Rural Assistance Payment
continuation form

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

RUR02W – DEC 2019

The Rural Assistance Payment is a Special Needs Grant for farmers or growers who need temporary assistance following a specific adverse event.

If you need to continue receiving this assistance, you will need to complete a Rural Assistance Payment continuation form every four weeks.

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 ☐☐☐ | ☐☐☐ | ☐☐☐

Applicant details

1 **What is your full name?**

First and middle names

Surname or family name

2 **What date were you born?**

Day   Month   Year

3 **What is your mailing address?**

Flat/House number   Street name

Suburb

Town/City

4 **How can we contact you?**   Tick the best way for us to first contact you

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

5 **Do you agree to get emails from us?**

☐ No   ☐ Yes   ⬇ **Tell us your email address**   ☐ I don't have an email address

Your circumstances

6 **Has your (or your partner's) income or financial situation changed since your last application?**

☐ No ☐ Yes ⬇ **Please provide details below**

7 **Have you had any change in your personal circumstances?**

☐ No ☐ Yes ⬇ **Please provide details below**

Obligations

I must tell Work and Income immediately if either my partner or I:

- have a change in work situation (such as starting part-time, casual or full-time work, whether paid or unpaid)
- become self-employed/start to run a business
- have changes to my/our income or financial circumstances
- intend to travel overseas
- start/finish part-time or full-time study
- have changes to personal details (such as name, address or bank account number)
- have changes to my/our living situation (such as marriage or separation, starting or ending a civil union, starting or ending a de facto relationship, change in the number of children supported)
- are imprisoned/held in custody on remand
- are admitted to or discharged from hospital
- have been granted an overseas pension
- have any other change that may affect my/our payments.

Declaration

The information I have given is true and complete.

Applicant's name (print)

Applicant's signature

Date
Day Month Year

Partner's name (print)

Partner's signature

Date
Day Month Year