

# Funeral Grant application

A Funeral Grant may help with some of the funeral costs for a person who has died. Funeral Grants are asset and income tested. Other conditions also apply.

For more information:

- visit our website [www.workandincome.govt.nz](http://www.workandincome.govt.nz)
- call **0800 552 002** (for seniors)
- call **0800 559 009** (for all others)

Funeral Grants may not be granted if the funeral costs are covered by another organisation, for example ACC, Veterans' Affairs. For more information visit their websites or call them:

- [www.acc.co.nz](http://www.acc.co.nz) or call **0800 101 996**
- [www.veteransaffairs.mil.nz](http://www.veteransaffairs.mil.nz) or call **0800 483 8372 (0800 4 VETERAN)**

## Who can apply

The person applying for a Funeral Grant must be able to provide estate details and other information about the person who has died (including details about any children they were responsible for).

To apply you need to complete this application form and return it along with other information we need. You can post it or drop it off at your nearest Work and Income office, or contact us to make an appointment.

## What you need to provide

You need to provide this application and other supporting documents. Use the list below to check what these will be.

Talk to us if you do not have the information, have given it to us recently or if there might be a delay in getting it.

### 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.

**Death confirmation** (for example, the person's death certificate, funeral director confirmation, newspaper death notice).

**Funeral expenses** – the itemised funeral account. (If this is already paid, the original receipt and proof of bank account of the person who paid the funeral account, for example a bank statement or preprinted deposit slip.)

**Proof of who you are** (for example Community Services Card, SuperGold Card, driver licence, passport).

If you are representing an organisation (for example Public Trust, solicitors, funeral director) please provide proof you work for the organisation.

# Funeral Grant application



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## Tell us about the person who has died

If the person who died received NZ Super, a benefit or other help from us, write their client number if you know it. It can be found on their Community Services Card or SuperGold Card if they had one.

Client number

 |  | 

### Details of the person who has died

#### ATTACHMENT FOR Q1:

Please bring confirmation of the person's death, eg death certificate, funeral director confirmation, newspaper notice. If you do not have it, please talk with us.

If the person who died was a stillborn child please bring a birth certificate, or letter from an obstetrician or midwife, or the hospital discharge report.

#### 1 What is the full name of the person who has died?

First and middle names

Surname or family name

#### 2 What was their date of birth?

Day Month Year

#### 3 What date did they die?

Day Month Year

#### 4 Did the person die as a result of an accident?

No

Yes

ACC may provide assistance. Please discuss with Work and Income before completing this form.

#### 5 Did the person receive a Veteran's Pension, War Pension or serve in the New Zealand Armed Forces?

No  Yes

Veterans' Affairs may provide assistance. Please discuss with Work and Income before completing this form.

#### 6 Where did they die?

Town/City

Country

## NZ residency status

7

Was the person ordinarily resident in New Zealand when they died?

- No  
 Yes

Please discuss with Work and Income before completing this form.

**INFORMATION FOR Q7:**  
This means that the person considered New Zealand their home, were legally resident, usually lived here and intended to stay.

## Tell us about their relationship status

8

Was the person who died a child?

- No  Yes

[Go to question 13](#)

**INFORMATION FOR Q8 AND Q10:**  
A child is a single person under the age of 18 years, unless they were 16 or 17 years and financially independent.

9

Was the person who died survived by a partner?

- No  Yes

[Go to question 13](#)

**HOW TO ANSWER Q10:**  
The child's name should be the same as on the child's birth certificate. If you do not know, talk to us. You may need to provide more information.

10

Did the person who died have any children they were legally responsible for?

- No  
 Yes

[Go to question 11](#)



Please provide the child's details below

Child's full name

Child's date of birth

	/ /
	/ /
	/ /

[Go to question 13](#)

## Single person's property details

### INFORMATION FOR Q11:

You may need to provide proof of the value and equity in the home.

Examples of money owed against the home include mortgages, reverse annuity mortgages. If you do not know, please talk to us.

### ATTACHMENT FOR Q11:

You need to provide the rates notice showing rating valuation if they owned their own home.

11

### Did the person who died have any of the following on the date they died?

Car, boat, caravan	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Value \$ <input type="text"/>
Their own home (primary place of residence)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ <input type="text"/>

12

### Is there any money owed against the home?

The person did not own their own home.

No

Yes **How much is owed?** \$

## Tell us about the person's assets

13

### Did the person who died have any of the following on the date they died?

Money in the bank or other savings	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Bonus Bonds, shares, debentures or stocks	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Money lent to other people or organisations	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other homes or property (other than their primary place of residence)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Boat or caravan	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Superannuation scheme	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Pension fund	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Life insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Prepaid funeral plan/whanau plan	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other assets	<input type="checkbox"/> No	<input type="checkbox"/> Yes

### HOW TO ANSWER Q13:

You do not need to tell us about their own home or items for personal use.

14

### Did you answer 'Yes' to any of the assets listed in question 13?

No  Yes **↓ Please provide more details about each one below**

Type of asset	How much is it worth?	How much is owed on it?
	\$	\$
	\$	\$
	\$	\$
	\$	\$

## Trust information

15

### ATTACHMENT FOR Q15:

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

### Was the person involved in a trust, or had they ever been involved in a trust?

'Involved' means one or more of the following:

- they had set up a trust, usually by making a gift of assets or property
- they had transferred assets to a trust
- they made decisions about managing a trust
- they benefited from a trust, for example, receiving income such as trust distributions.

No

Yes



Please write the name of the trust/s

Name of trust/s

## Administration information

### Tell us who is administering the estate

16

### HOW TO ANSWER Q16

For example, a solicitor or public trustee.

### Who is administering the estate of the person who died?

Name of person or organisation

Person or organisation's address

  
  

Contact details

Phone	(     )
Mobile phone	(     )
Email	

## Tell us about the funeral expenses

17

### What expenses are you applying for?

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

**ATTACHMENT FOR Q17:**  
You need to provide the itemised funeral account.

18

### Has the funeral account been paid?

No Any payment will be made directly to the funeral director

[Go to 'Next steps' section](#)

Yes Any payment will be made directly to the person who paid the funeral account.

[Please provide bank account details below](#)

The account is in the name of:

The account number is:

Bank	Branch	Account number	Suffix
■ /		■ ■ /	■ ■ ■ /    ■

## Next steps:

**If the person who died was a child under the age of 18 years**  
(but was not 16 or 17 years and financially independent)

[Go to question 19](#)

**If the person who died had a partner**

[Go to question 19](#)

**If the person who died did not have a partner**

[Go to question 30](#)

# Funeral Grant

## partner or parent/guardian form



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This section is to be completed by:

- the partner of the person who has died or
- the parent or guardian of a child who has died. A child is under the age of 18 years (unless they were 16 or 17 and financially independent).

### Please tell us your details

19

**Are you:**

the partner of the person who has died?

the parent or guardian of the person who has died?

20

**What is your full name?**

Mr

Mrs

Ms

Miss

Other

First and middle names

Surname or family name

21

**What is your date of birth?**

Day

Month

Year

22

**Where do you live?**

Number

Street name



Suburb

Town/City



Country

**HOW TO ANSWER Q23:**

Mailing address can include a postal box (PO Box), rural delivery details, or C/O address.

23

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

No

Yes



**Tell us your mailing address**

24

**How else can we contact you?**

Tick the best way for us to contact you

Home phone	(     )	
Mobile phone	(     )	
Email		

## Tell us about any income

25

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

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

**INFORMATION FOR Q25:**

We need to know about any income for a surviving partner or the parent/s or guardian/s of a deceased child.

Parents/guardians please show income from similar sources as a combined total.

You do not need to tell us about NZ Super/Veteran's Pension or any assistance paid by Work and Income.

**ATTACHMENT FOR Q26:**

26

### Did you answer 'Yes' to anything listed in question 25?

- No  Yes

Where will the payment come from?	How much do you expect to get?	How often do you expect the payment?
	\$	
	\$	
	\$	
	\$	

## Tell us about your assets

27

### Do you have any of the following assets?

- Money in bank or other savings  No  Yes
- Bonus Bonds, shares, debentures or stocks  No  Yes
- Money lent to other people or organisations  No  Yes
- Property you do not live in  No  Yes
- Other  No  Yes

Do not include any cars, boats or caravans mainly used for family purposes.

**HOW TO ANSWER Q27:**

Examples of property you do not live in include, land, holiday homes, bach/crib, investment properties.



**ATTACHMENT FOR Q28**

**28**

You will need to provide proof of your assets and their value.

**Did you answer 'Yes' to any of the assets listed in question 27?**

No

Yes



**Please provide more details about each one below**

Type of asset	How much is it worth?	How much is owed on it?
	\$	\$
	\$	\$
	\$	\$
	\$	\$

**Are you involved in a trust?**

**29**

**ATTACHMENT FOR Q29:**

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

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

'Involved' means one or more of the following:

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

No

Yes



**Please write the name of the trust**

Name of trust


# Funeral Grant applicant's form



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If you are applying for a Funeral Grant you will need to complete questions 31–35 if:

- you are **not** the partner of the person who has died
- you are **not** the parent of a dependent child who has died.

Please tell us your details

**30** Are you the partner or parent of the person who has died?

No

Yes

[Go to the Signature page](#)

**31** What is your full name?

Mr

Mrs

Ms

Miss

Other

First and middle names

Surname

**32** Are you applying on behalf of an organisation managing the estate of the person who died?

No

Yes

[Please provide details below](#)

Name of the organisation

**33** What is your address?

Number

Street name

Suburb

Town/City

**HOW TO ANSWER Q34:**  
Mailing address can include a postal box (PO Box), rural delivery details, or C/O address.

**34** Is your mailing address different from where you live?

No

Yes

[Tell us your mailing address](#)

  


**35** How can we contact you?

Tick the best way for us to contact you

Phone	(    )	
Mobile phone	(    )	
Email		

# Signature page for Funeral Grant

## Partner or parent/guardian

**By signing this form I confirm that:**

- I am aware of and understand the Privacy Statement contained in this application.
- The information I have given is true and complete.

Partner or parent/guardian's name (print)

Partner or parent/guardian's signature

Date

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

## Applicant (if not the partner or parent/guardian of a child who has died)

**By signing this form I confirm that:**

- I am aware of and understand the Privacy Statement contained in this application.
- The information I have given is true and complete.

Applicant's name (print)

Applicant's signature

Date

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

# Privacy Statement

**The Ministry of Social Development includes Work and Income, MSD Housing Assessment, Senior Services, StudyLink and other service lines. The legislation administered by the Ministry of Social Development allows us to check the information that you give us. This may happen when you apply for assistance and at any time after that. The Privacy Act 1993 requires us to tell you why we collect the information and what we will do with it.**

## Why we collect information

The information you give us or your Contracted Service Provider<sup>1</sup> is collected under the authority of the legislation administered by the Ministry of Social Development. The information will be held by the Ministry of Social Development and/or your Contracted Service Provider.

The information is collected for the purposes of the legislation administered by the Ministry of Social Development including:

- granting benefits and other assistance under the Social Security Act 1964
- granting student loans and student allowances under the Education Act 1989
- delivering superannuation services under the New Zealand Superannuation and Retirement Income Act 2001
- assessing eligibility for social housing and calculating income-related rents under the Housing Restructuring and Tenancy Matters Act 1992
- care and protection needs of children under the Children, Young Persons and their Families Act 1989
- providing support and services for you and your family in relation to employment, education and housing
- assessing whether you and/or your partner (if you have one) may be entitled to an overseas pension, benefit or allowance.

MSD may also use the information for statistical and research purposes, and for providing advice to Government.

The Ministry of Social Development and your Contracted Service Provider will exchange information about you in order to provide you with your correct financial assistance and other services. Your Contracted Service Provider may collect information from other agencies where that information is relevant to the services that the Contracted Service Provider is providing you.

You are not required to give the Ministry of Social Development or your Contracted Service Provider information, but if you do not give them, or us, all the information we ask for, your application for benefits and other assistance may be declined.

<sup>1</sup> The term Contracted Service Providers has the meaning given by section 125A(1), Social Security Act 1964, and references to Contracted Service Provider in this privacy statement only apply where one has been assigned to you.

## We may use information for social housing

Information you give us when you apply for assistance, and at any time after that, may also be used for social housing purposes<sup>2</sup> under the Housing Restructuring and Tenancy Matters Act 1992, including reviewing your eligibility for social housing or your income-related rent.

<sup>2</sup> Social housing is subsidised housing available to people in the greatest need of housing for the duration of their need. It is provided by Housing New Zealand and approved community housing providers.

## We may contact health providers

The Ministry of Social Development or your Contracted Service Provider may contact health providers to check any health related information you give us.

## We may compare the information you give us with information held by other agencies

The information you give us, or your Contracted Service Provider, may be compared with information held by other agencies such as Inland Revenue, the Ministry of Justice, the Ministry of Defence, the Department of Corrections, the New Zealand Customs Service, the Department of Internal Affairs, the Accident Compensation Corporation, Housing New Zealand Corporation, Ministry of Health and Immigration New Zealand. It may also be compared with social security information (for example, pension or benefit information) held by other governments (including Australia and the Netherlands).

## We may share information with Inland Revenue

Under the Tax Administration Act 1994, if you have dependent children, the information you give us, or your Contracted Service Provider, may be shared with Inland Revenue for the purpose of administering Working for Families Tax Credits. Inland Revenue may also:

- use the information for the purposes of child support, student loans and taxation
- disclose it to the Ministry of Business, Innovation, and Employment, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
- disclose your personal information to your partner.

## We may give information to service providers, employers, social housing providers and childcare providers

The Ministry of Social Development or your Contracted Service Provider may:

- give employers information about you to find you employment and contact the employer to discuss the result of any job interview that you are referred to
- share information with childcare centres to administer your entitlement to childcare assistance
- give information about you to the Tertiary Education Commission, Workbridge, training providers, career services or other agencies that have a formal agreement to provide services on behalf of the Ministry of Social Development.
- share information about you with social housing providers (such as Housing New Zealand) to administer your housing-related assistance.

## We may use your information to give you a better service

Other information that you give us or your Contracted Service Provider (for example, on your skills, aspirations, family circumstances) that is not required to assess your entitlement to a benefit may be used by us or your Contracted Service Provider to provide a better service to you.

## You have the right to see your information and ask for it to be corrected

Under the Privacy Act 1993 you have the right to ask to see all information we, or your Contracted Service Provider, hold about you and to ask them, or us, to correct that information.