

Extra Help application



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

If you're finding it tough to meet everyday expenses and you don't already get payments from us, you may be able to get extra help. This form contains applications for three types of assistance. Your income and/or assets need to be under certain limits for each type of help you can get and there are some other conditions.

Types of Extra Help

Accommodation Supplement

This can help with rent, board or the cost of owning a home.

If you and/or your partner are tenants living in a community housing property, you won't be able to get it. Community housing properties are provided by Kāinga Ora (formerly Housing New Zealand) and approved community housing providers.

Health and Disability Costs

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

We may be able to help with costs such as visits to the doctor, medicines, household costs, some travel costs and many other things.

Your doctor or specialist will need to complete the Disability Certificate in the form.

Temporary Additional Support

This helps when you have essential living costs you have no other way to pay for. You also need to be doing what you can to reduce your costs or increase your income.

What you need to do next

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

1. Complete this application form.
2. If you're applying for help with health and disability costs, a health practitioner needs to fill out the Disability Allowance medical certificate in the application.
3. Collect the documents you need to show us. There's a checklist over the page to help you.
4. Bring this application form and the documents when you meet with us. If you don't already have a meeting arranged, contact us on **0800 559 009** so we can set one up for you.

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 paying your benefit. You might need to pay money back. In some cases you could even be prosecuted.

Our commitment *to YOU*



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

Ka mohio
ki a koe

—
**know
you**

We will make sure you
understand everything
you need to know



We will use your
feedback to improve
our service

We will respect your
privacy and be clear
about how we use
your information and
who we share it with



We will let you know
everything you may
be eligible for

Ka tautoko
i a koe

—
**support
you**

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



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

We will be honest
about our mistakes
and put them right



We will respect you
and what is important
to you

Ka mahi
tahi ki a koe

—
**with
you**

We will work
together to achieve
shared goals



We will let you know
your options, rights
and obligations

Our actions will
follow our words



How did 
wedo?

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

Extra Help checklist



MINISTRY OF SOCIAL
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Once you have filled out the application form, use this checklist to tick off all the documents you need for your meeting with us.

Talk to us if you do not 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

For your partner
(if you have one)

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.

☐☐

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

☐☐

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

☐☐

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 and partner forms

Depending on answers in the applicant form (pages 5 to 14) and partner form (pages 25 to 31), you may need to bring:

	For you	For your partner (if you have one)
Proof of your assets and their value.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of payments, if you receive a benefit, allowance or pension from overseas.	<input type="checkbox"/>	<input type="checkbox"/>
Full birth certificates for each dependent child in your care.	<input type="checkbox"/>	<input type="checkbox"/>
Your marriage or civil union certificate, for a current relationship.	<input type="checkbox"/>	<input type="checkbox"/>
Your business accounts, if you have your own business.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of any before-tax income for the 52 weeks before the application (for example, wages, holiday pay and any other income) and details of your income for the last 26 weeks.	<input type="checkbox"/>	<input type="checkbox"/>
Trust documents, if you're involved in a trust (for example, trust deed, deed of debt, gift statements, accounts).	<input type="checkbox"/>	<input type="checkbox"/>

Extra help forms

Depending on your answers on pages 15 to 24, you may need to bring:

	For you
If you're applying for an Accommodation Supplement :	
• proof of accommodation costs	<input type="checkbox"/>
• proof of your assets and their value.	<input type="checkbox"/>
If you're applying for help with Health and Disability Costs :	
• proof of health-related costs	<input type="checkbox"/>
• a Disability Allowance medical certificate for each person you apply for.	<input type="checkbox"/>
If you're applying for Temporary Additional Support :	
• proof of any essential ongoing costs	<input type="checkbox"/>
• proof of accommodation costs	<input type="checkbox"/>
• proof of your rates rebate if you get one	<input type="checkbox"/>
• proof of your assets and their value.	<input type="checkbox"/>

Extra Help applicant's form



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

Tell us about yourself

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

Client number

Tell us the names you have been known by

1

What is your full name?

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

First and middle names

Surname or family name

2

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

☐ No ☐ Yes

First and middle names

Surname or family name

3

Have you ever been known by any other name?

☐ No ☐ Yes

1.

2.

4

What name would you like us to call you?

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

ATTACHMENT FOR Q1:
Bring proof of your
identity. What you need
to bring is explained on
pages 3 and 4.

HOW TO ANSWER Q3:
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.

5

Day	Month	Year

6

☐ Male ☐ Female ☐ Gender diverse

7



8

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

9

--	--

--

10

☐ No ☐ Yes [↓ Tell us your mailing address](#)

11

Tick the best way for us to first contact you

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

12

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

HOW TO ANSWER Q11:
Please only give us contact details you'd like us to use.

Tell us your ethnicity

13

① 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.

<input type="checkbox"/> Māori	→ Which tribe(s) or iwi?		
<input type="checkbox"/> New Zealand European	<input type="checkbox"/> Niuean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Indian
<input type="checkbox"/> Other European	<input type="checkbox"/> Tolelauan	<input type="checkbox"/> Tongan	<input type="checkbox"/> Chinese
<input type="checkbox"/> Cook Island Māori	<input type="checkbox"/> Other	↓ Please write below	<input type="checkbox"/> Don't want to answer

Tell us about your residence status

14

Do you usually live in New Zealand?

☐ No ☐ Yes

② 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.

15

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

<input type="checkbox"/> New Zealand citizen by birth	Go to question 18
<input type="checkbox"/> Granted New Zealand citizenship	→ Date citizenship granted
	Go to question 16
<input type="checkbox"/> Granted permanent residency	→ Date permanent residence granted
	Go to question 16
<input type="checkbox"/> Other	↓ What is your residence status?

16

When did you arrive in New Zealand?

Day	Month	Year

17

What country were you born in?

Tell us if you have lived or worked overseas

18

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

☐

No

[Go to question 21](#)

☐

Yes



[Please provide details below](#)

INFORMATION FOR Q18:

Periods of overseas residence may:

- affect entitlement to some benefits
- mean you're eligible for an overseas benefit or pension.
- For more information, phone **0800 777 227**.

HOW TO ANSWER Q18:

Your reason for being in a country may be that you were there for a working holiday, you were living there, you were born there.

Name of country	Date you entered this country	Date you left this country	Reason for being in this country
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

19

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

☐

No

[Go to question 21](#)

☐

Yes



[Tick the box that best describes your benefit, pension or allowance](#)

☐

Retirement or old age

☐

Superannuation

☐

Disability or health condition

☐

Widow or survivor

☐

Child or dependent

☐

War related

☐

Other



[Please provide details below](#)

ATTACHMENT FOR Q20:

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

20

If you ticked 'yes' for question 19, please give details of the payments you get.

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

Tell us if you're studying

21

Are you a full-time student?

☐

No

☐

Yes

Tell us about the people in your household

Tell us about your dependent children

22

② HOW TO ANSWER Q22:

Please give the names of children you support financially and who live with you as a member of your family, including:

- your own children
- adopted children
- stepchildren
- children at boarding school
- grandchildren / mokopuna.

The child's name should be the same as on the child's birth certificate.

Tell us the names of all parents of each child.

📎 ATTACHMENT FOR Q22:

Bring the birth certificate for each dependent child.

Do you have dependent children in your care?

☐

No

[Go to next page](#)

☐

Yes



[Please provide details below](#)

Child 1

Full name

Date of birth

Day

Month

Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 2

Full name

Date of birth

Day

Month

Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 3

Full name

Date of birth

Day

Month

Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 4

Full name

Date of birth

Day

Month

Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

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.

Tell us about your relationship status



HOW TO ANSWER Q23:

Tick this statement to confirm you understand the definition of a relationship for benefit purposes.

If you don't understand what we mean by a relationship please leave this blank until you talk with us. In the meantime, go to question 28.



ATTACHMENT FOR Q27:

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

Definition of a relationship for benefit purposes

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

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

By degree of companionship, we mean two people:

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

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

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

23

Do you understand our definition of a relationship?

☐

I understand the definition of a relationship for benefit purposes

24

Do you have a partner?

☐

No

[Go to question 28](#)

☐

Yes

Your partner needs to complete the Partner form on page 25

25

What is your partner's full name?

26

What date was your partner born?

Day

Month

Year

27

What is your relationship status with your partner?



Please tick one of the following boxes

☐

Married

☐

In a civil union

☐

In a relationship

Tell us about your work in the last 52 weeks

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

Tell us about your current work

28

Are you working?

☐

No

[Go to question 32](#)

☐

Yes

29

What type of work do you do?

☐

Full-time

☐

Part-time

☐

Casual

☐

Seasonal

☐

Self-employed

☐

Voluntary

30

Who are you working for?

Employer's name

Employer's contact details

Address		
Phone number	()	Fax ()
Email		

31

How much are you paid each week?

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

	\$	\$
	\$	\$
	\$	\$
	\$	\$

HOW TO ANSWER Q29:

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

By part-time, we mean you generally work at least 15 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 29, 30 and 31

HOW TO ANSWER Q31:

Include the amount you're paid and also the value of things you get from your employer instead of money.

If your income varies week to week – provide an average (for example the average of your last four weeks pay).

Tell us about your income and assets

Tell us about income in the last 52 weeks?

32

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



Tick one box in each line below

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

33

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

☐

No

☐

Yes



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

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



ATTACHMENT FOR Q32:

Bring a copy of your business accounts.



INFORMATION FOR Q32:

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



ATTACHMENT FOR Q33:

You need to show us proof of income you have received in the last 52 weeks.

HOW TO ANSWER Q34:

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

34

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

☐ No ☐ Yes



Please tell us about the type of payment and its value

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

HOW TO ANSWER Q35:

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

The types of income you need to include here are listed on page 12.

35

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

☐ No ☐ Yes



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

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

Are you involved with a trust?

ATTACHMENT FOR Q36:

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

36

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

'Involved' means one or more of the following:

- you've set up a trust, usually by making a gift of assets or property
- you've 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.

☐ No ☐ Yes



Please write the name of the trust

Tell us about your assets

37

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

- Money in bank or other savings ☐ No ☐ Yes
- Bonds, shares, debentures or stocks ☐ No ☐ Yes
- Money lent to other people or organisations ☐ No ☐ Yes
- Other cash assets ☐ No ☐ Yes

38

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

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

39

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

- Property you don't live in ☐ No ☐ Yes
- Boat, caravan or motorhome ☐ No ☐ Yes
- Other ☐ No ☐ Yes

40

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

Type of asset	How much is it worth?	How much do you owe on it?
	\$	\$
	\$	\$
	\$	\$

ATTACHMENT FOR Q37:
You may be asked to provide proof of your assets and their value.

HOW TO ANSWER Q39:
Examples of property you do not live in include, land, holiday homes, bach/crib, investment properties.

ATTACHMENT FOR Q40:
You may be asked to provide proof of these details.

Accommodation Supplement

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

Tell us if you want to apply

41

Do you want to apply for the Accommodation Supplement?

☐

No

Go to question 56

☐

Yes

Tell us who you live with

42

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 rental costs

43

Do you pay rent?

☐

No

Go to question 49

☐

Yes

INFORMATION FOR Q43:

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

44

Do you pay rent to Kāinga Ora (formerly Housing New Zealand)?

☐

No

☐

Yes

Go to question 56. You won't be able to get Accommodation Supplement

45

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

\$

ATTACHMENT FOR Q46:

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

46

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

\$

ATTACHMENT FOR Q47:

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

47

Do you pay water rates separately from your rent?

☐

No

☐

Yes



Tell us how much you pay

\$

How often?

48

What is the name, address and telephone number of the person or organisation you pay rent to?

Go to question 56

Tell us about board costs

49

Do you pay board?

☐

No

[Go to question 52](#)

☐

Yes



[List what costs your board includes](#)

50

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

51

What is the name, address and telephone number of the person or organisation you pay board to?

[Go to question 56](#)

INFORMATION FOR Q49:

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

ATTACHMENT FOR Q50:

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

Tell us about home ownership costs

52

Do you own the home you live in?

☐

No

[Go to question 56](#)

☐

Yes

53

What are your home ownership costs?

	Who do you pay?	How much do you pay?	How often do you make the payment (such as weekly, monthly or yearly)?
First mortgage		\$	
Other mortgage		\$	
House insurance		\$	
Mortgage insurance		\$	
Rates		\$	
Ground lease		\$	
Water rates		\$	
Body corporate fees		\$	

HOW TO ANSWER Q53:

Only include mortgages you used to buy or alter your home. Include both interest and principal.

List any other mortgages such as a second mortgage or revolving mortgage.

Don't include contents insurance.

ATTACHMENT FOR Q53:

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

54

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

☐

No

☐

Yes



[Please write the total amount](#)

55

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

☐

No

☐

Yes

Amount

Rating year 1 July

to 30 June

ATTACHMENT FOR Q55:

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

Health and disability costs

This helps with extra costs if you or a family member has a health condition or disability lasting more than six months. We call this payment a Disability Allowance.

Tell us about the person you're applying for 56

Do you want to apply for the Disability Allowance?

☐

No

Go to question 61

☐

Yes

If you ticked 'yes' to question 56, you'll also need your doctor or nurse practitioner to fill out the Disability Allowance medical certificate on page 19. You need to complete one for each person you are applying for, so please ask us if you need more.

ATTACHMENT FOR Q57: 57

You need to provide a Disability Allowance medical certificate for each person you apply for.

INFORMATION FOR Q57: 57

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

Who in your family has health-related costs?

☐

You

☐

Your partner

☐

Your dependent child



Tell us the name of the children you are applying for

First name

Surname

Tell us about any payments you get for these health needs 58

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

☐

No

☐

Yes



Write the details below

What cost is covered

How much?

Name of person the payment is for

	\$	
	\$	
	\$	

59

Is this health condition covered by ACC or War Disablement Pension?

☐

No

☐

Yes

You may not be entitled to a disability allowance

Describe your extra costs 60

HOW TO ANSWER Q60: 60

Extra costs must be directly related to the health condition. Costs can include medical and prescription costs, medical alarms, lawn mowing, extra power or gas, transport and special equipment.

ATTACHMENT FOR Q60: 60

You'll need to show proof of these costs.

What extra health-related costs do you have?

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

Disability Allowance medical certificate

Health practitioner to complete



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

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

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

- physical disability or impairment
- physical illness

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

The information you provide below is covered by our Privacy Statement which lets clients know we may contact health providers to check the health-related information they give us. For more information go to workandincome.govt.nz and search on *Disability Allowance*.

Client details

1

Client number | |

2

Client's name First names Surname

Disability details

3

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

☐

Yes



Please provide details below

☐

No

Go to Health practitioner verification

4

What is the nature of the person's disability?

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)



Please tick the major disabilities or specify below

☐

HIV / Aids (140)

☐

Other immune system disorders (141)

Metabolic and endocrine disorders

☐

Diabetes (150)

☐

Other metabolic or endocrine disorders (151)

Substance abuse

☐

Alcohol (170)

☐

Drug (171)

☐

Other substance abuse (172)

Sensory disorders

☐

Blindness (180)

☐

Other visual / eye (181)

☐

Hearing / ear (182)

☐

Other sensory disorders (183)

Accident

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

Other disorders

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

5**Please indicate the expected duration of the disability:**

- ☐ Less than 6 months
- ☐ 6 to 12 months
- ☐ 1 to 2 years
- ☐ 2 to 3 years
- ☐ Permanent (never reassess)

There may be no entitlement to Disability Allowance**Verification of doctor, specialist or nurse practitioner visits****6****Please list the type, cost and how often visits to doctors, specialists or nurse practitioners are necessary and result from the stated disability:**

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

Items, services, treatments, pharmaceuticals**7****Please list the pharmaceuticals, items, services or treatments that are necessary and of therapeutic value for the stated disability:**

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

Health practitioner's verification**Please print your details below.**HPI number |

Health practitioner's full name

Practice name and address

Telephone number ()

Health practitioner's signature

Date

Day Month Year

Temporary Additional Support

Temporary Additional Support helps with essential costs for a short time when you've tried everything you can think of, and still can't pay for them.

Tell us if you want to apply

61

Do you want to apply for Temporary Additional Support?

☐

No

Go to page 25

☐

Yes

Tell us about any Working for Families tax credits you get

62

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

☐

No tax credit

☐

Family tax credit

☐

Minimum family tax credit

☐

Parental tax credit

☐

In-work tax credit



Please write the details of any tax credit credit below

Type of tax credit	You	Your partner	How often? (For example, weekly, fortnightly)
	\$	\$	
	\$	\$	
	\$	\$	

Tell us what essential work-related costs you need to pay to keep working

63

Are you or your partner working?

☐

No

Go to question 65

☐

Yes

64

Do you or your partner have any essential costs you have to pay to keep working?

☐

No

☐

Yes



Please write the details below

Type of tax credit	How much?	How often? (For example, weekly, fortnightly)
Running costs for a vehicle you use to get to and from work	\$	
Repayment costs for a vehicle you use to get to and from work	\$	
Public transport to and from work	\$	
Telephone, if it is a condition of your work	\$	
Childcare	\$	

INFORMATION FOR Q64:

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

ATTACHMENT FOR Q64:

You'll need to show proof of these costs.

Tell us how much it costs you for the place where you and your family live

65

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

☐

No

☐

Yes

[Go to question 80](#)

66

Do you pay rent?

☐

No

[Go to question 72](#)

☐

Yes

67

Do you pay rent to Kāinga Ora (formerly Housing New Zealand)?

☐

No

☐

Yes

68

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

69

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

70

Do you pay water rates separately from your rent?

☐

No

☐

Yes



[Tell us how much you pay](#)

How often

71

What is the name, address and telephone number of the person or organisation you pay rent to?

[Go to question 80](#)

72

Do you pay board?

☐

No

[Go to question 75](#)

☐

Yes



[List what costs your board includes](#)

73

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

74

What is the name, address, and telephone number of the person or organisation you pay board to?

[Go to question 80](#)



INFORMATION FOR Q66:

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



ATTACHMENT FOR Q68:

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



ATTACHMENT FOR Q70:

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



INFORMATION FOR Q72:

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



ATTACHMENT FOR Q73:

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

75

Do you own the home you live in?

☐

No

[Go to question 80](#)☐

Yes

HOW TO ANSWER Q76:

Only include mortgages you used to buy or alter your home. Include both interest and principal.

List any other mortgages such as a second mortgage or revolving mortgage.

Don't include contents insurance.

ATTACHMENT FOR Q76:

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

76

What are your home ownership costs?

	Who do you pay?	How much do you pay?	How often do you make the payment (such as weekly, monthly or yearly)?
First mortgage		\$	
Other mortgage		\$	
House insurance		\$	
Mortgage insurance		\$	
Rates		\$	
Ground lease		\$	
Water rates		\$	
Body corporate fees		\$	

ATTACHMENT FOR Q77:

Bring receipts for any repair and maintenance costs.

77

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

☐

No

☐

Yes

[Please write the total amount](#)

\$

78

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

☐

No

☐

Yes

Amount

\$

Rating year 1 July

to 30 June

Tell us about other essential costs

79

Do you or your family have any regular essential costs?

☐

No

☐

Yes

[Please provide details below](#)

INFORMATION FOR Q79:

Essential regular costs can include:

- hire purchase
- vehicle repayments
- costs relating to a health condition or disability
- lease or hire of an essential household item such as, fridge, washing machine, stove.

ATTACHMENT FOR Q79:

You'll need to show proof of these costs.

Item	Amount	How often (for example, weekly, fortnightly)?	Start or purchase date	End date
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			

If you didn't apply for the Disability Allowance on page 17 and your costs are health-related, please tell us.

HOW TO ANSWER Q80:
Don't include toll or mobile phone costs.

80

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

☐

No

☐

Yes



Please write the details below

How much do you pay?

\$

How often? (weekly, fortnightly, monthly)

ATTACHMENT FOR Q80:

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
- proof of phone payments.

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

81

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

Extra Help partner's form



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

This form should be completed by the partner of the person applying for Extra Help. If you don't have a partner please go to page 32.

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

Tell us about yourself

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

Client number

Tell us the names you've been known by

1

What is your full name?

☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other

First and middle names

Surname or family name

2

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

☐ No ☐ Yes

First and middle names

Surname or family name

3

Have you ever been known by any other name?

☐ No ☐ Yes

1.

2.

4

What name would you like us to call you?

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

ATTACHMENT FOR Q1:
Bring proof of your identity. What you need to bring is explained on page 3.

HOW TO ANSWER Q3:
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.

5

Day	Month	Year

6

☐ Male ☐ Female ☐ Gender diverse

7

--	--	--	--	--	--	--	--	--

8

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

9

--	--

10

☐ No ☐ Yes  **Tell us your mailing address**

11

Tick the best way for us to first contact you

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

12

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

Tell us your ethnicity

13

① 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.

<input type="checkbox"/> Māori	→ Which tribe(s) or iwi?		
<input type="checkbox"/> New Zealand European	<input type="checkbox"/> Niuean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Indian
<input type="checkbox"/> Other European	<input type="checkbox"/> Toilelauan	<input type="checkbox"/> Tongan	<input type="checkbox"/> Chinese
<input type="checkbox"/> Cook Island Māori	<input type="checkbox"/> Other	↓ Please write below	<input type="checkbox"/> Don't want to answer

Tell us about your residence status

14

Do you usually live in New Zealand?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
-----------------------------	------------------------------

② 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.

15

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

<input type="checkbox"/> New Zealand citizen by birth	Go to question 18
<input type="checkbox"/> Granted New Zealand citizenship	→ Date citizenship granted
	Go to question 16
<input type="checkbox"/> Granted permanent residency	→ Date permanent residence granted
	Go to question 16
<input type="checkbox"/> Other	↓ What is your residence status?

16

When did you arrive in New Zealand?

Day	Month	Year

17

What country were you born in?

--

Tell us if you've lived or worked overseas

18

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

☐

No

[Go to question 21](#)

☐

Yes



[Please provide details below](#)

Name of country	Date you entered this country	Date you left this country	Reason for being in this country
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

INFORMATION FOR Q18:

Periods of overseas residence may:

- affect entitlement to some benefits
- mean you're eligible for an overseas benefit or pension.
- For more information, phone **0800 777 227**.

HOW TO ANSWER Q18:

Your reason for being in a country may be that you were there for a working holiday, you were living there, you were born there.

19

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

☐

No

[Go to question 21](#)

☐

Yes



[Tick the box that best describes your benefit, pension or allowance](#)

☐

Retirement or old age

☐

Superannuation

☐

Disability or health condition

☐

Widow or survivor

☐

Child or dependent

☐

War related

☐

Other



[Please provide details below](#)

ATTACHMENT FOR Q20:

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

20

If you ticked 'yes' for question 19, please give details of the payments you get.

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

Tell us about your work in the last 52 weeks

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

Tell us about your current work

HOW TO ANSWER Q22:

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

By part-time, we mean you generally work at least 15 hours a week.

HOW TO ANSWER Q23:

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

For each job include the information asked for in questions 22 to 24.

HOW TO ANSWER Q24:

Include the amount you're paid and also the value of things you get from your employer instead of money.

If your income varies week to week – provide an average (for example the average of your last four weeks pay).

21

Are you working?

☐

No

[Go to question 25](#)

☐

Yes

22

What type of work do you do?

☐

Full-time

☐

Part-time

☐

Casual

☐

Seasonal

☐

Self-employed

☐

Voluntary

23

Who are you working for?

Employer's name

Employer's contact details

Address		
Phone number	()	Fax ()
Email		

24

How much are you paid each week?

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

Tell us about your income

Tell us about income in the last 52 weeks?

25

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



Tick one box in each line below

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



ATTACHMENT FOR Q25:

Bring a copy of your business accounts.



INFORMATION FOR Q25:

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

26

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

☐ No

☐ Yes


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

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

HOW TO ANSWER Q27:

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

27

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

☐

No

☐

Yes



Please tell us about the type of payment and its value

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

HOW TO ANSWER Q28:

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

The types of income you need to include here are listed on page 30.

28

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

☐

No

☐

Yes



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

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

Are you involved with a trust?

29

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

‘Involved’ means one or more of the following:

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

☐

No

☐

Yes



Please write the name of the trust

ATTACHMENT FOR Q29:

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



How we protect your privacy

Collecting your information

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

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

Using your information

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

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

Sharing your information

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

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

Respecting you and your information

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

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

Get in touch if you have a question

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

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

Obligations and signature

Office copy

Let us know when things change

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

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

Changes to information about you or your family, like:

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

We also need to know if you:

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

Your rights

If you don't think we have things right or there's something you don't understand:

- call us – we can usually fix it over the phone
- you have the right to ask us to review the decision. Find out how at msd.govt.nz/reviews

Signature

- I've answered all the questions that apply to me and my situation
- I understand the changes I need to let you know about
- The information I've given you is true and complete
- I understand what you do with my personal information and how you protect my privacy.

Applicant's name (print)

Applicant's signature

Date

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

Partner's name (print)

Partner's signature

Date

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

Obligations and signature

Applicant's copy

Let us know when things change

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

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

Changes to information about you or your family, like:

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

We also need to know if you:

- are travelling overseas
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Signature

- I've answered all the questions that apply to me and my situation
- I understand the changes I need to let you know about
- The information I've given you is true and complete
- I understand what you do with my personal information and how you protect my privacy.

Applicant's name (print)

Applicant's signature

Date

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

Partner's name (print)

Partner's signature

Date

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

