

# Temporary Additional Support application form



MINISTRY OF SOCIAL DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

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

## Tell us about yourself

Write your Client number here. It can be found on your Community Services Card.

Client number

### Tell us your 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

#### Where do you live?

Flat/House number

Street name

Suburb

Town/City

4

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

No

Yes



Tell us your mailing address

  

5

#### How else can we contact you?

Tick the best way for us to first contact you

|              |     |  |
|--------------|-----|--|
| Home phone   | ( ) |  |
| Mobile phone | ( ) |  |
| Other phone  | ( ) |  |

6

#### 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

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

#### HOW TO ANSWER Q3:

If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

#### HOW TO ANSWER Q4:

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

#### HOW TO ANSWER Q5:

Please only give us contact details you'd like us to use.

# Tell us about your income and assets

## Tell us about income in the last 52 weeks?

7

### Did you or your partner get income from any of the following sources in the last 52 weeks?

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

**ATTACHMENT FOR Q7:**

Bring a copy of your business accounts.

**INFORMATION FOR Q7:**

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

8

### Did you answer 'Yes' or 'Jointly with partner' to any of the sources of income listed in question 7?

- No  Yes

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

| Where did the income come from? | You | Your partner | Jointly with partner |
|---------------------------------|-----|--------------|----------------------|
|                                 | \$  | \$           | \$                   |
|                                 | \$  | \$           | \$                   |
|                                 | \$  | \$           | \$                   |
|                                 | \$  | \$           | \$                   |
|                                 | \$  | \$           | \$                   |

**ATTACHMENT FOR Q8:**

You need to show us proof of income you've received in the last 52 weeks and details of your income for the last 26 weeks.

## Tell us about any Working for Families tax credits you get

9

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

- No tax credit     
  Family tax credit     
  Minimum family tax credit  
 Parental tax credit     
  In-work tax credit     
  Best Start tax credit

↓ Please write the details of any tax credits below

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

## Tell us about your assets

10

### 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

**ATTACHMENT FOR Q10:**  
You may be asked to provide proof of your assets and their value.

11

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

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

**HOW TO ANSWER Q12:**  
Examples of property you don't live in include, land, holiday homes, bach/crib, investment properties.

12

### 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

**ATTACHMENT FOR Q13:**  
You may be asked to provide proof of these details.

13

### 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? |
|---------------|-----------------------|----------------------------|
|               | \$                    | \$                         |
|               | \$                    | \$                         |
|               | \$                    | \$                         |

## Are you involved with a trust?

14

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

'Involved' means one or more of the following:

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

No

Yes



Please write the name of the trust

Name of trust



#### ATTACHMENT FOR Q11:

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

## Tell us about your costs

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

15

#### Are you or your partner working?

No

Go to question 17

Yes

16

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

No

Yes



Please write the details below



#### INFORMATION FOR Q16:

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



#### ATTACHMENT FOR Q16:

You'll need to show proof of these costs.

| Type of cost  | How much? | How often?<br>(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   | \$        |  |

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

17

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

No

Yes

[Go to question 31](#)

18

Do you pay rent?

No

[Go to question 24](#)

Yes

19

Do you pay rent to Kāinga Ora?

No

Yes

20

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

21

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

22

Do you pay water rates separately from your rent?

No

Yes

[Tell us how much you pay](#)

How often

23

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

  
  

[Go to question 31](#)

24

Do you pay board?

No

[Go to question 27](#)

Yes



[List what costs your board includes](#)

25

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

26

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

  
  

[Go to question 31](#)

### INFORMATION FOR Q18:

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 Q21:

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

### ATTACHMENT FOR Q22:

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

### INFORMATION FOR Q24:

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 Q25:

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

27

**Do you own the home you live in?**

No

**Go to question 31**

Yes

28

**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)?

| 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 | \$                   |  |

29

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

No

Yes

**→ Please write the total amount**

30

**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**

31

**Do you or your family have any regular essential costs?**

No

Yes

**↓ Please provide the details below**

How often (for example, weekly, fortnightly)?

Start or purchase date

End date

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

**If you don't get the Disability Allowance and your costs are health-related, please tell us.****HOW TO ANSWER Q28:**

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 Q28:**

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

**ATTACHMENT FOR Q29:**

Bring receipts for any repair and maintenance costs.

**INFORMATION FOR Q31:**

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 Q31:**

You'll need to show proof of these costs.

**HOW TO ANSWER Q32:**  
Don't include toll or mobile phone costs.

**32**

**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)

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

**33**

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

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

# 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.

Change 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:

- 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](https://www.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

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

Partner's name (print)

Partner's signature

Date

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