

	osts Cover on of application and acceptance
conditions of the grant	application and acceptance of terms of the Tenancy Costs Cover sets out the t. understand these before signing.
Tell us your details INFORMATION FOR Q1: 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 What is your full name? Mr Mrs Ms Miss Other First and middle names Surname or family name
Tell us how we can contact you Thou to answer as: If you live in a rufal area, flat/house number could include your RAPID number, fire number, emergency services number. Thou to answer as: Mailing address can include a PO Box, rural delivery details, or C/O address. Thou to answer as: Please only give us contact details you'd like us to use.	Where do you live? Flaff House number Street name Suburb Town/City Is your mailing address different from where you live? No Yes Tell us your mailing address How else can we contact you? Tick the best way for us to first contact you Home phone () Mobile phone () Other phone () Email

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Page 1

Declaration

understand I have been granted Tenand	cy Costs Cover on the following condition	ons:
---------------------------------------	---	------

tander of the residence and residency costs cover on the following conditions.
• The Tenancy Costs Cover will lapse if I don't get a tenancy that starts within three months from
Day Month Year
 The landlord for the tenancy must acknowledge they have let the property on the basis of the Tenancy Costs Cover (by completing and signing the Landlord's Acknowledgement on the landlord's letter)
 I must pay the landlord a bond of four weeks' rent, which the landlord must lodge with Tenancy Services at the Ministry of Business, Innovation and Employment
 A copy of the tenancy agreement and the receipt for the bond must be supplied to the Ministry of Social Development as soon as possible. The landlord's letter will ask your landlord to do this but you should check with your landlord to ensure this is done
My landlord will only be able to claim tenancy-related costs if:
- the tenancy ends within 12 months from the tenancy start date
- I owe the landlord tenancy-related costs, for example rent arrears or damages, in excess of the bond
- the claim, for tenancy-related costs in excess of the bond, is lodged with the Ministry of Social Development within three months of the tenancy end date.
The maximum amount the landlord could claim is up to four weeks' rent
• I'll need to agree to the costs or there must be a Mediator's Order or Tenancy Tribunal Order issued for the costs I must pay
• I understand that I'll need to pay the Ministry of Social Development back for any amount paid to my landlord under the terms of the Tenancy Costs Cover.
Client's name (print) Client's signature Date

Young Parent Payment application



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.

Young Parent Payment

Young Parent Payment is for young parents aged 16 to 19 who have dependent children, and are in need of financial assistance. For example if you're:

- a parent or caregiver who has one or more dependent children in your care
- single and aged 16 or 17 years old, you must be in exceptional circumstances or are being supported by parents, step-parents or guardians who earn under the Family Tax Credit threshold
- married, in a civil union or de facto relationship with a partner who meets certain requirements.

When you get Young Parent Payment voluthreed 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



We will get to know you, your situation and your needs



We will use your feedback to improve our service

Ka mōhio ki a koe

know you We will make sure you understand everything you need to know



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



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

Ka tautoko i a koe

you

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



We will be honest about our mistakes and put them right





We will respect you and what is important to you



We will let you know your options, rights and obligations Ka mahi tahi ki a koe

> with you

We will work together to achieve shared goals



Our actions will follow our words





Let us know by visiting msd.govt.nz/feedback or call us on 0800 559 009

Young Parent Payment what to bring



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

INFORMATION NOTE:

Documents need to be originals, or copies of documents that have been certified as a **true copy** by a Solicitor/Lawyer, Notary Public, Registrar of the Court or Justice of the Peace.

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.	
One of the documents above must be at least two years old	
There are more things you need to bring in the table over the page.	

Applicant	Depending on answers in the applicant form (pages 5 to 20) you may need to bring:	For you	For your partner (if you have one)
form	Full birth certificates for each dependent child in your care		
	Your marriage or civil union certificate, for a current relationship.		
	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.		
	A letter from your school to confirm you're enrolled there (if you're a full-time student).		
	Proof that you're participating in a training course or work-based learning.		
	Your school leaving certificate (only if you've recently left school).		
v	A medical certificate if you have a health condition, injury or disability that stops you participating in education, training or work-based learning.)
	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 your weekly living expenses including accommodation, power, phone and any hire purchase or loan agreements you may have.		
	Proof of your assets and their value.		
Extra help forms	Depending on your answers in the extra help forms (pages 21 to 30), you may need to bring:	For you	For your partner (if you have one)
TOTTIS	If you're applying for a Disability Allowance :		
	proof of health-related costs		
	a Disability Allowance medical certificate.		
	If you're applying for an Accommodation Supplement :		
	proof of accommodation costs		
	proof of your assets and their value.		
	If you're applying for Temporary Additional Support :		
	proof of any essential ongoing costs		
	proof of accommodation costs		
	proof of your assets and their value.		

Young Parent Payment applicant form



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

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

mymsd

Apply online instead It's quicker and easier

ii wesay your parti	my.msd.gove.	12
	rourself If it or extra financial help from us before, write your client number here if you kend on your Community Services Card if you have one.	now it.
Tell us the names you've been known by ATTACHMENT FOR QI: Bring proof of your identity. What you need to bring is explained on page 3.	What is your full name? Mrs Ms Miss Other First and middle names Surfaine or family name Is the name on your birth certificate the same as above? Tell us the name that is on your birth certificate Yes First and middle names Surname or family name	
For example, have you had married names, English names, changes by deed poll, or aliases? ATTACHMENT FOR Q3: Bring your marriage certificate, deed poll, or other proof of any name change.	Have you ever been known by any other name? No Yes Write them all out below 1. 2. What name would you like us to call you? The name I wrote in Question 1 Other Write the full name	
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Tell us more 5 about you	What date were you born? Day Month Year Are you:
ATTACHMENT FOR Q7: Bring a form or letter from Inland Revenue showing your tax number.	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.	What bank account would you want your payments to be paid into? The account is in the name of: The account number is:
Tell us how 9 we can contact you	Where do you live? Flat/House number Street Name Suburb
If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number	Toviri/City
Mailing address can include a PO Box, rural delivery details.	No Yes Tell us your mailing address Tell us your mailing address
Please only give us contact details you'd like us to use.	How else can we contact you? Tick the best way for us to contact you Home phone () Mobile phone () Other phone ()
12	Do you agree to get text messages and emails from us? No Yes Tell us your email address I don't have an email address
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Tell us your ethnicity INFORMATION FOR Q13: We collect this information for statistics we use in research and future development work.	Tick the group(s) you most identify with. Māori → Which tribe(s) or iwi? New Zealand European Niuean Samoan Indian Other European Tolelauan Tongan Chinese Cook Island Māori Other ← Please write below Don't want to answer
Tell us 14 about your residence status	Do you usually live in New Zealand? No Yes
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 answer 'No' you'll	What best describes your residence status in New Zealand? Fick only one box. New Zealand citizen by birth Granted New Zealand citizenship Date citizenship Go to question 18 Date citizenship pranted Coranted permanent Date permanent
need to provide proof of your assets and their value (page 20).	Go to question 16 Day Month Year Go to question 16 What is your residence status?
16	When did you arrive in New Zealand? Day Month Year What country were you born in?
Please answer Q18: Please answer even if you're a New Zealand citizen by birth.	Have you lived in New Zealand continuously for at least two years since you became a New Zealand citizen or permanent resident? No Yes
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ou've lived		lived or worked in an			
worked	No Go to	question 22	Yes	Please provide deta	ails below
/erseas	Name of country	Date you entered this country	Date you left this country	Reason for being ir	n this country
ORMATION FOR Q19:		dino occinery	tino oo ariti y		,
iods of overseas idence may:					.
iffect entitlement					
o some benefits					
nean you're eligible for in overseas benefit or					
pension.					
or more information, shone 0800 777 227 .					
V TO ANSWER Q19:					
ur reason for being country may be	-			(((n	<i>>></i>
t you were there	<u></u>			01 (8)	
a working holiday, I were living there,					
were born there.	from overseas	or qualify for a socia	security be	nent, pension or a	illowance
	rrom overseas		1100)) \	
	No Go to	question 22			
		4 111/10	10/1		
	Yes	ck the box that best desc	ribes your bene	efit, pension or allowar	nce
			4		
		etirement or old age	Superannuatio	n Disabilit	
				conditio	n
		idow or survivor	Superannuation Child or dependent	conditio	n
				conditio	n
		idow or survivor	Child or depend	dent War rela	ted
ACHMENT FOR Q21: 21	If you ticked 'v	idow or survivor	Child or depend	dent War rela	ted
ı'll need to shøwys		idow or survivor	Child or depend	dent War rela	ted
I'll need to showus of of these payments h as a pension	If you ticked 'v	idow or survivor	Child or depend	dent War rela	ted ents
ı'll need to show us of of these payments	If you ticked 'y you receive.	idow or survivor	Child or dependence Child	condition dent War rela	ted ents
I'll need to showus of of these payments h as a pension	If you ticked 'y you receive. What country do How much do you	es' for question 20, p	Child or dependence Child or dependence Child or dependence Children Childr	condition dent War rela	ents
I'll need to showus of of these payments h as a pension	If you ticked 'y you receive. What country do How much do you is made (in overse	es' for question 20, posses the payment come from a get each time the payment cas currency)?	Child or dependence Child or dependence Child or dependence Children Childr	condition dent War rela	ents
I'll need to showus of of these payments h as a pension	If you ticked 'y you receive. What country do How much do you is made (in oversord list this amount be	es' for question 20, post the payment come from? get each time the payment cas currency)? Fore or after tax?	Child or dependence Child or dependence Child or dependence Children Childr	condition dent War rela	ted ents
I'll need to showus of of these payments h as a pension	If you ticked 'y you receive. What country do How much do you is made (in oversord Is this amount be How often do you	es' for question 20, post the payment come from? get each time the payment eas currency)? Fore or after tax? get the payment	Child or dependence Child or dependence Child or dependence Children Childr	condition dent War rela	ted ents
I'll need to showus of of these payments h as a pension	If you ticked 'y you receive. What country do How much do you is made (in oversold this amount be How often do you (for example: week)	es' for question 20, post the payment come from? get each time the payment cas currency)? Fore or after tax?	Child or depend	condition dent War rela	ted ents
I'll need to showus of of these payments h as a pension	If you ticked 'y you receive. What country do How much do you is made (in overso Is this amount be How often do you (for example: week What is the name or benefit?	es' for question 20, possible sthe payment come from a get each time the payment cas currency)? Fore or after tax? get the payment ekly, fortnightly, monthly)? of your pension, allowance	Child or depend	condition dent War rela	ents
I'll need to showus of of these payments h as a pension	If you ticked 'y you receive. What country do How much do you is made (in overso Is this amount be How often do you (for example: week What is the name or benefit?	es' for question 20, post the payment come from a get each time the payment eas currency)? Fore or after tax? get the payment easly, fortnightly, monthly)?	Child or depend	condition dent War rela	ents
I'll need to showus of of these payments h as a pension	If you ticked 'y you receive. What country do How much do you is made (in overso Is this amount be How often do you (for example: week What is the name or benefit?	es' for question 20, possible sthe payment come from a get each time the payment cas currency)? Fore or after tax? get the payment ekly, fortnightly, monthly)? of your pension, allowance	Child or depend	condition dent War rela	ents
I'll need to showus of of these payments h as a pension	If you ticked 'y you receive. What country do How much do you is made (in overso Is this amount be How often do you (for example: week What is the name or benefit?	es' for question 20, possible sthe payment come from a get each time the payment cas currency)? Fore or after tax? get the payment ekly, fortnightly, monthly)? of your pension, allowance	Child or depend	condition dent War rela	ents
d'Il need to showus of of these payments h as a pension tificate.	If you ticked 'y you receive. What country doe How much do you is made (in overse Is this amount be How often do you (for example: wee What is the name or benefit? What is the paym	es' for question 20, possible sthe payment come from a get each time the payment cas currency)? Fore or after tax? get the payment ekly, fortnightly, monthly)? of your pension, allowance	Child or depend	condition dent War related was related with the payment was a second related with the payment with the payment was a second related with the payme	ents
I'll need to showus of of these payments thas a pension tificate.	If you ticked 'y you receive. What country doe How much do you is made (in overse Is this amount be How often do you (for example: week What is the name or benefit? What is the paym	es' for question 20, places the payment come from? get each time the payment eas currency)? Fore or after tax? get the payment ekly, fortnightly, monthly)? of your pension, allowance ent reference number?	Child or depend	condition dent War related was related with the payment was a second related with the payment with the payment was a second related with the payme	ents
r'il need to showus of of these payments th as a pension tificate.	If you ticked 'y you receive. What country doe How much do you is made (in overse Is this amount be How often do you (for example: wee What is the name or benefit? What is the paym	es' for question 20, places the payment come from? get each time the payment eas currency)? Fore or after tax? get the payment ekly, fortnightly, monthly)? of your pension, allowance ent reference number?	Child or depend	condition dent War related was related with the payment was a second related with the payment with the payment was a second related with the payme	ents
ranga amariki contact Oranga	If you ticked 'y you receive. What country doe How much do you is made (in overse Is this amount be How often do you (for example: wee What is the name or benefit? What is the paym	es' for question 20, places the payment come from? get each time the payment eas currency)? Fore or after tax? get the payment ekly, fortnightly, monthly)? of your pension, allowance ent reference number?	Payment 1	condition war related to the payment payment mariki?	ted ents
ranga amariki DEMATION FOR Q22: "Il contact Oranga hariki to find out the	If you ticked 'y you receive. What country doo How much do you is made (in overse Is this amount be How often do you (for example: week What is the name or benefit? What is the payment of the your received.	es' for question 20, possible sthe payment come from? I get each time the payment eas currency)? Fore or after tax? I get the payment ekly, fortnightly, monthly)? of your pension, allowance ent reference number?	Payment 1	condition war related to the payment payment mariki?	ted ents
ranga amariki contact Oranga	If you ticked 'y you receive. What country doo How much do you is made (in overse Is this amount be How often do you (for example: week What is the name or benefit? What is the payment of the your received.	es' for question 20, possible sthe payment come from? I get each time the payment eas currency)? Fore or after tax? I get the payment ekly, fortnightly, monthly)? of your pension, allowance ent reference number?	Payment 1	condition war related to the payment payment mariki?	ents

Tell us about the people in your household Do you have dependent children in your care? Tell us 23 about your Go to question 29 Please provide details below dependent children Child 1 Full name Date of birth HOW TO ANSWER Q23: Day Month Year Please give the names Relationship to you of children you support financially and who live with you as a member of Parent 1: Full name Parent 2: Full name your family, including: · your own children · adopted children Child 2 Date of birth stepchildren Full name · children at boarding school Month Year Relationship to you • grandchildren / mokopuna. The child's name should Parent 2: Full hame Parent 1: Full name be the same as on the child's birth certificate. Tell us the names of all Child 3 parents of each child. Full name Date of birth ATTACHMENT FOR Q23: Bring the birth certificate Day Month Year for each dependent child. Relationship to you Parent 1: Full name Parent 2: Full name Child 4 Eull'name Date of birth Day Month Year Relationship to you Parent 2: Full name Parent 1: Full name If you need to include more than four children in your application, please write these details about each one on a separate sheet of paper, and bring them with this application form. 10 HOW TO ANSWER Q24: 24 Are you a sole parent? Please read the definition of a Go to question 27 relationship on page 10.

Page 9

10 HOW TO ANSWER Q25: 25	Have you named all the pare	ents for each child?	
Record the names of all known parents, including those:	No Please talk with us	Yes	
named on the child's birth	Have you applied for Child S	support for each child?	
certificate			
named in a Deed of Acknowledgement of Paternity, or	No Please talk with us	Yes	
• named as the	Do you have a shared care ar	rangement for any of your d	ependent children?
child's parent by the Court.	No Yes ↓ Pl e	ase list the details below	
INFORMATION FOR Q27: If you're a sole parent you may need to complete a Child Support application	Name of child	Hours a week in Name of p	erson you have re with
for each dependent child.			
	<u> </u>		
10 INFORMATION FOR Q28: 28	If you qualify for any Workin	or for Families tax credits do	voû want them paid
Working for Families	with your benefit?		
tax credits are payments to families with children			,
to help with day-to-day	No Yes		
living costs. People getting a benefit who	If you tick 'yes', we'll tell hland Rev	enue for you to you do not need to	D
have dependent children			
generally qualify.		(2) //////	
	6/2/0	10	
Tell us 29	Have you had any children i	n your care in the last 52 we	eks who are no longer
about other	dependent on you?		
children	No Yes Ple	ase list their details below	
that were			Date they became
dependent	Name of child	Date of birth	no longer dependent
on you			
Tell us	Definition of a relationship (for benefit purposes	
about your	Whether people are single or a coup	le affects eligibility for certain incom	ne assistance and the rate
relationship	at which we can pay that assistance.		
status	When we work out your entitlement you're married, in a civil union, or in a		
	By degree of companionship, we me		
	 are committed to each other emo 	tionally for the foreseeable future, o	and
	are financially interdependent. To give your better idea of what your		our relationship in aludas
	To give you a better idea of what we r some of the things below:	rican by this, this k about whether yo	our relationship includes
	 you live together at the same addr 	ess most of the time	
	you share responsibilities, for example of the state		
	 you socialise and holiday together you share money, bank accounts of 		
	- you share money, Dank accounts (or organication	

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	 you share household bills you have a sexual relationship people think of you as a couple you give each other emotional support and companionship.
Tick this statement to confirm you understand the definition of a relationship for	Do you understand our definition of a relationship? I understand the definition of a relationship for benefit purposes
benefit purposes. If you don't	Do you have a partner?
understand what we mean by a relationship please leave this blank until you talk with us.	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 36.
In the meantime, go to question 36.	No Go to question 36 Yes Your partner needs to complete the Young Parent Payment Partner form
32	What is your partner's full name?
33	What is your partner's date of birth?
	Day Month Year
Bring your marriage or civil union certificate for your current relationship.	What is your relationship status with your partner? Tick one of the following boxes
	Married In a civil union In a relationship
35	If you're in a de facto relationship how long have you lived with your partner? Months Years
Tell us your situation	For single people aged 16-19 who have never been married or in a civil union or de facto relationship, we'll get information, where necessary, about your circumstances from an assessment provider, school counsellor, parents and/or wider family.
36	What are the names and addresses of your parents/step-parents/guardians?
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37	Are you living at your parent's/step-parent's/guardian's home? No
	Day Month Year Yes Please discuss with your Contracted Service provider or Work and Income
38	Why aren't you living with them?
39	Are you getting any money from your parents/step=parents/guardians or any other person? No Please tell us why you're not receiving any support
	Yes How much and from who? How much From who
40	Has the relationship with your parents/step-parents/guardians broken down? No Go to question 43
41	How long have you been having problems with your parents/step-parents/guardians?
42	Are you seeing a social worker or counsellor because of the relationship breakdown?
	Yes Please provide their name and organisation below
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Tell us about y	our education and training
Tell us about 43 your study and training	Have you finished full-time study or training? No Go to question 46 Yes
ATTACHMENT FOR Q44 You'll need to provide proof if you stopped attending.	Why did you stop attending?
How To Answer Q45: 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 46 Yes What's the name of the place you attend?
Tell us about h Tell us about your ability to work ATTACHMENT FOR Q46: If you answered 'yes' you need to provide a medical certificate from a health practitioner. 47	Do you have a health condition, injury or disability? No Go to question 58 Please tell us what your health condition, injury or disability is Please describe (in your own words) how your health condition, injury or disability limits your ability to participate in education, training or workbased learning.
Tell us 48 about any ACC cover	Do you have an injury, or does your health condition or disability result from an injury or accident? No Go to question 56 Yes
vices vices	Page 12

49	When did the injury or accident happen?
_	Day Month Year
50	How did the injury or accident happen?
51	Have you applied, or will you apply, for earnings-related accident compensation payments?
	No Please write the reasons you're not applying Go to question 56
	Yes
52	Who will make these payments?
	Another workplace accident insurer Go to question 56
53	Have you applied to ACC?
	Ves Which ACC office did you apply at?
54	When did you apply?
	Day Month Year
55	What is your ACC reference number?
Tell us 56 about any	Do you have insurance to replace all or part of your income if you can't work? No Go to question 58
insurance cover	Yes Please write the name of the insurance company or scheme below
57	How much do you expect to get from insurance, before tax?
	Weekly \$ Lump sum \$
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	employment you get paid or get other advant d, or drawings from a business.	ages for, such as free o	or subsidised
Answer 58 this section about	Have you worked in the last 52 weeks? No Go to question 69	Yes	
your work	Are you working? No Go to question 63	Yes	
HOW TO ANSWER Q60: By full-time, we mean you generally work at least 30 hours a week. If you have more than one job please record details of your other employers on a separate sheet of paper. For each job include the information asked for in questions 60, 61 and 62.	What type of work do you do? Full-time Part-time Seasonal Self-employed Who are you working for? Employer's name Employer's address Employer's phone number Employer's email and fax	Casual	
nclude the amount you're paid and also	How much are you paid each week? Type of payment (include goods or services)	Amount before tax	Amount after tax
the value of things you	(morado godas en services)	\$	\$
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).		\$	\$
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Tell us about your work in the last 52 weeks

Tell us about any work during the last 52 weeks that has finished The mount of the last 64 and 164 an	Have you had any work in the last 52 weeks that you're no longer doing? No Go to question 69 Yes Who did you last work for? Employer's name Employer's address Employer's phone number Employer's email and fax
address	
phone number email and/or fax, and the start and end dates. 65	How long did you work there? Date you started work Day Month Year Why did this work end? Day Month Year
Holiday pay includes long-service leave payments and termination pay includes payments in lieu of notice.	Did you get any of the following payments when you left? No Go to question 69 Please tick the box and write in the before-tax amount Sick pay Holiday pay Termination pay Redundancy pay Other \$
How To ANSWER Q68: Don't include any of the payments you got in Q67.	How much was your pay for the four weeks before you left? Before tax After tax \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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Tell us about your income and assets Tell us Did you get income from any of the following sources in the last 52 weeks? 69 about Tick one box in each line below income in the last Wages or salary No Yes 52 weeks? Termination pay No Yes ATTACHMENT FOR Q69: Redundancy pay Yes No Bring a copy of your business accounts. Accident compensation (eg ACC) No (INFORMATION FOR Q69: Income insurance (replacement/protection) Jointly with partner In this application form, 'partner' means the Jointly with partner person you're married Farm or business income Nα to or in a civil union or relationship with, not a No' Jointly with partner Payments from self employment or contract work business partner. Interest from savings, investments, or bonds Yes Jointly with partner Ňο Dividends from shares, unit trusts, or No Ϋ́es Jointly with partner managed funds Income from rents No Jointly with partner Yes Payments from boarders or flat mates Jointly with partner Yes Child Support payments No Yes Other income for a child No Yes Maintenance payments Yes No Payments from a former partner No Yes Student Allowance, scholarship or, Student Loan No Yes living cost payments Overseas pension, benefit or allowance payments No Yes Other superannuation or retirement scheme Yes income (government or private) Income from an estate, if you've inherited money Jointly with partner Yes Jointly with partner Income from trusts No Yes Other Jointly with partner No Yes ATTACHMENT FOR Q70: 70 Did you answer 'yes' or 'jointly with partner' to any of the sources of income You need to show us listed in question 69? proof of income you've received in the last 52 Tell us the total before-tax amounts, for the last 52 weeks weeks and details of your income for the last Payment made to? 26 weeks. Where did the income come from? Jointly with partner You \$ \$ \$ \$ \$ \$ \$ \$

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payment include				111
advantages such	No Yes	→ Plea	se tell us about the type of pay	ment and its value
as free or subsidised goods and services	Type of payment		Where did it come from?	Its value
(for example, free				\$
food, subsidised accommodation).				\$
				\$
				\$
How To ANSWER Q72: How often do you expect the payment, such as weekly, fortnightly,	Do you expect to ge		other payments in the no	
monthly, one-off.	Where will the		Payment made to?	How often do you
The types of income you need to include	payment come from?	You	Jointly with partiner	expect the payment?
here are listed on		\$	\$	
page 18.		\$	\$	
		\$	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		\$		
ATTACHMENT FOR Q73: You'll need to show us	· you've sold or gif	ted assets to	by making a gift of assets or a trust anaging a trust	property
trust documents, such as the trust deed, deed of debt, gift statements, accounts		a trust, for e	xample, by receiving incomes	ne such as

\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Tell us 74	Do you or your partner have any	of the following	cash assets?	
How much is it worth? No Yes		Money in bank or other savings	No	Yes	
Money lent to other people or organisations No Yes Other cash assets No Yes Other cash assets No Yes If you answered 'yes' to any of the assets listed above, please write the details below. Type of asset You Your partner Jointly owned \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Bonus Bonds, shares, debentures or stoc	ks No	Yes	
Other cash assets Other cash assets If you answered 'yes' to any of the assets listed above, please write the details below. Type of asset Type of asset at a set and their value. Type of asset Type of asset at a set and the following non-cash assets? Type of asset at a set and the following non-cash assets? Type of asset at a set and the following non-cash assets? Type of asset at a set and the following non-cash assets? Type of asset Type o	ou may be asked to	Money lent to other people or organisation	ns No	Yes	
details below. Type of asset You Your partner Jointly owns \$ \$ \$ \$ \$ \$ \$ \$ \$ Do you or your partner have any of the following non-cash assets? Property you don't live in include and, holiday homes, ach/crib, investment reperties. Other TTACHMENT FOR Q77: Du may be asked to rovide proof of these etails. Type of asset Type of asset You Your partner Jointly owns \$ \$ \$ \$ \$ \$ \$ \$ THOM MUCH details below. Type of asset How much is it worth? Wow on it? \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Other cash assets	No	Yes	
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	75		he assets listed a	bove, please w	rite the
S S S S S S S S S S S S S S S S S S S		Type of asset	You	Your partner	Jointly owned
Do you or your partner have any of the following non-cash assets? Property you don't live in include nd, holiday homes, ach/crib, investment roperties. TRACHMENT FOR 977: Boat or caravan Other TY you answered 'yes' to any of the non-cash assets listed above, please write the details below. Type of asset Type of asset \$ \$ \$ \$			\$	\$	\$
Do you or your partner have any of the following non-cash assets? Property you don't live in include and, holiday homes, ach/crib, investment roperties. TACHMENT FOR Q77: Du may be asked to rovide proof of these etails. Type of asset Type of asset \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			\$	<(\$>	\$
Do you or your partner have any of the following non-cash assets? Property you don't live in include and, holiday homes, ach/crib, investment reperties. TTACHMENT FOR Q77: Ou may be asked to revide proof of these etails. Type of asset Standard Type of asset Standard Type		,	\$	\$ 6	\$
Do you or your partner have any of the following non-cash assets? Property you don't live in include and, holiday homes, hach/crib, investment properties. TTACHMENT FOR Q77: Yes Out may be asked to provide proof of these letails. Type of asset Do you or your partner have any of the following non-cash assets? Property you don't live in No Yes Other No Yes If you answered 'yes' to any of the non-cash assets listed above, please write the details below. How much do you or your partner have any of the following non-cash assets? Property you don't live in No Yes TTACHMENT FOR Q77: No Market Property you don't live in No Yes TYPE TO ANY OF THE NOT			\$	\$	7
Property you don't live in include and, holiday homes, each/crib, investment properties. TTACHMENT FOR Q77: Ou may be asked to provide proof of these letails. Type of asset				100	
Property you don't live in include and, holiday homes, each/crib, investment properties. TTACHMENT FOR Q77: Ou may be asked to provide proof of these letails. Type of a\$set	OW TO ANSWER Q76:	Do you or your partner have any	of the following	non-cach acco	te?
Property you don't live in Boat or caravan Other No Yes TTACHMENT FOR Q77: You may be asked to provide proof of these letails. Type of asset	/0	bo you or your partitler flave any	Of the following i	Oli-Casii asse	::3:
Other No Yes If you answered 'yes' to any of the non-cash assets listed above, please write the details below. How much is it worth? Other How much is it worth? S S S S S S S S S S S S S		Property you don't live in		Yes	
Other Other No Yes If you answered 'yes' to any of the non-cash assets listed above, please write the details below. Trachment for Q77: Ou may be asked to rovide proof of these etails. How much is it worth? Wes How much is it worth? S \$ \$ \$ \$ \$	ach/crib, investment	Boat or caravan	A TO NO	Yes	
If you answered 'yes' to any of the non-cash assets listed above, please write the details below. Type of asset Strachment for a77: You may be asked to provide proof of these details. How much is it worth? owe on it? Strachment for a77: Yupe of asset Strachment for a77: Yupe of asset Strachment for a77: Strachment for a77: Yupe of asset Strachment for a77: Strachment for a77: How much is it worth? Strachment for a77: Strachment fo	properties.	20dt Grid Gardyan			
you may be asked to please write the details below. How much is it worth? owe on it? \$ \$ \$ \$ \$		Other	No L	Yes	
\$ \$ \$ \$ \$ \$	details.	Time of short			
\$ \$ \$ \$		wype of asset			
\$ \$					
		(Cn)			
\$ \$					
		Ý	\$	\$	

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	m: Accommodation Supplement on Supplement helps with rent, board, or home ownership costs.
Tell us if you 78 want to apply	Do you want to apply for the Accommodation Supplement? No Go to question 94 Yes If you answered 'yes' you'll need to provide proof of your assets and their value (page 20)
Tell us who 79 you live with	Do you live alone? No Please write below the names of the others you live with First name Surname or family name Relationship to you
Tell us about rental costs INFORMATION FOR Q80: By rent we mean the amount you pay is for your accommodation only and doesn't include	Do you pay rent? No Go to question 86 Yes Do you pay rent to Kainga Ora (previously Housing New Zealand) or an approved community housing provider?
ATTACHMENT FOR Q83: You may need to show proof of what you pay for rent.	What is the total amount of rent paid each week for your home? \$ How much of this total amount do you pay for you and your family? \$
ATTACHMENT FOR Q84: You may need to show proof of what you pay for water rates.	Do you pay water rates separately from your rent? No Yes
Page 20 YS011W - AUG	Go to question 94

Tell us 86	Do you pay board?		
about	No Go to question 89	Yes List what c	osts your board includes
board costs			
INFORMATION FOR Q86:			
By board we mean the amount you			
pay for your	What is the total amount of bo	aard you hay each week fo	r you and your family?
accommodation where it includes		Jaid you pay each week to	i you and your ranniy.
food costs and may	\$		
also include other costs like electricity.	Milest is the name address on	d tolombono ni mibon of th	naroon or ordanicati
88	What is the name, address and you pay board to?	a telephone number of the	e person or organisation
HOW TO ANSWER Q86:			
For example food, electricity, telephone.			\triangle
ATTACHMENT FOR Q87:			
You may need to show			$\sim (C_{\mathcal{A}})$
proof of what you pay for board.	Go to question 94		
Tot board.			U
Tell us 89	Do you own the home you live	in?	
about home	No Go to question 94	No Noc	
ownership	140 do to question 34		
costs	What are your home ownersh	in costs?	
HOW TO ANSWER Q90:		>	How often do you
Only include mortgages		How much do	make the payment (such as weekly,
you used to buy or alter your home. Include both	Who do your		monthly or yearly)?
interest and principal.	First mortgage	\$	
List any other mortgages such as a second	Other mortgage	\$	
mortgage or revolving	House insurance	\$	
mortgage. Don't include contents	Mortgage insurance	\$	
insurance.	Rates	\$	
ATTACHMENT FOR Q90:	Ground lease	\$	
You'll need to show proof	Water rates	\$ 50	
	Body corporate fees	\$	
of your home ownership costs.			
ATTACHMENT FOR Q91: Bring receipts for	Did you have to pay for repairs	s and maintenance to you	r home in the last
any repair and	12 months?		
maintenance costs.	No Yes -> Ple	ease write the total amount	\$
	110 les	ase write the total amount	Ψ
02	Do you have a mortgage from	Housing Now Zoaland?	
92	Do you have a mortgage from	Housing New Zealand:	
	No Yes -> Ple	ease write the total amount	%
	Have you received a rates reb	ate in the last 52 weeks?	
ATTACHMENT FOR Q93: Q3			
You'll need to show			
93	No Yes Amoun		ar 1 July 20

Extra help form: Disability Allowance

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

Tell us 94	Do you want to apply for the Disability Allo	wance?	
about the person you're	No Go to question 98	Yes	
applying for	If you ticked 'yes' to question 94, you'll also nurse practitioner to fill out the Disability All page 23.		
	*		R
Tell us 95 about any	Do you get payments from private medica needs?	l insurance for any	health-related
payments	No Yes Please write the de	tails b	
you get for these health needs	What cost is covered How much is:	aid: Name of persor	the payment is for
	\$		
00	Is this health condition covered by ACC or	War Disablement F	loneion?
96	Yes If 'yes', you may not be er		
	in yes, you may not be en	ititled to a Disability All	Owance
	What extra health-related costs do you ha		
Describe 97 your extra	what extra nearth-related costs do you na	iver	How often
costs	Type of cost	Cost	(such as weekly, monthly, yearly)
HOW TO ANSWER Q97: Extra costs must be		\$	
directly related to the		\$	
health condition. Sests can include medical and		\$	
prescription costs,		\$	
medical alarms, lawn mowing, extra		\$	
powerorgas, transport		\$	
and special equipment.		\$	
ATTACHMENT FOR Q97: You'll need to show proof			
		\$	
of these costs.		\$	
		\$	
	÷-	\$	
		\$	
		\$	
		\$	

Disability Allowance medical certificate



Health practitioner to complete

The person has a disability of the person requires ongothe physical disability or impaired physical illness psychiatric illness intellectual or psychological any other loss or abnormaling reliance on a guide dog, where the presence in the body of		ns; and to the extent that: ife, or professional. ucture of function (including sensor) impairment)
Client 1 details 2	Client number Client's name First names	Surname
Disability 3 details	Does the person have a disability that meets Yes Please provide the details below What is the nature of the person's disability?	No Go to Health Practitioner Verification
	Stress (160) Depression (161) Bipolar disorder (162) Schizophrenia (163) Other psychological/psychiatric (165) Neurological system disorders Epilepsy (120) Multiple sclerosis (121) Parkinson's disease (122)	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)
	Muscular dystrophy (123) Other nervous system disorders (124) Cardio-vascular disorders Heart disease (130) Stroke (131) Other cardio-vascular (132)	Sensory disorders Blindness (180) Other visual / eye (181) Hearing / ear (182) Other sensory disorders (183)

Semantic Comment Com		
Practives, dislocations, soft tissus injury (191) total elected disability (164)		Accident Other disorders
Poscing, toke effects (RIZ) Cancer (10-4) Inforticious / parallel cliseables (105) Information / privary (105) Infor		
Infectious / parasitic riseases (105) Macauta selectal system disorder (106) Place print / pury (195) Respiratory disorders (107) Oversee jujuny (195) Gentor urinary disorders (107) Oversee jujuny (195) Gentor urinary disorders (108) Other injuny (198) Gentor urinary disorders (109) Gentor urinary disorder (109) Gentor urinary disord		
Injury to the nervous system (194)		Poisoning, toxic effects (192) Cancer (104)
Backpain / Injury (195)		Internal injuries (193) Infectious / parasitic diseases (105)
Overuse injury RSI (1986) Genito-urinary disorders (108) Complications of medical or surgical care (197) Bod and blood forming organs (109) Other injury (198) Skin disorders (110) Olgestive system disorder (111)		Injury to the nervous system (194) Musculo-skeletal system disorder (106)
Complications of medical or surgeal care (197) Blood and blood forming organs (109)		Back pain / injury (195) Respiratory disorders (107)
Other injury (196)		Overuse injury [RSI] (196) Genito-urinary disorders (108)
Digestive system disorder (111)		Complications of medical or surgical care (197) Blood and blood forming organs (109)
Please indicate the expected duration of the disability: Less than 6 months		Other injury (198) Skin disorders (110)
Less than 6 months		Digestive system disorder (111)
specialist or nurse practitioner visits Type of consultation Typ	Verification 6	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 Please list the type, cost and how often visits to doctors, specialist or nurse practitioners are necessary
or nurse practitioner visits Items,		
This information is required under the Social Security Act 2018. Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.	·	
Please list the pharmaceuticals, items, services or treatments that are necessary and of the services, treatments that are necessary and of the services or treatments that are necessary and of the services, treatments that are necessary and of the services or treatments that are necessary and of the servic	practitioner	
therapeutic value for the stated disability: services, treatments pharmaceu ticals Please print your details below. HPI number	visits	
therapeutic value for the stated disability: services, treatments pharmaceu ticals Please print your details below. HPI number		
Practitioner's verification Health practitioner's full name Practice name and address Telephone number Health practitioner's signature Date Day Month Year This information is required under the Social Security Act 2018. Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.	Items, services, treatments pharmaceu	therapeutic value for the stated disability: Health practitioner's
Practitioner's verification Health practitioner's full name Practice name and address Telephone number Health practitioner's signature Date Day Month Year This information is required under the Social Security Act 2018. Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.		Please maint your details below
Health practitioner's full name Practice name and address Telephone number Health practitioner's signature Date Day Month Year This information is required under the Social Security Act 2018. Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.		
Practice name and address Telephone number () Health practitioner's signature Date Day Month Year This information is required under the Social Security Act 2018. Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.		
Telephone number Health practitioner's signature Date Day Month Year This information is required under the Social Security Act 2018. Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.	verification	ream practitioner's full fame
Telephone number Health practitioner's signature Date Day Month Year This information is required under the Social Security Act 2018. Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.		Practice name and address
Health practitioner's signature Date Day Month Year This information is required under the Social Security Act 2018. Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.		Tractice harrie and address
Health practitioner's signature Date Day Month Year This information is required under the Social Security Act 2018. Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.		
Health practitioner's signature Date Day Month Year This information is required under the Social Security Act 2018. Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.		
This information is required under the Social Security Act 2018. Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.		Telephone number ()
This information is required under the Social Security Act 2018. Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.		Health practitioner's signature Date
This information is required under the Social Security Act 2018. Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.		
Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.		Day Month Year
Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.		This information is required under the Social Socurity Act 2019
assessment purposes.		
Part 04		
	B. v. 04	

Temporary Addition	m: Temporary Additional s nal Support helps with essential cos can think of, and still can't pay for t	sts for a short	time when	you've
Tell us if 98 you want to apply	Do you want to apply for Temporary Action No Go to your obligations on page 29 If you answered 'yes' you'll need to provouslue (page 20)	Yes		eir
Tell us about any Working for Families tax credits you get ATTACHMENT FOR Q99: You'll need to provide proof of any tax credit.	Do you or your partner get any Working Inland Revenue? No tax credit Parental tax credit In-work tax credit Type of tax credit \$	lit Mir	How often? (F weekly, fortnig	eredit For example,
Tell us what essential work-related costs you need to pay to keep working	Are you or your partner working? Go to question 102 Do you or your partner have any essent to keep working? No Yes Please write the	Yes tial costs that you		
INFORMATION FOR Q101: These are the only work-related essential costs that we may be able to help you with. ATTACHMENT FOR Q101: You'll need to show proof of these costs.	Type of tax credit 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	## ## ## ## ## ## ## ## ## ## ## ## ##	How often? (F weekly, fortnig	
WORK AND INCO	OME	YS01*	IW - AUG 2020	Page 25

Tell us how 102	Are you receiving, or are you applying for, an Accommodation Supplement?
much it costs you	No Yes Go to question 117
for the place where	Do you pay rent?
you and your family live	No Go to question 109 Yes
By rent we mean the amount you pay is for your accommodation only and doesn't include other costs such as food or electricity.	Do you pay rent to Kāinga Ora (previously Housing New Zealand) or an approved community housing provider?
	No Yes
	What is the total amount of rent paid each week for your home?
	\$
106	How much of this total amount do you pay for you and your family?
	\$
TTACHMENT FOR Q107: 00'll need to show	Do you pay water rates separately from your rent?
proof of what you pay for rent.	No Yes Tell us how much you pay
TTACHMENT FOR Q107: ou'll need to how proof of	\$ How of the normal your set the normal your
now proof of what you pay for vater rates.	What is the name, address and telephone number of the person you pay rent to?
OW TO ANSWER Q109:	Go to question 117
or example food, lectricity, telephone.	Do you pay board? No Go to question 112 Yes List what costs your board includes
FORMATION FOR Q109: y board we mean	
ne amount you ay for your ocommodation 110	What is the total amount of board you pay for you and your family?
here it includes ood costs and may Iso include other	\$
osts like electricity.	What is the name, address and telephone number of the person you pay board to?
ou'll need to show proof f what you pay for board.	pay both a to:
	Go to question 117
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112	Do you own the home yo	ulive in?			
112	No Go to question 11		Yes		
113 How TO ANSWER Q113: Only include mortgages	What are your home ov	vnership cost	s?		How often do you make the payment
you used to buy or alter	Who	lo you pay?	How much do		(such as weekly, monthly or yearly)?
your home. Include both interest and principal.	First mortgage	, ()	\$	7 (/	
List any other mortgages	Other mortgage		\$	l	
such as a second	House insurance		\$		
mortgage or revolving mortgage.	Mortgage insurance		\$		
Don't include contents	Rates		\$		
insurance.	Ground lease		\$		
ATTACHMENT FOR Q113:	Water rates		\$		
You'll need to show proof of your home ownership	Body corporate fees		\$		
costs.	Body corporate rees		1		
ATTACHMENT FOR Q114: Bring receipts for	Did you have to pay for r 12 months?	epairs and ma	aintenance to	our hom	e in the last
any repair and maintenance costs.			24	\$	412-
	No Yes	Please write	the total amount	P	
115	Do you have a mortgage	100			9/
	No Yes	Please write	the total amount		%)
ATTACHMENT FOR Q116: 116	Have you received a rate		o last E2 woole	2	
You'll need to show other proof of your rates rebate.		Amount \$		ng year 1 July to 30 June	
Tell us about other essential costs	Do you or your family ha		de details below	es?	
INFORMATION FOR ATT? Essential regular costs			How often (for example,		
can include:	14 10 10 10 10 10 10 10 10 10 10 10 10 10	Amount	weekly,	Start or	date End date
hire purchase	Item	\$	fortnightly)?	purchase	date Endidate
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 Q117:	If you didn't apply for the	n Dioobility Alla		22 and 4	EVEN WELL
You'll need to show proof of these costs.	If you didn't apply for the Disability Allowance on page 23 and your costs are health-related, please tell us.				

NOW TO ANSWED ONG		
Don't include toll or mobile phone costs,	Do you need a telephone for safety of family circumstances?	or security reasons, or because of special
Unless we already have this information, please bring: proof of the need, such as a Court Order, or verification from Police, Women's Refuge, or a	No Yes Please write	e the details below
similar organisationproof of phone payments.		
payments.	How much do you pay?	
	How often? (weekly, fortnightly, monthly)	
Tell us what you've done to try to pay your essential costs	What steps have you and your partn or increase income?	er taken to get other help, reduce costs





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 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 relation ship marriage, or civil union
- · a partner passes away
- the number of children in your care, including having another baby.

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

We also need to know if you:

- · go into of 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 Young Parent Payment.

You'll meet with them to talk about how things are going, and they'll refer you to a parenting programme, a budgeting programme or education, training or workbased 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 inhand allowance and your payment card.



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

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

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

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



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

Temporary Additional Support (TAS) is short-term help to meet

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.



You can find full details about what can happen if you don't meet your obligations at msd.govt.nz/not-meetingyour-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:

sall 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

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Collecting your information

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

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

Using your information

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

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

Sharing your information

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

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

Respecting you and your information

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

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

Get in touch if you have a question

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

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

Signature page Office copy Applicant

I have answered all the questions that apply to me and my situation. The information I have given you is true and complete. I understand the things I need to do while I'm getting payments. I will do what I need to do to meet my obligations. I understand what you do with my personal information and how you protect my privacy. Applicant's signature Date Applicant's name (print) Month Year Helper's statement Complete this if you've helped the applicant or their partner to complete this application form. Your surname or family name Your first and middle names Your address Your phone number Tick the box for the statement that applies I completed this application form at the request of the person applying. They told me they understood what they were signing. The statements and answers I have completed are true and complete as given to me by the person applying, Helper's signature Date

Day

Month

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Signature page

Applicant's copy

Applicant

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

The information I have given you is true and complete.

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

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

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

Applicant's name (print)	Applicant's signature	Date
		Day Month Year
Please use the document cl	ecklist to help you make sure you br	ing all the documents you need to
your meeting with us.		2 2 1/2
		\sim
	/	

Young Parent Payment Partner

application



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.

Young Parent Payment

Young Parent Payment is for young parents aged 16 to 19 who have dependent children, and are in need of financial assistance. For example if you're:

- a parent or caregiver who has one or more dependent children in your care
- single and aged 16 or 17 years old, you must be in exceptional circumstances or are being supported by parents, step-parents or guardians who earn under the Family Tax Credit threshold
- married, in a civil union or de facto relationship with a partner who meets certain requirements.

When you get Young Parent 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 staying 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 ②) 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



We will get to know you, your situation and your needs



We will use your feedback to improve ill our service

Ka mōhio ki a koe

We will make sure you understand everything you need to know



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



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

(a tautoko

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



We will be honest about our mistakes and put them right &





We will respect you and what is important to you



We will let you know your options, rights and obligations

Ka mahi tahi ki a koe



We will work together to achieve shared goals



Our actions will follow our words





Let us know by visiting msd.govt.nz/feedback or call us on 0800 559 009

Young Parent Payment Partner





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.

Proof of who you are: For you What you If you were born in New Zealand, bring one type of official need to bring identification that has your full legal name and your date of birth (for example, your birth certificate, passport driver licence, firearms licence, deed poll). INFORMATION NOTE: If you were born overseas, bring proof that you have a right to live Documents need to be originals, or copies of in New Zealand (for example, a citizenship certificate, a New Zealand documents that have passport, a passport from another countly with residence class visa been certified as a true or proof of permanent residence). copy by a Solicitor/Lawyer, Notary Public, Registrar If your name has changed, bring your marriage certificate, deed poll, of the Court or Justice of or other proof of the name change, the Peace. 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. One of the documents above must be at least two years old

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

Applicant	Depending on answers in the applicant form (pages 5 to 20) you may need to bring:	For you	For your partner (if you have one)
form	Full birth certificates for each dependent child in your care		
	Your marriage or civil union certificate, for a current relationship.		
	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.		-
	A letter from your school to confirm you're enrolled there (if you're a full-time student).		
	Proof that you're participating in a training course or work-based learning.		
	Your school leaving certificate (only if you've recently left school).		
	A medical certificate if you have a health condition, injury or disability that stops you participating in education, training or work-based learning.		9
	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 your weekly living expenses including accommodation, power, phone and any hire purchase or loan agreements you may have.		
	Proof of your assets and their value.		
Extra help forms	Depending on your answers in the extra help forms (pages 21 to 30), you may need to bring:	For you	For your partner (if you have one)
TOTTIS	If you're applying for a Disability Allowance :		
	proof of health-related costs		
	a Disability Allowance medical certificate.		
	If you're applying for an Accommodation Supplement :		
	proof of accommodation costs		
	• proof of your assets and their value.		
	If you're applying for Temporary Additional Support :		
	proof of any essential ongoing costs		
	proof of accommodation costs		
	proof of your assets and their value.		

Young Parent Payment Partner

applicant form

WORK AND INCOME

TE HIRANGA TANGATA



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Page 5

In the applicant form, 'you', 'your', and 'yourself' means the person applying for Young Parent 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

San Y Y P S S work	HE SECTION OF THE PROPERTY OF THE SECTION OF THE SE
Tell us about y	ourself
	fit or extra financial help from us before, write your client number here if you know it. d on your Community Services Card if you have one.
Client number	
Tell us the names you've been known by	What is your full name? Mrs Miss Other
ATTACHMENT FOR Q1: Bring proof of your identity. What you need to bring is explained on page 3.	Surname or family name Is the name on your birth certificate the same as above? Tell us the name that is on your birth certificate Yes
	First and middle names Surname or family name
For example, have you had married names, English names, changes by deed poll, or aliases?	Have you ever been known by any other name? No Yes Write them all out below 1.
ATTACHMENT FOR Q3: Bring your marriage certificate, deed poll, or other proof of any name change.	What name would you like us to call you? The name I wrote in Question 1 Other Write the full name
	Other Write the full hame

Tell us more about you	What date were you born? Day Month Year Are you:
ATTACHMENT FOR Q7: Bring a form or letter from Inland Revenue showing your tax number.	Male Female Gender diverse 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.	What bank account would you want your payments to be paid into? The account is in the name of: The account number is:
Tell us how we can contact you To how to answer q9: If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number. To how to answer q10: Mailing address can include a PO Box, rural delivery details, or CO address.	Where do you live? Flat/House number Street Name Suburb Town/City 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.	How else can we contact you? Tick the best way for us to contact you Home phone () Mobile phone () Other phone () Do you agree to get text messages and emails from us?
Page 6	No Yes Tell us your email address I don't have an email address YS012W - AUG 2020

Tell us your ethnicity INFORMATION FOR Q13: We collect this information for statistics we use in research and future development work.	Tick the group(s) you most identify with. Māori → Which tribe(s) or iwi? New Zealand European Niuean Samoan Indian Other European Tolelauan Tongan Chinese Cook Island Māori Other → Please write below Don't want to answer
Tell us about your residence status	Do you usually live in New Zealand?
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 answer 'No' you'll need to provide proof of your assets and their	What best describes your residence status in New Zealand? Fick only one box. New Zealand citizen by birth Granted New Zealand citizenship granted citizenship Go to question 18 Date citizenship granted Day Month Year Date permanent residence granted Day Month Year
value (page 20).	Other When did you arrive in New Zealand?
17	Day Month Year What country were you born in?
Please answer even if you're a New Zealand citizen by birth.	Have you lived in New Zealand continuously for at least two years since you became a New Zealand citizen or permanent resident? No Yes
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you've lived	1
or worked	No Go to question 22 Yes Please provide details below
overseas	Date you entered Date you left
NFORMATION FOR Q19:	Name of country this country this country Reason for being in this country
eriods of overseas esidence may:	
affect entitlement	
to some benefits	
mean you're eligible for an overseas benefit or pension.	
For more information,	
phone 0800 777 227 .	
OW TO ANSWER Q19:	
our reason for being na country may be	
nat you were there or a working holiday,	
ou were living there,	Do you receive or qualify for a social security benefit, pension or allowance
ou were born there.	from overseas?
	Tomoverseas:
	No Go to question 22
	Yes Tick the box that best describes your benefit, pension or allowance
	Retirement or old age Superannuation Disability or health
	condition
	Widow or survivor) Child or dependent War related
	other
ATTACHMENT FOR Q21:	If you ticked 'yes' for question 20, please give details of the payments
ou'll need to show us	yoù receive.
proof of these payments, uch as a pension	Payment 1 Payment 2
ertificate.	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 the people in your household Tell us 23 Do you have dependent children in your care? about your Please provide details below Go to question 29 No dependent children Child 1 Date of birth Full name 10 HOW TO ANSWER Q23: Day Month Year Please give the names Relationship to you of children you support financially and who live with you as a member of Parent 2: Full name Parent 1: Full name your family, including: · your own children adopted children Child 2 Date of birth · stepchildren Full name · children at boarding school Month Year Day Relationship to you · grandchildren / mokopuna. The child's name should Parent 2: Full hame Parent 1: Full name be the same as on the child's birth certificate. Tell us the names of all Child 3 parents of each child. Date of birth Full name ATTACHMENT FOR Q23: Bring the birth certificate Day Month Year Relationship to you for each dependent child. Parent 1: Full name Parent 2: Full name Child 4 Date of birth EUI name Day Month Year Relationship to you Parent 1: Full name Parent 2: Full name If you need to include more than four children in your application, please write these details about each one on a separate sheet of paper, and bring them with this application form. 1 HOW TO ANSWER Q24: 24 Are you a sole parent? Please read the definition of a Go to question 27 No Yes relationship on page 10.

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100 HOW TO ANSWER Q25: 25	Have you named all the pare	ents for each child?	
Record the names of	riato you namou an ino par.		
all known parents,	No Please talk with us	Yes	
including those:			
• named on the	Have very applied for Child S	Support for each child?	
child's birth certificate	Have you applied for Child S	support for each child?	
named in a Deed of	No Please talk with us	Yes	
Acknowledgement of	Please talk with us	Tes	
Paternity, or			
• named as the	Do you have a shared care ar	rangement for any of your	dependent children?
child's parent by			
the Court.	No Yes Ple	ease list the details below	
INFORMATION FOR Q27:		Hours a week in Name of	f person you have
If you're a sole parent you	Name of child		care with
may need to complete a			
Child Support application			
for each dependent child.			
INFORMATION FOR Q28:	AC AC C Act . Act Act . Act Act . Act . Act Act . Act Act . Act . Act . Act Act . Act . Act . Act Act . Act		
Working for Families	If you qualify for any Workir with your benefit?	ng for Families tax credits	do you want them paid
tax credits are payments	with your benefit?		
to families with children	No Yes	$\langle \mathcal{O} \rangle \rangle \sim \langle \mathcal{O} \langle \mathcal{O} \rangle \rangle \rangle$	
to help with day-to-day	U140 Dies		
living costs. People getting a benefit who	If you tick 'yes', we'll tell (hland Rev	vanua forsvou Dag vou do not need	to
have dependent children	If you lick yes, we if tell fill lick ey	ende for your 50 you do not need	to.
generally qualify.		SIMILIAN DE	
		07/11/2	
		10	
Tellus 29	Have you had any children i	n your care in the last 52 w	eeks who are no longer
	dependent on you?	, , , , , , , , , , , , , , , , , , ,	
about other			
children	No Yes 4 Ple	ease list their details below	
that were			Date they became
dependent	Name of child	Date of birth	no longer dependent
on you	(CONTRACTION		
(2)			
	Definition of a valetienship i	far hanafit munnaga	
Tell us	Definition of a relationship	for benefit purposes	
about your	Whether people are single or a coup	le affects eligibility for certain inco	ome assistance and the rate
relationship	at which we can pay that assistance.		
status	When we work out your entitlement		
	you're married, in a civil union, or in a	de facto relationship, and have a	degree of companionship.
	By degree of companionship, we me	ean two people:	
	 are committed to each other emo 	tionally for the foreseeable future	, and
	 are financially interdependent. 		
	To give you a better idea of what we i	mean by this, think about whether	your relationship includes
	some of the things below:		
	 you live together at the same addr 		
	 you share responsibilities, for exar 		
	 you socialise and holiday together 	•	
	 you share money, bank accounts of 	or credit cards	

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> 11	you share household bills
	you have a sexual relationship
	• people think of you as a couple
	 you give each other emotional support and companionship.
Mow to ANSWER Q30: Tick this statement	Do you understand our definition of a relationship?
to confirm you understand the definition of a relationship for	I understand the definition of a relationship for benefit purposes
benefit purposes. If you don't	Do you have a partner?
understand what we mean by a relationship please leave this blank	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 36.
until you talk with us. In the meantime, go to question 36.	No Go to question 36 Yes
32	What is your partner's full name?
33	What is your partner's date of birth?
	Day Month Year
ATTACHMENT FOR Q24: 34	What is your relationship status with your partner?
Bring your marriage or civil union certificate for	Tick one of the following boxes
your current relationship.	Married In a civil union In a relationship
35	If you're in a de facto relationship how long have you lived with your partner?
	Months
Tell us your situation	For single people aged 16-17 who have never been married or in a civil union or de facto relationship, we'll get information, where necessary, about your circumstances from an assessment provider, school counsellor, parents and/or wider family.
36	What are the names and addresses of your parents/step-parents/guardians?
_	
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37	Are you living at your parent's/step-parent's/guardian's home? No What date did you leave? Day Month Year Yes Please discuss with your Contracted Service provider or Work and Income Why aren't you living with them?
39	Are you getting any money from your parents/step-parents/guardians or any other person?
	No Please tell us why you're not receiving any support Yes How much and from who? How much From who
40	Has the relationship with your parents/step-parents/guardians broken down? Go to question 43 How long have you been having problems with your parents/step-parents/guardians?
42	Are you seeing a social worker or counsellor because of the relationship breakdown? No Yes Please provide their name and organisation below
Page 12	

Tell us about y	our education and training
Tell us about 43 your study and training ATTACHMENT FOR Q44 You'll need to provide proof if you stopped attending.	Have you finished full-time study or training? No Go to question 46 Yes Why did you stop attending?
how TO ANSWER Q45: 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 46 Yes What's the name of the place you attend?
Tell us about h	ealth conditions, injuries or disabilities
Tell us about your ability to work ATTACHMENT FOR Q46: If you answered 'yes' you need to provide	Do you have a health condition, injury or disability? No Go to question 58 Yes Please tell us what your health condition, injury or disability is
a medical certificate from a health practitioner. 47	Please describe (in your own words) how your health condition, injury or disability limits your ability to participate in education, training or workbased learning.
Tell us about any ACC cover	Do you have an injury, or does your health condition or disability result from an injury or accident? No Go to question 56 Yes
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49	When did the injury or accident happen?
	Day Month Year
50	How did the injury or accident happen?
51	Have you applied, or will you apply, for earnings-related accident compensation payments? No Please write the reasons you're not applying Go to question 56
	Yes
52	ACC Another workplace accident insurer Go to question 56
53	Have you applied to ACC? No. Go to question 56 Ves. Which ACC office did you apply at?
54	When did you apply? Day Month Year
55	What is your ACC reference number?
Tell us about any insurance cover	Do you have insurance to replace all or part of your income if you can't work? No Go to question 58 Yes Please write the name of the insurance company or scheme below
57	How much do you expect to get from insurance, before tax? Weekly \$ Lump sum \$
Page 14	YS012W - AUG 2020

Have you worked in the last 52 weeks? No Go to question 69 Yes		2		
Are you working? No Go to question 63 Yes What type of work do you do? Yes What type of work do you do? Yes What type of work do you do? Full-time Part-time Casual Full-time Part-time Seasonal Self-employe Who are you working for? Employer's and for I and 62. Who are you working for? Employer's address Employer's address Employer's address Employer's email and fax Final work and also Full-time Part-time Assual Full-time Assual Full-time Part-time Assual Full-time Part-time Assual Full-time Part-time Assual Full-time Assual Full-time Part-time Assual Full-time Assual Full-tim	nis section		Yes	
No Go to question 63 Yes	our work	Are you working?		
What type of work do you seek. Frou have more han one job please ecord details of our other employers in a separate sheet for peach in formation sked for in questions 60, all and 62. Who are you working for? Employer's address Employer's email and fax Employer's e		No Go to question 63	Yes	
mean you generally work at least Oh hours a week. Fyou have more han one job please ecord details of our other employers on a separate sheet if paper. For each job include he information sked for in questions 60, at and 62. The molover's address Employer's address	00	What type of work do you do?		$\langle \hat{\zeta} \rangle$
you have more nan one job please second details of our other employers on a separate sheet if paper. or each job include ne information sked for in questions 60, 1 and 62. Type of payment (include goods or services) Amount before tax Amount after tax is the form your employer stead of money. your income varies eek to week - provide an everage (for example, the verage of your last four stead of mone).	ean you generally	Full-time Part-time	Casual	G)
Who are you working for? Employer's name Employer's address Employer's address Employer's email and fax Final of the amount pure paid and also are value of things you at from your employer istead of money. your income varies eak to week – provide an everage of your last four werage of your last four	ou have more	Seasonal Self-employe	Voluntary	>
f paper. or each job include the information sked for in questions 60, If and 62. Employer's address Em	cord details of ur other employers 61	Who are you working for?		
Employer's address Employer's address Employer's email and fax Employer's email and fax Employer's email and fax How much are you paid each week? Type of payment (include goods or services) Amount before tax Amount after tax the stead of money. You're paid and also we value of things you the from your employer stead of money. Your income varies eek to week – provide an verage (for example, the verage of your last four	paper.	Employer's name		
Employer's email and fax Employer's email and fax Employer's email and fax Employer's email and fax How much are you paid each week? clude the amount bure paid and also be value of things you et from your employer stead of money. your income varies eek to week – provide an erage (for example, the erage of your last four	e information	Employer's addriess)	
Employer's email and fax How much are you paid each week? clude the amount our re paid and also be value of things you set from your employer stead of money. your income varies eek to week – provide an verage (for example, the verage of your last four Employer's email and fax How much are you paid each week? Type of payment (include goods or services) Amount before tax Amount after tax \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				
DW TO ANSWER Q62: clude the amount ou're paid and also the value of things you te throm your employer stead of money. your income varies the ket to week – provide an verage (for example, the verage of your last four How much are you paid each week? Type of payment (include goods or services) Amount before tax Amount after tax \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Employer's phone number		
DW TO ANSWER Q62: Include the amount outre paid and also Type of payment (include goods or services) Amount before tax Amount after tax Type of payment (include goods or services) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				
clude the amount burre paid and also Type of payment (include goods or services) Amount before tax Amount after tax the value of things you set from your employer stead of money. Syour income varies eek to week – provide an verage (for example, the verage of your last four		Employer's email and fax		
Type of payment (include goods or services) Amount before tax Amount after tax stead of money. your income varies eek to week – provide an verage (for example, the verage of your last four				
clude the amount burre paid and also Type of payment (include goods or services) Amount before tax Amount after tax the value of things you set from your employer stead of money. Syour income varies eek to week – provide an verage (for example, the verage of your last four		(C)/10		
set value of things you set from your employer stead of money. your income varies eek to week – provide an verage (for example, the verage of your last four \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	clude the amount			
stead of money. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Type of payment (include goods or services)		1
your income varies seek to week – provide an erage (for example, the erage of your last four \$ \$ \$				
eek to week – provide an erage (for example, the erage of your last four \$ \$	our income varies			
erage of your last four				
	5).			

Tell us about <mark>63</mark>	Have you had any work in the last 52 weeks that you're no longer doing?
any work	No Go to question 69
luring the last 62 weeks that 64	Who did you last work for?
nas finished	
OW TO ANSWER Q63:	Employer's name
you've had more	
nan one job end in the ast 52 weeks please	Employer's address
ecord details of all other	
mployers on a separate neet of paper.	Employer's phone number
or each job include	
he employer's: name	Employer's email and fax
address	
phone numberemail and/or fax,65	Howlong did you work the 22
• email and/or fax, and	How long did you work there?
the start and end dates.	Date you started work Qate of last-day at work
	Day Month Year Day Menth Year
the state of the s	
66	Why did this work end?
66	Why did this work end?
66	Why did this work end?
66	Why did this work end?
HOW TO ANSWER Q67: 67	
HOW TO ANSWER Q67: Holiday pay includes long-service leave	Did you get any of the following payments when you left?
HOW TO ANSWER Q67: Holiday pay includes long-service leave payments and	Did you get any of the following payments when you left? No Go to question 69
HOW TO ANSWER Q67: Holiday pay includes ong-service leave payments and termination pay includes	Did you get any of the following payments when you left?
HOW TO ANSWER Q67: Holiday pay includes long-service leave payments and termination pay includes	Did you get any of the following payments when you left? No Go to question 69
HOW TO ANSWER Q67: Holiday pay includes ong-service leave payments and termination pay includes	Did you get any of the following payments when you left? No Go to question 69 Yes Please tick the box and write in the before-tax amount Sick pay \$
HOW TO ANSWER Q67: Holiday pay includes ong-service leave payments and termination pay includes	Did you get any of the following payments when you left? No Go to question 69 Yes Please tick the box and write in the before-tax amount Sick pay \$ Holiday pay \$
HOW TO ANSWER Q67: Holiday pay includes long-service leave payments and termination pay includes	Did you get any of the following payments when you left? No Go to question 69 Yes Please tick the box and write in the before-tax amount Sick pay \$
HOW TO ANSWER Q67: Holiday pay includes long-service leave payments and termination pay includes	Did you get any of the following payments when you left? No Go to question 69 Yes Please tick the box and write in the before-tax amount Sick pay \$ Holiday pay \$
HOW TO ANSWER Q67: Holiday pay includes ong-service leave payments and termination pay includes	Did you get any of the following payments when you left? No Go to question 69 Ves Please tick the box and write in the before-tax amount Sick pay \$ Holiday pay \$ Termination pay \$ Redundancy pay \$
HOW TO ANSWER Q67: Holiday pay includes ong-service leave payments and termination pay includes	Did you get any of the following payments when you left? No Go to question 69 Yes Please tick the box and write in the before-tax amount Sick pay \$ Holiday pay \$ Termination pay \$
How TO ANSWER Q67: Holiday pay includes ong-service leave payments and termination pay includes payments in lieu of notice.	Did you get any of the following payments when you left? No Go to question 69 Yes Please tick the box and write in the before-tax amount Sick pay \$ Holiday pay \$ Termination pay \$ Redundancy pay \$ Other \$
HOW TO ANSWER Q67: Holiday pay includes ong-service leave payments and termination pay includes payments in lieu of notice. HOW TO ANSWER Q68: Don't include any	Did you get any of the following payments when you left? No Go to question 69 Please tick the box and write in the before-tax amount Sick pay \$ Holiday pay \$ Redundancy pay \$ Other \$ How much was your pay for the four weeks before you left?
HOW TO ANSWER Q67: Holiday pay includes ong-service leave payments and termination pay includes payments in lieu of notice. HOW TO ANSWER Q68: Don't include any of the payments you got	Did you get any of the following payments when you left? No Go to question 69 Please tick the box and write in the before-tax amount Sick pay \$ Holiday pay \$ Redundancy pay \$ Other \$ How much was your pay for the four weeks before you left? Before tax After tax
HOW TO ANSWER Q67: Holiday pay includes long-service leave payments and termination pay includes payments in lieu of notice. HOW TO ANSWER Q68: Don't include any of the payments you got	Did you get any of the following payments when you left? No Go to question 69 Please tick the box and write in the before-tax amount Sick pay \$ Holiday pay \$ Redundancy pay \$ Other \$ How much was your pay for the four weeks before you left? Before tax After tax \$
HOW TO ANSWER Q67: Holiday pay includes long-service leave payments and termination pay includes payments in lieu of notice. HOW TO ANSWER Q68: Don't include any of the payments you got	Did you get any of the following payments when you left? No Go to question 69 Please tick the box and write in the before-tax amount Sick pay \$ Holiday pay \$ Redundancy pay \$ Other \$ How much was your pay for the four weeks before you left? Before tax After tax \$ \$ \$
How to answer Q67: Holiday pay includes long-service leave payments and termination pay includes payments in lieu of notice.	Did you get any of the following payments when you left? No Go to question 69 Please tick the box and write in the before-tax amount Sick pay \$ Holiday pay \$ Redundancy pay \$ Other \$ How much was your pay for the four weeks before you left? Before tax After tax \$

Tell us about your income and assets Did you get income from any of the following sources in the last 52 weeks? **Tellus** 69 about Tick one box in each line below income in the last Wages or salary No Yes 52 weeks? Termination pay No Yes ATTACHMENT FOR Q69: Redundancy pay No Bring a copy of your business accounts. Accident compensation (eg ACC) No Yes (INFORMATION FOR Q69: Jointly with partner Income insurance (replacement/protection) Yes In this application form, No 'partner' means the Yes' Jointly with partner person you're married Farm or business income No to or in a civil union or Payments from self employment or relationship with, not a ointly with partner Yes contract work business partner. Interest from savings, investments, or bonds Ýès Jointly with partner No Dividends from shares, unit trusts, or Jointly with partner No Κès managed funds Income from rents No. Jointly with partner Yes Payments from boarders or flat mate Ν̈́ο Yes Jointly with partner Child Support payments Yes No Other income for a child No Yes Maintenance payments No Yes Páyments from a former partner No Yes Student Allowance, scholarship or, No Yes Student Loan living cost payments Oyerseas pension, benefit or allowance payments No Yes Other superannuation or retirement scheme No Yes income (government or private) Income from an estate, if you've No Yes Jointly with partner inherited money Income from trusts Yes Jointly with partner Other Jointly with partner No Yes ATTACHMENT FOR Q70: Did you answer 'yes' or 'jointly with partner' to any of the sources of income 70 You need to show us listed in question 69? proof of income you've received in the last 52 Tell us the total before-tax amounts, for the last 52 weeks weeks and details of your income for the last Payment made to? 26 weeks. Where did the income come from? Jointly with partner \$ \$ \$ \$ \$ \$ \$ \$

1 HOW TO ANSWER Q71: 71	Did you get other t	ypes of paym	ent apart from money in	the last 52 weeks?
Other types of payment include advantages such	No Yes	↓ Please	tell us about the type of payn	nent and its value
as free or subsidised	Type of payment		Where did it come from?	lts value
goods and services (for example, free				\$
food, subsidised accommodation).				\$
accommodations.				\$
				\$
How TO ANSWER Q72: How often do you expect the payment, such as weekly, fortnightly, monthly, one-off. The types of income you need to include here are listed on page 18. Are you involved with a trust? ATTACHMENT FOR Q73: You'll need to show us trust documents, such as the trust deed, deed of debt, gift statements,	Where will the payment come from? Are you involved in 'Involved' means of you've set up a tree you've sold or gift you benefit from	You \$ \$ \$ \$ a trust or had one or more or more or more or more or ust, usually by ited assets to a consabout man a trust, for ex	making a gift of assets or particular	xt 52 weeks? s the before-tax amounts How often do you expect the payment? d in a trust?
accounts	trust distribution Yes		write the name of the trust	

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	Do you or your partner have any of	the followin	g cash assets?	
about your assets	Money in bank or other savings	No [Yes	
	Bonus Bonds, shares, debentures or stocks	No [Yes	
ATTACHMENT FOR Q74: You may be asked to provide proof of your	Money lent to other people or organisations	No [Yes	
issets and their value.	Other cash assets	No [Yes	
75	If you answered 'yes' to any of the a details below.	assets listed	above, please	write the
	Type of asset	You	Your partner	
		\$	\$	\$
		\$		\$
		\$	(\$
		\$	\$ 6	\$
OW TO ANSWER Q76: 76	Do you or your partner have any of	the followin	gnon-cash ass	ets?
xamples of property ou don't live in include			\supset) \sim	
and, holiday homes,	Property you don't live in	No 1	Yes	
pach/crib, investment	Boat or caravan	MS T	Yes	
properties.				
	Other	No [Yes	
You may be asked to provide proof of these	please write the details below.	Hov	w much is it	No. and also a
letails.	Type of asset			owe on it?
etails.	Type of asset		rth?	
etails.	Type of asset	wor	rth?	owe on it?
etails.	Type of asset	\$ \$	rth?	owe on it? \$
etails.	Type of asset	\$ \$ \$	rth?	owe on it? \$ \$
details.	Type of asset	\$ \$	rth?	\$

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The Disability Allowance helps with extra costs if you or a family member has a health condition or disability lasting more than six months. The allowance can help with extra costs directly related to the health condition or disability. Tell us 78 Do you want to apply for the Disability Allowance? about the Go to page 23 person you're applying for If you ticked 'yes' to question 78, you'll also need your doctor, specialist or nurse practitioner to fill out the Disability Allowance medical certificate on page 21. Do you get payments from private medical insurance for any health-related 79 Tell us needs? about any payments No Please write the details below you get for How much is paid? Name of person the payment is for What cost is covered these health needs \$. Is this health condition covered by ACC or War Disablement Pension? 80 If 'yes', you may not be entitled to a Disability Allowance What extra health-related costs do you have? Describe (How often your extra (such as weekly, costs Type of cost Cost monthly, yearly) (7) HOW TO ANSWER Q81: \$ Extra costs must be directly related to the \$ health condition. Costs \$ can include medical and prescription costs. \$ medical alarms, \$ lawn mowing, extra powerorgas, transport \$ and special equipment. \$ ATTACHMENT FOR Q81: \$ You'll need to show proof of these costs.

WORK AND INCOME

TE HIRANGA TANGATA

Extra help form: Disability Allowance

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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 not less than 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 registered health professional. 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 of function (including sensor) impairment) reliance on a guide dog, wheelchair, or other remedial means the presence in the body of organisms capable of causing illness. For more information go to workandincome.govt.nz and search on Disability Allowans Client Client number details 2 Client's name First names Surname Does the person have a disability that meets the Disability Allowance criteria? **Disability** details Yes Ves Please provide the details below Go to Health Practitioner Verification Please tick the major disabilities or specify below What is the nature of the person's disability? Psychological or psychiatric conditions Immune system disorders Stress (160) HIV / Aids (140) Depression (161) Other immune system disorders (141) Bipolar disorder (162) Metabolic and endocrine disorders Schizophrenia (163) Diabetes (150) Other psychological/psychiatric (165) Other metabolic or endocrine disorders (151) Neurological system disorders Substance abuse Alcohol (170) Epilepsy (120) Multiple sclerosis (121) Drug (171) Parkinson's disease (122) Other substance abuse (172) Muscular dystrophy (123) Sensory disorders Other nervous system disorders (124) Blindness (180) Cardio-vascular disorders Other visual / eye (181) Heart disease (130) Hearing / ear (182) Stroke (131) Other sensory disorders (183) Other cardio-vascular (132)

	Accident Other disorders
	Burns (190) Congenital conditions (103)
	Fractures, dislocations, soft tissue injury (191) Intellectual disability (164)
	Poisoning, toxic effects (192) Cancer (104)
	Internal injuries (193) Infectious / parasitic diseases (105)
	Injury to the nervous system (194) Musculo-skeletal system disorder (106)
	Back pain / injury (195) Respiratory disorders (107)
	Overuse injury [RSI] (196) Genito-urinary disorders (108)
	Complications of medical or surgical care (197) Blood and blood forming organs (109)
	Other injury (198) 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
6	Please list the type, cost and how often visits to doctors, specialist or nurse practitioners are
Verification	necessary
of doctor,	and result from the stated disability:
specialist	Type of consultation Cost How often (eg daily, Health practitioner's weekly, monthly,) initials
or nurse	
practitioner visits	(a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
VISILS	\$
Items,	Please list the pharmaceuticals, items, services or treatments that are necessary and of
services,	therapeutic value for the stated disability:
treatments	Item/service/treatment/pharmaceutical Health practitioner's initials
pharmaceu-	
ticals	
	→
Health	Please print your details below.
practitioner's	HPI number
verification	Health practitioner's full name
	Practice name and address
	Telephone number ()
	Health practitioner's signature Date
	Day Month Year
	This information is required under the Social Security Act 2018.
	Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.
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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 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 of your family, like:

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

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

We also need to know if you:

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

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



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 Young Parent Payment.

You'll meet with them to talk about how things are going, and they'll refer you to a parenting programme, a budgeting programme or education, training or workbased 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 inhand allowance and your payment card.



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

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

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

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



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.



You can find full details about what can happen if you don't meet your obligations at msd.govt.nz/not-meetingyour-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:

callus - we can usually fix it over the phone

vou have the right to ask us to review the decision. Find out how at msd.govt.nz/reviews

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How we protect your privacy



Collecting your information

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

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

Using your information

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

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

Sharing your information (

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

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

Respecting you and your information

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

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

Get in touch if you have a question

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

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

Signature page

Office copy

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		_	-				-

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

The information I have given you is true and complete.

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

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

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

Applicant's name (print)	Applicant's signature	Date
		Day Month Year
Helper's statement		
Complete this if you've helped the ap	plicant or their partner to complete	this application form.
Your first and middle names	Your şurnam	e or family name
		> \
Your address		
Your phone number		
Tick the box for the statement that	applies	
I completed this application form	at the request of the person apply	ring. They told me they understood ted are true and complete as given to
Helper's signature	Date Day Month Year	

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Signature page

Applicant's copy

Applicant

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

The information I have given you is true and complete.

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

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

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

Applicant's name (print)	Applicant's signature	Date
		Day Month Year
Please use the document c	hecklist to help you make sure you br	ing all the documents you need to
your meeting with us.		5 AV
		, ~ 0/1/2,
2		

Youth Payment application



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 factorelationship 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.

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 ②) 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



We will get to know you, your situation and vour needs



Q We will use your feedback to improve our service

Ka mōhio ki a koe

We will make sure you understand everything you need to know



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



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

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



We will be honest about our mistakes and put them right





We will respect you and what is important to you



We will let you know your options, rights and obligations

Ka mahi tahi ki a koe

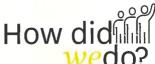


We will work together to achieve shared goals 'll



Our actions will follow our words





Let us know by visiting msd.govt.nz/feedback or call us on 0800 559 009

Youth Payment what to bring



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

INFORMATION NOTE:

Documents need to be originals, or copies of documents that have been certified as a **true copy** by a Solicitor/Lawyer, Notary Public, Registrar of the Court or Justice of the Peace.

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, tirearms 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.	
One of the documents above must be at least two years old	
There are more things you need to bring in the table over the page.	

Applicant	Depending on answers in the applicant form (pages 5 to 20) you may need to bring:	For you	For your partner (if you have one)
form	Your marriage or civil union certificate, for a current relationship.		
	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.		
	A letter from your school to confirm you're enrolled there (if you're a full-time student).		
	Proof that you're participating in a training course or work-based learning.		
	Your school leaving certificate (only if you've recently left school).		
	A medical certificate if you have a health condition, injury or disability that stops you participating in education, training or work-based learning.		
	Proof of any before-tax income for the 52 weeks before the application (for example, wages, holidax 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 your weekly living expenses including accommodation, power, phone and any hire purchase or loan agreements you may have.		
	Proof of your assets and their value.		
Extra help forms	Depending on your answers in the extra help forms (pages 21 to 30), you may need to bring:	For you	For your partner (if you have one)
1011110	If you're applying for a Disability Allowance :		
	• proof of health-related costs		
	a Disability Allowance medical certificate.		
	If you're applying for an Accommodation Supplement :		
	proof of accommodation costs		
	 proof of your assets and their value. 		
	If you're applying for Temporary Additional Support :		
	proof of any essential ongoing costs		
	proof of accommodation costs		
	proof of your assets and their value.		

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Youth Payment applicant form



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

mymsD

Apply online instead It's quicker and easier

If we say 'your partr	ner' this only applies to you if you have one. my.msd.govt.nz
Tell us about y If you've received a bene This number can be four Client number	rit or extra financial help from us before, write your client number here if you know it. ad on your Community Services Card if you have one.
Tell us the names you've been known by	What is your full name? Mr Mrs Ms Miss Other First and middle names
Bring proof of your identity. What you need to bring is explained on page 3.	Surname or family name Is the name on your birth certificate the same as above?
	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?	Have you ever been known by any other name? No Yes Write them all out below 1.
Bring your marriage certificate, deed poll, or other proof of any name change.	What name would you like us to call you? The name I wrote in Question 1 The name I wrote in Question 2
	Other Write the full name

Tell us more 5 about you	What date were you born? Day Month Year Are you:
0	Male Female Gender diverse
ATTACHMENT FOR Q7: Bring a form or letter from Inland Revenue showing your tax number.	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.	What bank account would you want your payments to be paid into? The account is in the name of: The account number is:
Tell us how 9 we can contact you	Where do you live? Flat/House number Street Name
Mow to ANSWER Q9: If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number	Suburb Town/City
Mailing address can include a PO Box, rufat delivery details of CO address.	Is your mailing address different from where you live? No Yes
(9) HOW TO ANSWER Q11: Please only give us	How else can we contact you? Tick the best way for us to contact you
contact details you'd like us to use.	Home phone () Mobile phone () Other phone ()
12	Do you agree to get text messages and emails from us? No Yes Tell us your email address I don't have an email address
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Tell us your 13	Tick the group(s) you most identify with.
ethnicity INFORMATION FOR Q13: We collect this information for statistics we use in research and	Māori Which tribe(s) or iwi? New Zealand European Niuean Samoan Indian Other European Tolelauan Tongan Chinese
future development work.	Cook Island Māori Other Please write below Don't want to answ
Tell us 14 about your	Do you usually live in New Zealand?
residence status	No Yes
HOW TO ANSWER Q14: This means you consider	What best describes your residence status in New Zealand? Tick only one bo
New Zealand your home, you're a legal resident, you usually live here and	New Zealand citizen by birth Granted New Zealand Date citizenship granted
vou intend to stay.	citizenship Go to question 16 Day Month Year
f you answer 'No' you'll need to provide proof of your assets and their value (page 20).	Granted permanent residence granted Date permanent residence granted Day Month Year
value (page 20).	Go to question 16 What is your residence status?
16	When did you arrive in New Zealand?
	Day Month Year
17	What country were you born in?
NOW TO ANSWER Q18:	Have you lived in New Zealand continuously for at least two years since you became a New Zealand citizen or permanent resident?
even if you're a New Zealand Sitizen by birth.	No Yes
ATTACHMENT FOR Q18: f you answer 'No' you'il	
need to provide proof of your assets and their value (page 20).	

ou've lived			y countries		New Zealand?
worked	No Go to quest	ion 22) Yes 【	Please p	rovide details below
verseas		Date you entered	Date you left		
ORMATION FOR Q19:	Name of country	this country	this country	Reason	for being in this country
riods of overseas iidence may:					
affect entitlement to some benefits					
mean you're eligible for an overseas benefit or					
pension. For more information, phone 0800 777 227 .					
w TO ANSWER Q19: ur reason for being				310	
country may be					
it you were there a working holiday,				, \	
were living there, 20	Do you receive or q	ualify for a socia	security b	enefit, per	() ision or allowance
u were born there.	from overseas?				
	No.				
	No Go to questi	on 22	Mill !	>	
	Yes + Tick the	box that best descr	ibes your ber	nefit, pensior	or allowance
	Retirem	nt or old age	√>: ∕Superannuati	on	Disability or health
			goporarmode		condition
	Widow	rsurvivor)	Child or depe	ndent () War related
	Other				
		<i>→</i> ,			
ACHMENT FOR Q21:	If you ticked 'Yes' fo	viauestion 20 pl	ease give	letails of th	ne navments
u'il need to show us	If you ticked 'Yes' for	r question 20, pl	ease give d	letails of th	ne payments
u'll need to show us nof of these payments,	If you ticked 'Yes' fo you receive.	r question 20, pl			
u'il need to show us	you receive.		Payment 1		ne payments Payment 2
u'll need to show us of of these payments, ch as a pension	what country does the	payment come from?	Payment 1		
u'll need to show us of of these payments, ch as a pension	you receive.	payment come from? ach time the payment	Payment 1		
u'll need to show us of of these payments, ch as a pension	What country does the How much do you get ea	payment come from? ach time the payment rency)?	Payment 1		
u'll need to show us of of these payments, ch as a pension	what country does the process that is made (in overseas cure as this amount before or how often do you get the country does the process that is a mount before or how often do you get the country does not be the country does the country does not be the country does not do country d	payment come from? ach time the payment rency)? after tax? e payment	Payment 1		
u'll need to show us of of these payments, ch as a pension	What country does the process that the same with the same of the s	payment come from? ach time the payment rency)? after tax? e payment tnightly, monthly)?	Payment 1		
u'll need to show us of of these payments, ch as a pension	What country does the process of the second	payment come from? ach time the payment rency)? after tax? e payment tnightly, monthly)?	Payment 1		
u'll need to show us of of these payments, ch as a pension	What country does the process that is made (in overseas cure is made) this amount before or how often do you get the (for example: weekly, for what is the name of you or benefit?	payment come from? ach time the payment rency)? after tax? e payment tnightly, monthly)? r pension, allowance	Payment 1		
u'll need to show us of of these payments, ch as a pension	What country does the process of the second	payment come from? ach time the payment rency)? after tax? e payment tnightly, monthly)? r pension, allowance	Payment 1		
I'll need to show us of of these payments, thas a pension	What country does the process that is made (in overseas cure is made) this amount before or how often do you get the (for example: weekly, for what is the name of you or benefit?	payment come from? ach time the payment rency)? after tax? e payment tnightly, monthly)? r pension, allowance	Payment 1		
d'il need to show us prof of these payments, shas a pension tificate.	What country does the phow much do you get earlies made (in overseas curles this amount before or How often do you get the (for example: weekly, for What is the name of you or benefit? What is the payment ref	payment come from? ach time the payment rency)? after tax? e payment tnightly, monthly)? r pension, allowance erence number?	Payment 1		
ranga	What country does the process that is made (in overseas cure is made) this amount before or how often do you get the (for example: weekly, for what is the name of you or benefit?	payment come from? ach time the payment rency)? after tax? e payment tnightly, monthly)? r pension, allowance erence number?	Payment 1		
ranga	What country does the phow much do you get earlies made (in overseas curles this amount before or How often do you get the (for example: weekly, for What is the name of you or benefit? What is the payment ref	payment come from? ach time the payment rency)? after tax? e payment tnightly, monthly)? r pension, allowance erence number?	Payment 1		
ranga amariki DERMATION FOR Q22:	What country does the phow much do you get exis made (in overseas cure) Is this amount before or How often do you get the (for example: weekly, for What is the name of you or benefit? What is the payment ref	payment come from? ach time the payment rency)? after tax? e payment tnightly, monthly)? r pension, allowance erence number?	Payment 1		
ranga amariki contact Oranga	What country does the phow much do you get exis made (in overseas cure) Is this amount before or How often do you get the (for example: weekly, for What is the name of you or benefit? What is the payment ref	payment come from? ach time the payment rency)? after tax? e payment tnightly, monthly)? r pension, allowance erence number?	Payment 1	amariki?	
of of these payments, on as a pension tificate.	What country does the phow much do you get exis made (in overseas cure) Is this amount before or How often do you get the (for example: weekly, for What is the name of you or benefit? What is the payment ref	payment come from? ach time the payment rency)? after tax? e payment thightly, monthly)? r pension, allowance erence number?	Payment 1	amariki?	

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 23 your situation	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 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 têll us why you're not living with them.
Examples of any other person include: partner/boyfriend/	Do you get any money from your parents/step-parents/guardians or any other person?
girlfriend	No Yes Please provide details below
family/relatives friends	Who do you get money from? How much
friends.	\$
	\$
27	Why aren't you getting any support from your parents/step-parents/guardians?

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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?
30	Are you seeing a social worker or counsellor because of the relationship breakdown?
	No Yes Please provide their name and organisation below
Tell us about 1	the people in your household
Dependent 31 children	Do you have dependent children in your care?
	Please talk to your Youth Service provider or Work and Income about this
Tell us	Definition of a relationship for benefit purposes
about your relationship	Whether people are single or a couple affects eligibility for certain income assistance and the rate at which we can pay that assistance.
status	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.
	- i - i - i - i - i - i - i - i - i - i

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10 HOW TO ANSWER 032: Tick this statement to confirm you understand the definition	Do you understand our definition of a relationship? I understand the definition of a relationship for benefit putposes
of a relationship for benefit purposes. If you don't	Do you have a partner?
understand what we mean by a relationship please leave this blank until you talk with us. In the meantime, go to question 37.	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
34	What is your partner's full name?
35	What is your partner's date of birth? Day Month Year
ATTACHMENT FOR Q36: Bring your marriage or civil union certificate for your current relationship.	What is your relationship status with your partner? Please 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 y	our education and training
Tell us about 37	Have you finished full-time study or training?
your study and training	No Go to question 39 Yes
ATTACHMENT FOR Q38 You'll need to	Why did you stop attending?
provide proof if you stopped attending.	
HOW TO ANSWER Q39: If you're unsure whether your	Are you enrolled in full-time study at a school, university, college of education, Wānanga, or private training establishment?
course meets the full-time criteria, check with your education	No Go to question 40
provider.	Yes What's the name of the place you attend?
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Tell us about h	ealth conditions, injuries or disabilities
Tell us about your ability to work ATTACHMENT FOR Q40: If you answered 'yes' you need to provide a medical certificate	Do you have a health condition, injury or disability? No Go to question 52 Yes Please tell us what your health condition, injury or disability is
from a health practitioner.	Please describe (in your own words) how your health condition, injury or disability limits your ability to participate in education, training or workbased learning.
Tell us about any ACC cover	Do you have an injury, or does your health condition or disability result from an injury or accident? No Go to question 50 When did the injury or accident happen? How did the injury or accident happen? Have you applied, or will you apply, for earnings-related accident compensation payments? No Please write the reasons you're not applying Go to question 50
46	Yes Who will make these payments? ACC Another workplace accident insurer Go to question 50 Go to question 50 Go to question 50
Page 12	Another workplace accident insurer Go to question 50

47	Have you applied to ACC?
	No Go to question 50
	Yes Which ACC office did you apply at?
48	When did you apply?
-	
	Day Month Year
49	What is your ACC reference number?
Tell us 50	Do you have insurance to replace all or part of your income if you can't work?
about any insurance	No Go to question 52
cover	Yes Please write the name of the insurance company or scheme below
51	How much do you expect to get from insurance, before tax?
	Weekly \$ Lump sum \$
^	
Tell us about	your work in the last 52 weeks
Py 'work' wo manner	ny employment you get paid or get other advantages for, such as free or subsidised
	ind, or drawings from a business.
Answer 52	Have you worked in the last 52 weeks?
this section about	No Go to question 63 Yes
vour work	Ana yay yayking?
53	
8	No Go to question 57 Yes
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10 HOW TO ANSWER Q54: 54	What type of work do you do?				
By full-time, we	What type of work do you do:				
mean you generally	Full-time Part-time Casual				
work at least 30 hours a week.					
If you have more	Seasonal Self-employed Voluntary	4			
than one job please					
record details of	Who are you working for?				
your other employers on a separate sheet					
of paper.	Employer's name				
For each job include					
the information	Employer's address				
asked for in questions 54, 55 and 56.	2 mploys dadares				
<u> </u>					
	Employer's phone number				
Employer's email and fax					
		.5			
100 HOW TO ANSWER Q54: 56	How much are you paid each week?				
Include the amount you're paid and also	Type of payment (include goods or services)	: Amount after tax			
the value of things you		\$			
get from your employer					
instead of money.	5	\$			
If your income varies week to week – provide an	\$	\$			
average (for example, the	\$	\$			
average of your last four					
weeks pay).					
7.11	War you had any work in the last 52 weeks that you've no le	andar daing?			
Tell us about 57	Have you had any work in the last 52 weeks that you're no lo	inger doing:			
any work	Go to question 63				
during the last					
52 weeks that 58	Who did you last work for?				
has finished					
	Employer's name				
16 HOW TO ANSWER Q57:					
If you've had more than one job end in the	Employer's address				
last 52 weeks please					
record details of all other employers on a separate					
sheet of paper.	Employer's phone number				
For each job include					
the employer's:	Employer's email and fax				
• name	2 mpoyer of manara lax				
address					
phone number	the least the second decay				
email and/or fax, and	How long did you work there?				
the start and end dates.	Date you started work Date of last day at work				
	Day Month Year Day Month Yo	ear			
	2				
Page 14		YS009W - JAN 2020			

60	Why did this work end?
10) HOW TO ANSWER Q61: Holiday pay includes long-service leave payments and	Did you get any of the following payments when you left? No Go to question 63
termination pay includes payments in lieu of notice. Don't include any	Yes Please tick the box and write in the before-tax amount Sick pay Holiday pay Termination pay Redundancy pay Other How much was your pay for the four weeks before you left? Refore tax
of the payments you got in Q61.	Before tax \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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Tell us about your income and assets Tell us 63 Did you get income from any of the following sources in the last 52 weeks? about Tick one box in each line below income in the last Wages or salary No Yes 52 weeks? Termination pay No Yes ATTACHMENT FOR Q63: Redundancy pay No Yes Bring a copy of your business accounts. Accident compensation (eg ACC) No Yes INFORMATION FOR 063: Income insurance (replacement/protection) Jointly with partner In this application form, Yes 'partner' means the Jointly with partner person you're married Farm or business income to or in a civil union or Payments from self employment or relationship with, not a Mintly with partner contract work business partner. Interest from savings, investments, or bonds < Jointly with partner Dividends from shares, unit trusts, or Jointly with partner managed funds Income from rents No Jointly with partner Payments from boarders by flatmate: Jointly with partner No Yes Child Support payments Yes No Other income for a child No Yes Maintenance payments No Yes Payments from a former partner No Yes tudent Allowance, scholarship or, No Yes Student Loan living cost payments Overseas pension, benefit or allowance payments No Yes Other superannuation or retirement No Yes scheme income (government or private) Income from an estate, if you've No Yes Jointly with partner inherited money Income from trusts No Yes Jointly with partner Other Jointly with partner No Yes ATTACHMENT FOR Q64: 64 Did you answer 'yes' or 'jointly with partner' to any of the sources of income You need to show us listed in question 63? proof of income you've received in the last 52 Tell us the total before-tax amounts, for the last 52 weeks No weeks and details of your income for the last Payment made to? 26 weeks. Where did the income come from? Jointly with partner \$ \$ \$ \$ \$ \$ \$ \$

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Did you get other types of payment apart from money in the last 52 weeks? Did you get other types of payment apart from money in the last 52 weeks? No ves Please tell us about the type of payment and its value sports are free or subsidised accommodation.) Type of payment S S No ves Please tell us about the type of payment and its value Type of payment and its value S S No ves Please tell us about the type of payment and its value S S No ves Please write the details below. Tell us the before-tax amounts away, and the last of payment come from? No ves Please write the details below. Tell us the before-tax amounts away, and the last of payment come from? No ves Please write the details below. Tell us the before-tax amounts away and the last of payment come from? You would not be shown a trust of the payment and to show a trust out would be shown at trust. Are you involved in a trust, or even the details below. Tell us the before-tax amounts are shown and the trust of the payment come from? You would not be shown a trust out the symbol of the shown and the trust of the shown are trust of the shown accounts and the trust of the details below. Tell us the before-tax amounts are shown and the shown are trust. Are you involved in a trust, or have you ever been involved in a trust? Involved' means are or more of the following: You've set up a trust, distailly by making a gift of assets or property You've set up a trust, distailly by making a gift of assets or property You've set up a trust, distailly by making a gift of assets or property You've set up a trust, distailly by making a gift of assets or property You've set up a trust, distailly by making a gift of assets or property You've set up a trust, distailly by making a gift of assets or property You've set up a trust, distailly by making a gift of assets or property You've set up a trust, distailly by making a gift of assets or property You've set up a trust, distailly by making a gift of assets or property You've set up a trust, distaill				
payment include advantages such as free or subsidised goods and services (for example, free food, subsidised accommodation). No Yes Please tell us about the type of payment and its value Type of payment Where did it come from? Its value Where did it come from? Its value Show the food of the	03	Did you get other type	es of payment apart from money in	the last 52 weeks?
advantages such and services (for example, free food, subsidised accommodation). Type of payment Type of payment Where did it come from? Its value Type of payment Where did it come from? Its value Type of payment S S 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 made to? Jointly with partner Payment made to? Jointly with partner Payment made to? Jointly with partner Are you involved with a trust? 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 Aryou'make decisions about managing a trust you benefit from a trust; for example, by receiving income such as trust distributions.	payment include	No Yes	Please tell us about the type of paym	ent and its value
goods and services (for example, free food, subsidised accommodation). How to Answer ages:				
food, subsidised accommodation). Mow To Answer ages	goods and services	Type of payment	Where did it come from?	
## Do you expect to get income or other payments in the next 52 weeks? Do you expect to get income or other payments in the next 52 weeks?				
S S S S S				
Do you expect to get income or other payments in the next 52 weeks? How for 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 15. Are you involved with a trust?				
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 15. Are you involved with a trust? Arrachment For Goff: You'll need to show us trust documents, such as the trust deed, deed of debt, gift statements, accounts No Yes Please write the details below. Tell us the before-tax amounts Payment made to? How often do you expect the payment? Payment made to? How often do you expect the payment? Payment made to? How often do you expect the payment? Are you involved in a trust, or have you ever been involved in a trust? Are you involved in a trust, or have you ever been involved in a trust? 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 set up a trust, usually by making a gift of assets or property you've sold or gifted assets to a trust you benefit from a trust; for example, by receiving income such as trust distributions.				\$
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 15. Are you involved with a trust? Arrachment For acf: You'll need to show us trust documents, such as the trust deed, deed of debt, gift statements, accounts No Yes Please write the details below. Tell us the before-tax amounts Payment made to? How often do you expect the payment? Payment made to? How often do you expect the payment? Are you involved in a trust, or have you ever been involved in a trust? 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 set up a trust, usually by making a trust you we sold or gifted assets to a trust you benefit from a trust; for example, by receiving income such as trust distributions.	10 HOW TO ANSWER Q66:	Do you owneet to get i	naama ay athay naymanta in tha na	vt E2 wooke2
Are you involved with a trust? Are you involved with a trust? Are you've set up a trust, usually by making a gift of assets or property You've set up a trust, usually by making a gift of assets or property You've sold or gifted assets to a trust You'make decisions about managing a trust You benefit from a trust; for example, by receiving income such as trust distributions.	How often do you	Do you expect to get i	ncome or other payments in the ne	XL 52 Weeks:
Monthly, one-off. The types of income you need to include here are listed on page 15. Are you involved with a trust? Are you involved with a trust? Are you involved with a trust? Are you involved in a trust, or have you ever been involved in a trust? Are you involved in a trust, or have you ever been involved in a trust? Are you involved in a trust, usually by making a gift of assets or property you've set up a trust, usually by making a gift of assets or property you've sold or gifted assets to a trust you benefit from a trust; for example, by receiving income such as trust distributions.		No Yes	Please write the details below. Tell us	the before-tax amounts
The types of income you need to include here are listed on page 15. Are you involved with a trust? Are you involved with a trust? ATTACHMENT FOR Q67: You'll need to show us trust documents, such as the trust deed, deed of debt, gift statements, accounts Are types of income you need to include the payment of the payment of the payment? Are you involved in a trust, or have you ever been involved in a trust? Are you involved in a trust, or have you ever been involved in a trust? 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'make decisions about managing a trust You benefit from a trust; for example, by receiving income such as trust distributions.		Where will the	Payment made to?	How often do you
Are you involved in a trust, or have you ever been involved in a trust? Are you involved in a trust, or have you ever been involved in a trust? 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 set up a trust, usually by making a gift of assets or property you've set up a trust, usually by making a gift of assets or property you've set up a trust, usually by making a gift of assets or property you've set up a trust, usually by making a gift of assets or property you've set up a trust, usually by making a gift of assets or property you've set up a trust, usually by making a gift of assets or property you'make decisions about managing a trust you benefit from a trust; for example, by receiving income such as trust distributions.				
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Are you involved in a trust, or have you ever been involved in a trust? 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 set up a trust, usually by making a gift of assets or property you've sold or gifted assets to a trust you make decisions about managing a trust you benefit from a trust; for example, by receiving income such as trust distributions.	page 15.	\$	\$	
Are you involved in a trust, or have you ever been involved in a trust? 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 set up a trust, usually by making a gift of assets or property you've sold or gifted assets to a trust you make decisions about managing a trust you benefit from a trust; for example, by receiving income such as trust distributions.		\$	\$	
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	ATTACHMENT FOR Q67: You'll need to show us trust documents, such as the trust deed, deed of debt, gift statements,	you've set up a trus you've sold or gifted you'make decisions you benefit from a t trust distributions.	t, usually by making a gift of assets or plassets to a trust about managing a trust crust; for example, by receiving income	
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## Standard Control of the second of the sec	e, please write the our partner Jointly owned \$ \$ \$ cash assets?	No Yes stocks No Yes Stocks No Yes No Yes Stocks No Yes No Yes Stocks No Yes	Money in bank or other savings Bonus Bonds, shares, debentures or s Money lent to other people or organis Other cash assets If you answered 'yes' to any odetails below.	about your assets ATTACHMENT FOR Q68: You may be asked to provide proof of your assets and their value.
Bonus Bonds, shares, debentures or stocks	e, please write the our partner Jointly owned \$ \$ \$ cash assets?	stocks No Yes sations No Yes No Yes No Yes Of the assets listed above, ple You Your pa \$ \$ \$ \$ \$ \$ \$ \$ \$	Bonus Bonds, shares, debentures or s Money lent to other people or organis Other cash assets If you answered 'yes' to any odetails below.	ATTACHMENT FOR Q68: You may be asked to provide proof of your assets and their value.
Money lent to other people or organisations No Yes Money lent to other people or organisations No Yes	e, please write the our partner Jointly owned \$ \$ \$ cash assets?	No Yes No Yes No Yes Of the assets listed above, ple You Your pa \$ \$ \$ \$ \$ \$ \$ \$	Money lent to other people or organis Other cash assets If you answered 'yes' to any odetails below.	You may be asked to provide proof of your assets and their value.
Money lent to other people or organisations No Yes Other cash assets No Yes Other cash assets No Yes If you answered 'yes' to any of the assets listed above, please write the details below. Type of asset You Your partner Jointly \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	e, please write the our partner Jointly owned \$ \$ \$ \$ \$ cash assets?	of the assets listed above, please states above, pl	Other cash assets If you answered 'yes' to any odetails below.	You may be asked to provide proof of your assets and their value.
Other cash assets Other cash assets No Yes If you answered 'yes' to any of the assets listed above, please write the details below. Type of asset You Your partner Jointly \$ \$ \$ \$ \$ \$ \$ \$ \$ Do you or your partner have any of the following non-cash assets? Property you don't live in include and, holiday homes, pach/crib, investment properties. Other TATACHMENT FOR 071: You answered 'yes' to any of the non-cash assets listed above, please write the details below. Type of asset Town answered 'yes' to any of the non-cash assets listed above, please write the details below. Type of asset	e, please write the our partner Jointly owned \$ \$ \$ cash assets?	of the assets listed above, ple	If you answered 'yes' to any o details below.	assets and their value.
details below. Type of asset You Your partner Jointly \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	sour partner Jointly owned \$ \$ \$ \$ cash assets?	You Your pa	details below.	69
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Type of asset	
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ -cash assets?	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
Do you or your partner have any of the following non-cash assets? Do you or your partner have any of the following non-cash assets? Property you don't live in include and, holiday homes, ach/crib, investment roperties. TTACHMENT FOR Q71: Out may be asked to rovide proof of these etails. Type of asset Type of asset S S S S S S S S S S S S S	\$ \$ \$ \$ -cash assets?	\$ \$		
Do you or your partner have any of the following non-cash assets? Property you don't live in include and, holiday homes, each/crib, investment properties. TTACHMENT FOR Q71: Ou may be asked to provide proof of these letails. Type of asset S \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	s-cash assets?	\$ \$		
Do you or your partner have any of the following non-cash assets? Property you don't live in include and, holiday homes, each/crib, investment properties. TTACHMENT FOR Q7:: Ou may be asked to provide proof of these etails. Type of asset	-cash assets?			
property ou don't live in include and, holiday homes, ach/crib, investment roperties. TTACHMENT FOR Q71: Ou may be asked to rovide proof of these etails. Type of asset Property you don't live in No Yes Other No Yes Trachment For Q71: Ou may be asked to rovide proof of these etails. Type of asset	> 3	any of the following non-cast		
Axamples of property ou don't live in include and, holiday homes, ach/crib, investment roperties. Property you don't live in No Yes Other No Yes TTACHMENT FOR Q71: Ou may be asked to rovide proof of these etails. Type of asset Type of asset \$ \$ \$ \$ \$	> 3	any of the following non-cast		
Property you don't live in include and, holiday homes, ach/crib, investment reperties. TTACHMENT FOR Q71: Ou may be asked to revide proof of these etails. Type of asset	> 3		Do you or your partner have	OW TO ANSWER Q70: 70
Property you don't live in Boat or caravan Other No Yes TACHMENT FOR Q71: Du may be asked to revide proof of these etails. Type of asset Type of asset Type of asset S \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				xamples of property
Boat or caravan Other No Yes TACHMENT FOR Q71: Du may be asked to rovide proof of these etails. Type of asset State of the service of th		No Yes	Property you don't live in	
Other Other No Yes If you answered 'yes' to any of the non-cash assets listed above, please write the details below. Type of asset Type of asset S S S S S S S		Voc	Post or carayan	ach/crib, investment
If you answered 'yes' to any of the non-cash assets listed above, please write the details below. Type of asset Type of asset		Tes Tes	Boat of Caravari	roperties.
please write the details below. Please write the details below. How much is it worth? How much owe on it? \$ \$ \$ \$	i e	No Yes	Other	
\$ \$ \$ \$	is it How much do you	W. How much is it	please write the details below	rovide proof of these
\$ \$	\$	\$		
	\$	\$		
\$ \$	\$	\$		
	\$	\$		

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	n: Accommodation Supplement on Supplement helps with rent, board, or home ownership costs.
Tell us if you 72	Do you want to apply for the Accommodation Supplement?
want to apply	No Go to question 88 Yes
	If you answered 'yes' you'll need to provide proof of your assets and their value (page 18)
Tell us who 73 you live with	Do you live alone? No Please write below the names of the others you live with Yes
	First name Surname or family name Relationship to you
Tell us about 74 rental costs	Do you pay rent? No Go to question 80 Yes
INFORMATION FOR Q74: By rent we mean the amount you pay is for your accommodation only and doesn't include	Do you pay rent to Kāinga Ora (previously Housing New Zealand) or an approved community housing provider?
other costs such as feed or electricity.	Go to question 88. You won't be able to get Accommodation Supplement
76	What is the total amount of rent paid each week for your home?
ATTACHMENT FOR Q77: 77	How much of this total amount do you pay for you and your family?
You may need to show proof of what you pay for rent.	\$
ATTACHMENT FOR Q78: 78	Do you pay water rates separately from your rent?
You may need to show proof of what you pay for water rates.	No Yes
79	What is the name, address and telephone number of the person or organisation you pay rent to?
	Go to question 88
WORK AND INCO	- Company of the Comp

	Н П	
Tell us 80	Do you pay board?	
about	No Go to question 83	Yes List what costs your board includes
board costs	no do to questiones	ies Cist mat costs your board metades
INFORMATION FOR Q80:		
By board we mean		
the amount you pay for your		
accommodation 81	What is the total amount of boa	ard you pay each week for you and your family?
where it includes food costs and may	\$	
also include other		
costs like electricity. 82		telephone number of the person or organisation
HOW TO ANSWER Q80:	you pay board to?	
For example food,		\triangle
electricity, telephone.		
ATTACHMENT FOR Q81:		
You may need to show		
proof of what you pay for board.	Go to question 88	
		11000
Tell us 83	Do you own the home you live i	n2
about home	No Go to question 88	
ownership	No Go to question 88	The state of the s
costs		
HOW TO ANSWER Q84:	What are your home ownership	How often do you
Only include		make the payment
mortgages you	Who do you pa	How much do (such as weekly, ay? you pay? monthly or yearly)?
used to buy or alteryour home. Include both	First mortgage	\$
interest and principal.	Other mortgage	\$
List any other mortgages such as a second	House insurance	\$
mortgage or revolving	Mortgage insurance	\$
mortgage.		
Don't include contents insurance.	Rates	\$
	Ground lease	\$
You'll need to show proof	Water rates	\$
of your home ownership	Body corporate fees	\$
costs.		
ATTACHMENT FOR Q85: 85		and maintenance to your home in the last
Bring receipts for any repair and	12 months?	
maintenance costs.	No Yes -> Plea	se write the total amount \$
86	Do you have a mortgage from H	lousing New Zealand?
30		
	No Yes → Plea	se write the total amount %
	l l	
ATTACHMENT FOR Q87: You'll need to show	Have you received a rates reba	te in the last 52 weeks?
proof of your rates rebate.	No Yes Amount	\$ Rating year 1 July 20
	120 73	
		to 30 June 20

n: Disability Allowand	ce	
ty lasting more than six mont	hs. The allowance can	
No Go to your obligations on pa	Yes 3, you'll also need your doctor	
needs? No Yes Please What cost is covered Is this health condition covered	by ACC or War Disablemen	rson the payment is for the paym
Type of cost	Cost \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	How often (such as weekly, monthly, yearly)
	Do you want to apply for the Dis No Go to your obligations on pa If you ticked 'yes' to question 88 nurse practitioner to fill out the I page 23. Do you get payments from privaneeds? No Yes Please What cost is covered Is this health condition covered What extra health-related costs	If you ticked 'yes' to question 88, you'll also need your docto nurse practitioner to fill out the Disability Allowance medical page 23. Do you get payments from private medical insurance for a needs? No Yes Please write the details by How much is paid? Name of per standard to a Disability of the condition covered by ACC or War Disablement of the condition covered by ACC or War Disablement of the condition covered by ACC or War Disablement of the condition covered by ACC or War Disablement of the condition covered by ACC or War Disablement of the condition covered by ACC or War Disablement of the condition covered by ACC or War Disablement of the condition covered by ACC or War Disablement of the condition covered by ACC or War Disability of the condition covered by ACC or War Disablement of the condition covered by ACC or War Disablement of the condition covered by ACC or War Disablement of the condition covered by ACC or War Disablement of the condition covered by ACC or War Disablement of the condition covered by ACC or War Disablement of the condition covered by ACC or War Disablement of the covered by ACC or War Disable

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Disability Allowance medical certificate



Health practitioner to complete

1. The person has a disability of the disability has resulted in the person requires ongothe the person requires ongothe the purposes of qualifying physical disability or impaired physical illness psychiatric illness intellectual or psychological any other loss or abnormaling reliance on a guide dog, when the presence in the body of	I disability or impairment ty of psychological, physiological, or anatomical str eelchair, or other remedial means forganisms capable of causing illness.	hs; and it to the extent that: life, or in professional. ructure or function (including sensor) impairment)
For more information go to wor	kandincome.govt.nz and search on Disability Alloy	yeince.
Client 1 details 2	Client number Client's name First names	Surname
Disability 3 details	Does the person have a disability that meets Yes Please provide the details below What is the nature of the person's disability	No Go to Health Practitioner Verification
	Psychological or psychiatric conditions Stress (160) Depression (161) Bipolar disorder (162) Schizophrenia (163) Other psychological/psychiatric (165) Neurological 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	Other disorders
	Burns (190)	Congenital conditions (103)
	Fractures, dislocations, soft tissue injury (191)	Intellectual disability (164)
	Poisoning, toxic effects (192)	Cancer (104)
	Internal injuries (193)	Infectious / parasitic diseases (105)
	Injury to the nervous system (194)	Musculo-skeletal system disorder (106)
	Back pain / injury (195)	Respiratory disorders (107)
	Overuse injury [RSI] (196)	Genito-urinary disorders (108)
	Complications of medical or surgical care (197)	Blood and blood forming organs (109)
	Other injury (198)	Skin disorders (110)
		Digestive system disorder (111)
5		ment to Disability Aliowance o 3 years Permanent Never reassess
6	Please list the type, cost and how often visits	to doctors, specialist or nurse practitioners are
Verification	necessary	2000
of doctor,	and result from the stated disability:	How often (eg daily, Health practitioner's
specialist	Type of consultation C	How often (eg daily, Health practitioner's weekly, monthly,) initials
or nurse practitioner		
visits	\$	
VISICS	\$	
Items,	Please list the pharmaceuticals, items, service	es or treatments that are necessary and of
services,	therapeutic value for the stated disability:	Health prostitioner's
treatments	Item/service/treatment/pharmaceutical	Health practitioner's initials
pharmaceu		
ticals		
	S	
((())))	Please print your details below.	
Health	HPI number	
practitioner's	Health practitioner's full name	
verification	neart practitioner sturmame	
	Draotice pares and address	
	Practice name and address	
	Telephone number ()	
	relephone number	
	Health practitioner's signature	Date
		Day Month Year
	This information is required under the Social Security A	oct 2018.
	Privacy Act: The person has been advised and underst	tands that this information is required for benefit
	assessment purposes.	
	The Control of the Co	

Temporary Addition	m: Temporary Additional Solal Support helps with essential cost can think of, and still can't pay for the	s for a short t	ime when you've
Tell us if 92 you want to apply	No Go to your obligations on page 29 If you answered 'yes' you'll need to provide value (page 18)	Yes	
Tell us about any Working for Families tax credits you get ATTACHMENT FOR Q93: You'll need to provide proof of any tax credit.	Do you or your partner get any Working Inland Revenue? No tax credit Parental tax credit In-work tax credit Type of tax credit Type of tax credit	Minir	How often? (For example, weekly, fortnightly)
Tell us what essential work-related costs you need to pay to keep working INFORMATION FOR Q95: These are the only work-related essential costs that	Are you or your partner working? No Go to question 96 Do you or your partner have any essentiation keep working? No Yes Please write the Type of tax credit Running costs for a vehicle you use to get to and		How often? (For example, weekly, fortnightly)
we may be able to help you with. ATTACHMENT FOR Q95: You'll need to show proof of these costs.	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	\$ \$	
WORK AND INCO	ME		

Tell us how 96	Are you receiving, or are you applying for, an Accommodation Supplement?
much it	
costs you	No Yes Go to question 111
for the	Do you pay rent?
place where 97	Do you pay rent:
you and your	No Go to question 103 Yes
family live	
INFORMATION FOR Q97: 98	Do you pay rent to Kāinga Ora (previously Housing New Zealand) or an
By rent we mean the	approved community housing provider?
amount you pay is for your accommodation only	No Yes
and doesn't include other	
costs such as food or electricity.	What is the total amount of rent paid each week for your home?
J. 3.334.73.17	
	\$
100	How much of this total amount do you pay for you and your family?
	\$
ATTACHMENT FOR Q101: 101	Do you pay water rates separately from your rent?
You'll need to show	
proof of what you pay for rent.	No Yes Tell us how much you pay
	\$ How often
You'll need to	
show proof of 102	What is the name, address and telephone number of the person you
what you pay for water rates.	pay rent to?
waterrates.	
	Go to question 111
For example food,	Do you pay board?
electricity, telephone.	No Go to question 106 Yes List what costs your board includes
INFORMATION FOR Q103:	
By board we mean	
the amount you pay for your	
accommodation 104	What is the total amount of board you pay for you and your family?
where it includes food costs and may	\$
also include other	
costs like electricity.	What is the name, address and telephone number of the person you
You'll need to show proof	pay board to?
of what you pay for board.	
	Go to question 111

106	Do you own the ho	me you live in?			
	No Go to que	estion 111	Yes		
HOW TO ANSWER Q107: 107 Only include mortgages	What are your ho	ome ownership cost	s?	make (such	often do you the payment as weekly,
you used to buy or alter your home. Include both		Who do you pay?	How much do	you pay? mont	hly or yearly)?
interest and principal.	First mortgage		\$		
List any other mortgages such as a second	Other mortgage		\$		
mortgage or revolving	House insurance		\$		
mortgage.	Mortgage insurance		\$		
Don't include contents insurance.	Rates		\$		
	Ground lease		\$		
ATTACHMENT FOR Q107: You'll need to show proof	Water rates		\$	>	
of your home ownership costs.	Body corporate fees		\$	20 4	\
ATTACHMENT FOR Q108: Bring receipts for any repair and maintenance costs.	12 months?	es Please write	aintenance to y	our home in 1	the last
		es Please write	the total amount) [
You'll need to show other proof of your rates		rates rebate in the		g year 1 July 20 to 30 June 20	
You'll need to show other proof of your rates rebate. Tell us about other essential costs	Do you or your fan	es Amount \$	Ratir	ng year 1 July 20 to 30 June 20	
You'll need to show other proof of your rates rebate. Tell us about other essential costs	Do you or your fan	es Amount \$	Ratin r essential cost de details below How often	ng year 1 July 20 to 30 June 20	
Tell us about other essential costs	Do you or your fan	es Amount \$	r essential cost de details below How often (for example, weekly,	to 30 June 20	
Tell us about other essential costs Essential regular costs an include:	Do you or your fan	nily have any regulates Please provi	r essential cost de details below How often (for example,	to 30 June 20	End date
Tell us about other essential costs Essential regular costs can include: hire purchase	Do you or your fan	es Amount \$ nily have any regula es Please provi	r essential cost de details below How often (for example, weekly,	to 30 June 20	End date
Tell us about other essential costs about other essential costs an include: hire purchase vehicle repayments costs relating to	Do you or your fan	nily have any regulates Please provi	r essential cost de details below How often (for example, weekly,	to 30 June 20	End date
Tell us about other essential costs can include: hire purchase vehicle repayments	Do you or your fan	es Amount \$ nily have any regula es Please provi	r essential cost de details below How often (for example, weekly,	to 30 June 20	End date
Tell us about other essential costs can include: hire purchase vehicle repayments costs relating to a health condition or disability	Do you or your fan	Amount \$ Amount \$ Amount \$ Amount \$ \$	r essential cost de details below How often (for example, weekly,	to 30 June 20	End date
Tell us about other essential costs can include: hire purchase vehicle repayments costs relating to a health condition or disability lease or hire of an essential household	Do you or your fan	Amount \$ Amount \$ Amount \$ Amount \$ \$ \$	r essential cost de details below How often (for example, weekly,	to 30 June 20	End date
Tell us about other essential 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,	Do you or your fan	Amount \$ Amount \$ Amount \$ Amount \$ \$ \$ \$ \$	r essential cost de details below How often (for example, weekly,	to 30 June 20	End date
Tell us about other essential costs can include: hire purchase vehicle repayments costs relating to a health condition or disability lease or hire of an essential household	Do you or your fan	Amount \$ Amount \$ Amount \$ Amount \$ \$ \$ \$ \$ \$	r essential cost de details below How often (for example, weekly,	to 30 June 20	End date
Tell us about other essential 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,	Do you or your fam	Amount Amount Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	r essential cost de details below How often (for example, weekly, fortnightly)?	to 30 June 20 to 30 June 20 Start or purchase date	
Tell us about other essential 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.	Do you or your fam	Amount Amount Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	r essential cost de details below How often (for example, weekly, fortnightly)?	to 30 June 20 to 30 June 20 Start or purchase date	
Tell us about other essential 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.	Do you or your fam	Amount Amount Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	r essential cost de details below How often (for example, weekly, fortnightly)?	to 30 June 20 to 30 June 20 Start or purchase date	

MOW TO ANSWER Q112: Don't include toll or mobile phone costs. ATTACHMENT FOR Q112: Unless we already have this information, please bring: proof of the need, such as a Court Order, or verification from Police, Women's Refuge, or a similar organisation	Do you need a telephone for safety or security reasons, or because of special family circumstances? No Yes Please write the details below
 proof of phone payments. 	
	How much do you pay? \$
	How often? (weekly, fortnightly, monthly)
Tell us what you've done to try to pay your essential costs	What steps have you and your partner taken to get other help, reduce costs or increase income?
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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 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 of your family, like:

- · name, address, contact details of pank account number
- starting or ending a relationship marriage, or civil union
- a partněr 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 inhand 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.



You can find full details about what can happerify ou don't meet your obligations at msd.govt.nz/not-meetingyour-obligations

Your payments can go down or stop if you:

on'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





Collecting your information

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

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

Using your information

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

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

Sharing your information (

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

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

Respecting you and your information

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

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

Get in touch if you have a question

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

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

Signature page

Office copy

Applicant
I have answered all the questions that apply to me and my situation.
The information I have given you is true and complete.
I understand the things I need to do while I'm getting payments.
I will do what I need to do to meet my obligations.
I understand what you do with my personal information and how you protect my privacy.
Applicant's name (print) Applicant's signature Date
Day Month Year
Helper's statement
Complete this if you've helped the applicant or their partner to complete this application form.
Your first and middle names Your surname or family name
Your address
Your phone number
Tick the box for the statement that applies

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

Helper's signature	Date		
	Day	Month	Year

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Signature page

Applicant's copy

Applicant

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

The information I have given you is true and complete.

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

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

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

Applicant's name (print)	Applicant's signature	Date
2		Day Month Year
	cklist to help you make sure you bri	
your meeting with us.		2 MI
		21(O)/II
	al Allen	
	On All	>`
	(5)(D) (S)(1)(1)	
	C/2 (0)	
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