you have a health condition, injury or disability?

No

[Go to question 54](#)

Yes

[↓ If yes, please tell us what your health condition, injury or disability is](#)


43

Please describe (in your own words) how your health condition, injury or disability limits your ability to participate in education, training or work-based learning.


## Tell us about any ACC cover

44

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

No

[Go to question 52](#)

Yes

45

When did the injury or accident happen?

Day	Month	Year

46

How did the injury or accident happen?


47

Have you applied, or will you apply, for earnings-related accident compensation payments?

No

[↓ If no, please write the reasons you're not applying](#)

[Go to question 52](#)


Yes

48

Who will make these payments?

ACC

Another workplace accident insurer

[Go to question 52](#)

49

Have you applied to ACC?

No

Go to question 52

Yes



If yes, which ACC office did you apply at?

50

When did you apply?

Day Month Year

51

What is your ACC reference number?

Tell us about any insurance cover

52

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

No

Go to question 54

Yes



If yes, please write the name of the insurance company or scheme below

53

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

Weekly

\$

Lump sum

\$

## 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

54

Have you worked in the last 52 weeks?

No

Go to question 65

Yes

55

Are you working?

No

Go to question 56

Yes

**HOW TO ANSWER Q56:** **56**

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

**INFORMATION FOR Q56:**

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 56, 57 and 58.

**57**

**How many hours a week do you work?**

hours  It varies

**Please describe the work you do**

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

**Who are you working for?**

Employer's name

Employer's contact details

Address	
Phone number	( )
Email	

**HOW TO ANSWER Q58:** **58**

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.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$

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

**59**

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

No **Go to question 65**  Yes

**60**

**Who did you last work for?**

Employer's name

Employer's contact details

Address	
Phone number	( )
Email	

**61**

**How long did you work there?**

Date you started work: Day Month Year     
Date of last day at work: Day Month Year

**62**

**Why did this work end?**

**HOW TO ANSWER Q59:**

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
- the job's start and end dates.

**HOW TO ANSWER Q63:**

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

**63****Did you get any of the following payments when you left?** No**Go to question 65** Yes**↓ If yes, please tick the box and write in the before-tax amount** Sick pay \$  Holiday pay \$  Termination pay \$  Redundancy pay \$  Other \$ **↓ If other, please tell us what for****HOW TO ANSWER Q64**

Don't include any of the payments you got in Q63.

**64****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"/>

# Tell us about your income and assets

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

65

### 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 Q65:**  
Bring a copy of your business accounts.

**INFORMATION FOR Q65:**  
In this application form, 'partner' means the person you're married to or in a civil union or relationship with, not a business partner.

66

### Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 65?

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	Jointly with partner
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

**ATTACHMENT FOR Q66:**  
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.



## Are you involved in a trust?

77

### 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




#### ATTACHMENT FOR Q77:

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

## Tell us about your assets

78

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

Money in bank or other savings

No

Yes

Bonds, shares, debentures or stocks

No

Yes

Money lent to other people or organisations

No

Yes

Other cash assets

No

Yes



#### ATTACHMENT FOR Q78:

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

79

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

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



#### HOW TO ANSWER Q80:

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

80

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

Property you don't live in

No

Yes

Boat, caravan or motorhome

No

Yes

Other

No

Yes



#### ATTACHMENT FOR Q81:

You may be asked to provide proof of these details.

81

### 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?
	\$	\$
	\$	\$
	\$	\$

# Extra help form: Accommodation Supplement

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

## Tell us if you want to apply

82

Do you get board or rent payments from another person?

No  Yes



If yes, we need you to tell us about your accommodation costs using the following questions.

83

Do you want to apply for the Accommodation Supplement? Tick which applies

No, but I get board or rent payments from others

Go to question 84

No, I don't wish to apply

Go to question 97

Yes

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

## Tell us about rental costs

84

Do you pay rent?

No

Go to question 90

Yes

### INFORMATION FOR Q85:

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

85

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

No

Yes

Go to question 97. You won't be able to get Accommodation Supplement

86

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

\$

### ATTACHMENT FOR Q87:

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

87

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

\$

### ATTACHMENT FOR Q88:

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

88

Do you pay water rates separately from your rent?

No

Yes



If yes, tell us how much you pay

\$

How often?

### INFORMATION FOR Q89:

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.

89

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

Person's or organisation's full name

Person's or organisation's contact details

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

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

Day Month Year

## Tell us about board costs

90

Do you pay board?

No

**Go to question 93**

Yes

**↓ If yes, tell us what costs your board includes**

**INFORMATION FOR Q90:**

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 Q90:**

For example, food, electricity, telephone.

**ATTACHMENT FOR Q91:**

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

**INFORMATION FOR Q92:**

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.

91

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

92

Tell us about the person or organisation you pay 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"/>

## Tell us about home ownership costs

93

Do you own the home you live in?

No

**Go to question 97**

Yes

94

What are your home ownership costs?

**HOW TO ANSWER Q94:**

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 Q94:**

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

**ATTACHMENT FOR Q95:**

Bring receipts for any repair and maintenance costs.

**ATTACHMENT FOR Q96:**

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

	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		\$	

95

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

No

Yes

**→ Please write the total amount**

96

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** **97**

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

No **Go to your obligations on page 30**  Yes

If you ticked 'yes' to question 97, you'll need your doctor, specialist or nurse practitioner to fill out the Disability Allowance medical certificate on page 24.

**Tell us about any payments you get for these health needs** **98**

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

No  Yes **↓ If yes, please write the details below**

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

**99** **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** **100**

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

Type of cost	Cost	How often (such as weekly, monthly, yearly)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

**HOW TO ANSWER Q100:**  
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.

**ATTACHMENT FOR Q100:**  
You'll need to show proof of these costs.

# Disability Allowance medical certificate

Health practitioner to complete



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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 *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

↓ If yes, 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

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 101

Do you want to apply for Temporary Additional Support?

No Go to page 30  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 102

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

No  Yes ↓ If yes, tick the box for the type of tax credits you get

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

↓ If yes, 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 103

Are you or your partner working?

No Go to question 105  Yes

### i INFORMATION FOR Q104: 104

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

### p ATTACHMENT FOR Q104:

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 ↓ If 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

105

Do you get board or rent payments from another person?

No  Yes

↓ If yes, please make sure you answered from question 82 on page 21.

Go to question 119

106

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

No  Yes

Go to question 119

**INFORMATION FOR Q107:**

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

107

Do you pay rent?

No  Yes

Go to question 112

108

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

No  Yes

109

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

\$

**ATTACHMENT FOR Q110:**

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

110

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

\$

**ATTACHMENT FOR Q111:**

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

111

Do you pay water rates separately from your rent?

No  Yes

↓ If yes, tell us how much you pay

\$  How often

Go to question 114

**HOW TO ANSWER Q112**

For example food, electricity, telephone.

112

Do you pay board?

No  Yes

Go to question 115

↓ If yes, tell us what costs your board includes

**INFORMATION FOR Q112:**

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

113

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

\$

**ATTACHMENT FOR Q113:**

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

114

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

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"/>

115

Do you own the home you live in?

No  Yes

Go to question 119

**116** **HOW TO ANSWER Q116:**

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 Q116:** You'll need to show proof of your home ownership costs.

**117** **ATTACHMENT FOR Q117:** Bring receipts for any repair and maintenance costs.

**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**

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

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

**119** **Tell us about other essential costs**

**INFORMATION FOR Q119:** 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 Q119:** You'll need to show proof of these costs.

**120** **HOW TO ANSWER Q120:** Don't include toll or mobile phone costs.

**ATTACHMENT FOR Q120:** Unless we already have this information, please bring:

- proof of phone payments
- proof of the need, such as a Court Order, or verification from Police, Women's Refuge, or a similar organisation.

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

No
  Yes
 **↓ If yes, please provide the details below**

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.**

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

No
  Yes
 **↓ If yes, please write the details below**

How much do you pay?

How often? (weekly, fortnightly, monthly)

## Child support

If you pay child support and the monthly amount you have to pay is a 'formula assessment' set by Inland Revenue, the child support can be included when we work out your Temporary Additional Support. You don't have to provide this information but, if you don't, you may not receive the full amount of Temporary Additional Support you're eligible for. We can't include other types of child support.

121

### Do you or your partner have child support costs?

No, I/we don't have child support costs, or don't want to include them.

[Go to question 125](#)

Yes, I/we have child support costs.

122

### Is the amount you or your partner have to pay a formula assessment set by Inland Revenue?

No

[Go to question 125](#)

Yes

**INFORMATION FOR Q123:**

You can find the amount you have to pay and the date you have to pay it from in MyIR or your 'child support to pay' letter.

123

### Please tell us the amount you or your partner have to pay.

Who has to pay?	Amount you have to pay each month	Date you have to pay this amount from
Me	\$	/ /
My partner	\$	/ /

**INFORMATION FOR Q124:**

Details about how and when we share your personal information can be found at [workandincome.govt.nz/privacy](http://workandincome.govt.nz/privacy)

124

### Please tell us how you'd like to provide proof of the child support you have to pay.

We'll need proof of how much you have to pay. There are two ways to do this:

- Inland Revenue can share the information with us.

If you agree, Inland Revenue can tell us about your monthly child support costs. They'll share your name, date of birth, IRD number as well as your current and expected child support costs. We'll use this information to process the application for Temporary Additional Support.

You will still need to let us know if your child support costs change while you're getting Temporary Additional Support. We'll work with you to make sure you're getting paid the right amount and resolve any under or over payments.

They'll also tell us if they're managing other types of child support for you, even if it can't be included in your application. We'll only use this information to help answer questions you might have.

We'll ask for your consent each time you re-apply for Temporary Additional Support.

- You can provide your 'child support to pay' letter from Inland Revenue.

You will still need to let us know if the amount of child support you have to pay changes while you're getting Temporary Additional Support.

I agree that Inland Revenue can share my child support costs if requested by the Ministry of Social Development.

My partner agrees that Inland Revenue can share their child support costs if requested by the Ministry of Social Development.

I do not agree to my information being shared, and will provide the 'Child Support to Pay' letter from Inland Revenue.

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

125

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




# 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.

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.



**ⓘ** 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.

## 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 any board and/or rent payments you get
- 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 a 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.



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

## 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.



## Attend school, tertiary education, training or work-based learning

**You'll need to be enrolled and attending secondary school or tertiary education or an approved training or work-based learning course full-time.**

The course needs to be leading to:

- NCEA Level 2, or
- an equivalent qualification, or
- a higher qualification.



## Work with a Youth Coach

**You'll need to work with a Youth Coach who'll support you while you're getting Youth Payment.**

You'll meet with them to talk about how things are going, and they'll refer you to a budgeting programme or education, training or work-based learning.

Your Youth Coach will also set up your payments so your accommodation costs, bills and debts will be paid first. Any remaining money will be split between an in-hand allowance and your payment card.



## 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.

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

You need to do the things listed above to keep getting payments from us.

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



**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 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 enrol in an education, budgeting or parenting programme
- don't keep up-to-date with children's health and education
- are not on Money Management within 20 working days
- don't work with your Youth Coach

## 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, 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)

# Signature page Office copy

## Applicant

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

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.

If I have given consent on page 29, MSD and Inland Revenue can share information about the child support I have to pay.

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

The information I have given you is true and complete.

Applicant's name (print)

Applicant's signature

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Helper's statement

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

Your first name

Your surname or family name

Your address

Your phone number

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.

Helper's signature

Day

Month

Year

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

# Signature page

## Applicant's copy

### Applicant

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

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.

If I have given consent on page 29, MSD and Inland Revenue can share information about the child support I have to pay.

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

The information I have given you is true and complete.

Applicant's name (print)

Applicant's signature

Day

Month

Year

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

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