



Disability Allowance application

If you, or a family member have a health condition, injury or disability likely to continue for at least six months, you may be able to get extra help for your costs.

We may be able to help with costs such as ongoing visits to the doctor, medicines, household costs, some travel costs, counselling, and many other things. Your income needs to be under certain limits and there are some other conditions.

Your doctor or specialist will need to complete the Disability Certificate in the form. If you're applying for help with counselling costs there's an extra form in the application that needs to be completed with your counsellor.

For more information about the all the costs we cover, and how we help with counselling, go to **studylink.govt.nz** and search on 'Disability'.

What you need to do next

You and your partner (if you have one) will need to:

1. Complete this application form.
2. Make sure your doctor, specialist and counsellor (if applicable) have completed their sections.
3. Collect the documents you need to provide. There's a checklist over the page to help you.

All the documents you send must be verified copies.

4. Return your completed form to us online using **connect.co.nz**

Please remember to include your name and client number.

INFORMATION NOTE:

A verified copy is a copy of the original document which has been signed and dated by someone who can confirm it's the same as the original. For more information about who can do this, go to **studylink.govt.nz** and search on 'verified documents'.

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.

Use this checklist to tick off all the documents you need to give to us. Talk to us if you don't have any of the documents, have given them to us recently or if there might be a delay in getting them.

What you need to give us

Proof of who you are:

For you

For your partner
(if you have one)

If you were born in New Zealand, 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).

If you were born overseas, 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).

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

All people applying need to provide **two** more documents that help to prove who you are (for example, a marriage certificate, bank statement, phone or power account, driver licence).

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.

Applicant and partner forms

Depending on answers you may need to provide:

For you

For your partner
(if you have one)

Proof of payments, if you receive a benefit, allowance or pension from overseas.

Full birth certificates for each dependent child in your care.

Your marriage or civil union certificate, for a current relationship.

Your business accounts, if you have your own business.

Proof of any before-tax income for the 52 weeks before the application (for example, wages, holiday pay and any other income) and details of your income for the last 26 weeks.

Trust documents, if you're involved in a trust (for example, trust deed, deed of debt, gift statements, accounts).

Proof of health-related costs.

A Disability Allowance medical certificate for each person you apply for.

If you're applying for counselling, the form completed by the counsellor.



Disability Allowance application

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

Tell us about yourself

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:

Provide proof of who you are. What you need is explained on page 2.

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"/>
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ATTACHMENT FOR Q8:

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

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

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 [↓ 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

Home phone	()	<input type="checkbox"/>
Mobile phone	()	<input type="checkbox"/>
Other phone	()	<input type="checkbox"/>

12

Do you agree to get emails from us?

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

Tell us your ethnicity

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 ↓ **Please 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 ↓ **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.

16

When did you arrive in New Zealand?

Day Month Year

17

What country were you born in?

Tell us if you've lived or worked overseas

18

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

No

Go to question 21

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 Q18:

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 Q18:

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.

19

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

No

Go to question 21

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

↓ Please provide details below

ATTACHMENT FOR Q20:

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

20

If you ticked 'Yes' for question 19, 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?		

Tell us if you're studying

21

Are you a full time student?

No

Yes

Tell us about the people in your household

Tell us about your dependent children

22

HOW TO ANSWER Q22:

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 Q22:

Provide the birth certificate for each dependent child.

Do you have dependent children in your care?

No

[Go to page 8](#)

Yes



Please provide details below

Child 1

Full name

Date of birth

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 2

Full name

Date of birth

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 3

Full name

Date of birth

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 4

Full name

Date of birth

Day

Month

Year

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

Relationship to you

Parent 1: Full name

Parent 2: Full name

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

Tell us about your relationship status

HOW TO ANSWER Q23:

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 28.

ATTACHMENT FOR Q27:

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

Definition of a relationship for benefit purposes

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

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

By degree of companionship, we mean two people:

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

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

- you live 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.

23

Do you understand our definition of a relationship?

I understand the definition of a relationship for benefit purposes

24

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 28.

No [Go to question 28](#) Yes

Your partner needs to complete the Partner form on page 18

25

What is your partner's full name?

26

What is your partner's date of birth?

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

27

What is your relationship status with your partner?

↓ Tick one of the following boxes

Married In a civil union In a relationship

Tell us about your work

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

28

Are you working?

No

[Go to question 32](#)

Yes

HOW TO ANSWER Q29:

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

29

What type of work do you do?

Full-time

Part-time

Casual

Seasonal

Self-employed

Voluntary

INFORMATION FOR Q29:

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

30

Who are you working for?

Employer's name

Employer's contact details

Address	
Phone number	()
Email	

HOW TO ANSWER Q31:

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).

31

How much are you paid each week?

Type of payment (include goods or services)	Amount before tax	Amount after tax
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Tell us about your income

Tell us about income in the last 52 weeks?

32

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

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

ATTACHMENT FOR Q32:
Provide a copy of your business accounts.

INFORMATION FOR Q32:
In this question, 'partner' means the person you're married to or in a civil union or relationship with, not a business partner.

33

Did you answer 'Yes' or 'Jointly with partner' to any of the sources of income listed in question 32?

No Yes

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

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

ATTACHMENT FOR Q33:
You need to show us proof of income you've received in the last 52 weeks.

HOW TO ANSWER Q34:

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

34

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

No Yes

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

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

HOW TO ANSWER Q35:

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

The types of income you need to include here are listed on page 10.

35

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

No Yes

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

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

Are you involved in a trust?

36

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

'Involved' means one or more of the following:

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

No Yes

↓ Please write the name of the trust

Name of trust

ATTACHMENT FOR Q36:

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

Tell us about the person you're applying for

ATTACHMENT FOR Q37:
You need to provide a Disability Allowance medical certificate for each person you're applying for.

37

Who in your family has health-related costs?

You Your partner Your dependent child

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

First name	Surname or family name

INFORMATION FOR Q37:
You may be able to get a Child Disability Allowance for the same child. Please ask us.

Tell us about any payments for these health needs

38

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

No Yes ↓ Please write the details below

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

39

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 the extra costs

40

What extra health-related costs do you or they have?

HOW TO ANSWER Q40:
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 Q40:
You'll need to show proof of these costs.

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

Tell us about counselling

41

Are you applying for help with the cost of counselling. Please tick one.

No

Go to page 25. Make sure your health practitioner completes the medical certificate, and your partner (if you have one) completes their section.

Yes

↓ Please tick which applies

This is my first application for counselling assistance

I'm applying for additional sessions

42

Have you applied for or received help with the cost of counselling from another agency?

No

Go to Applicant's declaration

Yes

↓ Please provide details below

Health

Special Education

ACC

Oranga Tamariki

Other

→ Please provide details

43

Does the other agency meet the full costs?

No

Go to question 44

Yes

You won't qualify to have counselling costs included in your Disability Allowance. You don't need to complete the rest of this application form.

44

How much does this agency help you with your counselling costs per visit?

\$

Disability Allowance medical certificate

Health practitioner to complete

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

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

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

- physical disability or impairment
- physical illness

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

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

For more information go to workandincome.govt.nz and search on *Disability Allowance*.

Client details

1 Client number | |

2 Client's name

First names

Surname

Disability details

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

Yes



Please provide the details below

No

Go to Health Practitioner Verification

4 What is the nature of the person's disability?



Please tick the major disabilities or specify below

Psychological or psychiatric conditions

Stress (160)

Depression (161)

Bipolar disorder (162)

Schizophrenia (163)

Other psychological/psychiatric (165)

Nervous system disorders

Epilepsy (120)

Multiple sclerosis (121)

Parkinson's disease (122)

Muscular dystrophy (123)

Other nervous system disorders (124)

Cardio-vascular disorders

Heart disease (130)

Stroke (131)

Other cardio-vascular (132)

Immune system disorders

HIV / Aids (140)

Other immune system disorders (141)

Metabolic and endocrine disorders

Diabetes (150)

Other metabolic or endocrine disorders (151)

Substance abuse

Alcohol (170)

Drug (171)

Other substance abuse (172)

Sensory disorders

Blindness (180)

Other visual / eye (181)

Hearing / ear (182)

Other sensory disorders (183)

Accident

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

Other disorders

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

5

Please indicate the expected duration of the disability:

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

Verification of doctor, specialist or nurse practitioner visits

6

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

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

Items, services, treatments, pharmaceuticals

7

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

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

Health practitioner's verification

Please print your details below.

Health practitioner's full name

Health practitioner's HPI number

 |

Practice name and contact details

Address	
Phone number	()
Email	

Health practitioner's signature

Day Month Year

Disability Allowance

medical certificate – counselling

Health practitioner and counsellor to complete

1

Client number

□	□	□		□	□	□		□	□	□
---	---	---	--	---	---	---	--	---	---	---

Client's name

First names

Surname

<input type="text"/>	<input type="text"/>
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To be completed by the health practitioner

2

What is the client's health condition or disability?

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

Health practitioner's verification

Please tick one

I certify that counselling is necessary and of therapeutic value to the client because of the stated health condition or disability.

I consider that additional counselling sessions are necessary and of therapeutic value to the client because of the stated health condition or disability.

Please print your details below.

Health practitioner's full name

<input type="text"/>

Health practitioner's HPI number

□	□		□	□	□	□
---	---	--	---	---	---	---

Practice name and contact details

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

Health practitioner's signature

<input type="text"/>

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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To be completed by the counsellor

3

What is the recommended frequency of visits?

Weekly

Fortnightly

Monthly

4

What is the recommended number of visits?

5

What is the start date for the visits?

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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6

What is the cost per visit?

\$

Counsellor's details and signature

Please print your details below.

Counsellor's full name

Professional membership of

Practice name and contact details

Address

Phone number

()

Email

Counsellor's signature

Day

Month

Year

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



Disability Allowance partner's form

This form should be completed by the partner of the person applying for Extra Help. If you don't have a partner please go to page 25.

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

Tell us about yourself

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:

Provide proof of who you are. What you need to provide is explained on page 2.

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"/>
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ATTACHMENT FOR Q8:

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

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

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 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 ↓ **Please 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 ↓ **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.

16

When did you arrive in New Zealand?

Day Month Year

17

What country were you born in?

Tell us if you've lived or worked overseas

18

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

 No

Go to question 21

 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 Q18:

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 Q18:

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.

19

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

 No

Go to question 21

 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

↓ Please provide details below

ATTACHMENT FOR Q20:

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

20

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?		

Tell us about your work

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

Tell us about your current work

21

Are you working?

No

Go to question 25

Yes

HOW TO ANSWER Q22:

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

22

What type of work do you do?

Full-time

Part-time

Casual

Seasonal

Self-employed

Voluntary

INFORMATION FOR Q23:

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 22, 23 and 24.

23

Who are you working for?

Employer's name

Employer's contact details

Address	
Phone number	()
Email	

HOW TO ANSWER Q24:

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).

24

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 your income

Tell us about income in the last 52 weeks?

25

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

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

ATTACHMENT FOR Q25:
Provide a copy of your business accounts.

INFORMATION FOR Q25:
In this question 'partner' means the person you're married to or in a civil union or relationship with, not a business partner.

26

Did you answer 'Yes' or 'Jointly with partner' to any of the sources of income listed in question 25?

- No Yes

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

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

ATTACHMENT FOR Q26:
You need to show us proof of income you've received in the last 52 weeks.

HOW TO ANSWER Q27:

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

27

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

No Yes

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

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

HOW TO ANSWER Q28:

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

The types of income you need to include here are listed on page 23.

28

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

No Yes

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

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

Are you involved in a trust?

ATTACHMENT FOR Q29:

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

29

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

'Involved' means one or more of the following:

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

No Yes

↓ Please write the name of the trust

Name of trust



How we protect your privacy

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

- 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

Obligations and signature

Let us know when things change

You need to let us know about changes that might affect the amount you're paid, like:

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

Changes to information about you or your family, like:

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

We also need to know if you:

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

Your rights

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

Signature

- I've answered all the questions that apply to me and my situation
- I understand the changes I need to let you know about
- The information I've given you 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"/>
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Applicant's partner's name (print)

Applicant's partner's signature

Day

Month

Year

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