

# Young Parent Payment application



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

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 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 to YOU



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

Ka mōhio  
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](https://msd.govt.nz/feedback) or call us on 0800 559 009

# Young Parent Payment

## what to bring



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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 form

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)
Full birth certificates for each dependent child in your care	<input type="checkbox"/>	
Your marriage or civil union certificate, for a current relationship.	<input type="checkbox"/>	
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.	<input type="checkbox"/>	
A letter from your school to confirm you're enrolled there (if you're a full-time student).	<input type="checkbox"/>	
Proof that you're participating in a training course or work-based learning.	<input type="checkbox"/>	
Your school leaving certificate (only if you've recently left school).	<input type="checkbox"/>	
A medical certificate if you have a health condition, injury or disability that stops you participating in education, training or work-based learning.	<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"/>
Proof of your weekly living expenses including accommodation, power, phone and any hire purchase or loan agreements you may have.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of your assets and their value.	<input type="checkbox"/>	<input type="checkbox"/>

## 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)
If you're applying for a <b>Disability Allowance</b> :		
• proof of health-related costs	<input type="checkbox"/>	
• a Disability Allowance medical certificate.	<input type="checkbox"/>	
If you're applying for an <b>Accommodation Supplement</b> :		
• proof of accommodation costs	<input type="checkbox"/>	<input type="checkbox"/>
• proof of your assets and their value.	<input type="checkbox"/>	<input type="checkbox"/>
If you're applying for <b>Temporary Additional Support</b> :		
• proof of any essential ongoing costs	<input type="checkbox"/>	<input type="checkbox"/>
• proof of accommodation costs	<input type="checkbox"/>	<input type="checkbox"/>
• proof of your assets and their value.	<input type="checkbox"/>	<input type="checkbox"/>

# Young Parent Payment applicant form



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myMSD

Apply online instead  
It's quicker and easier

[my.msd.govt.nz](http://my.msd.govt.nz)

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.

## 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



#### ATTACHMENT FOR Q1:

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

2

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

 No   Yes

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?

3

#### Have you ever been known by any other name?

 No  Yes 

1.

2.



#### ATTACHMENT FOR Q3:

Bring your marriage certificate, deed poll, or other proof of any name change.

4

#### What name would you like us to call you?

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



## Tell us your ethnicity

13

**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**

## Tell us about your residence status

14

Do you usually live in New Zealand?

No    Yes

**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.

New Zealand citizen by birth   **Go to question 18**

Granted New Zealand citizenship   → **Date citizenship granted**     
Day   Month   Year

**Go to question 16**

Granted permanent residency   → **Date permanent residence granted**     
Day   Month   Year

**Go to question 16**

Other   ↓ **What is your residence status?**

**ATTACHMENT FOR Q14:**  
If you answer 'No' you'll need to provide proof of your assets and their value (page 20).

16

When did you arrive in New Zealand?

Day   Month   Year

17

What country were you born in?

**HOW TO ANSWER Q18:**  
Please answer even if you're a New Zealand citizen by birth.

18

Have you lived in New Zealand continuously for at least two years since you became a New Zealand citizen or permanent resident?

No    Yes

## Tell us if you've lived or worked overseas

19

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

 No

**Go to question 22**

 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 Q19:**

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 Q19:**

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.

20

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

 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:**

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

21

If you ticked 'yes' for question 20, please give details of the payments you receive.

	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?		

## Oranga Tamariki

22

Have you recently been in the care of Oranga Tamariki?

 No

 Yes


**What date are you leaving/did you leave their care?**

Day	Month	Year

**INFORMATION FOR Q22:**

We'll contact Oranga Tamariki to find out the type of involvement you had with them and when you left their care.



# Tell us about the people in your household

## Tell us about your dependent children

23

### Do you have dependent children in your care?

 No

**Go to question 29**

 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.

#### HOW TO ANSWER Q23:

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 Q23:

Bring the birth certificate for each dependent child.

#### HOW TO ANSWER Q24:

Please read the definition of a relationship on page 10.

24

### Are you a sole parent?

 No

**Go to question 27**

 Yes

**25** **HOW TO ANSWER Q25:**

Record the names of all known parents, including those:

- named on the child's birth certificate
- named in a Deed of Acknowledgement of Paternity, or
- named as the child's parent by the Court.

**25**

**Have you named all the parents for each child?**

No Please talk with us  Yes

**26**

**Have you applied for Child Support for each child?**

No Please talk with us  Yes

**27**

**Do you have a shared care arrangement for any of your dependent children?**

No  Yes ↓ Please list the details below

Name of child	Hours a week in your care	Name of person you have shared care with

**INFORMATION FOR Q27:**  
If you're a sole parent you may need to complete a Child Support application for each dependent child.

**INFORMATION FOR Q28:**  
Working for Families tax credits are payments to families with children to help with day-to-day living costs. People getting a benefit who have dependent children generally qualify.

**28**

**If you qualify for any Working for Families tax credits do you want them paid with your benefit?**

No  Yes

If you tick 'yes', we'll tell Inland Revenue for you – so you do not need to.

**Tell us about other children that were dependent on you**

**29**

**Have you had any children in your care in the last 52 weeks who are no longer dependent on you?**

No  Yes ↓ Please list their details below

Name of child	Date of birth	Date they became no longer dependent

**Tell us about your relationship status**

**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.

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

**HOW TO ANSWER Q30:**

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 36.

**30**

**Do you understand our definition of a relationship?**

I understand the definition of a relationship for benefit purposes

**31**

**Do you have a partner?**

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.

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?**

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

**ATTACHMENT FOR Q24:**

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

**34**

**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
<input type="text"/>	<input type="text"/>

**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?**

<input type="text"/>
<input type="text"/>
<input type="text"/>

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

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

Yes

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?

No

Yes



Please provide their name and organisation below

## Tell us about your education and training

### Tell us about your study and training

43

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.

44

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.

45

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 health conditions, injuries or disabilities

### Tell us about your ability to work

46

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](#)




#### ATTACHMENT FOR Q46:

If you answered 'yes' you need to provide 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 work-based learning.


### Tell us about any ACC cover

48

Do you have an injury, or does your health condition or disability result from an injury or accident?

No

[Go to question 56](#)

Yes

**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?

 ACC Another workplace accident insurer

**Go to question 56**

**53** Have you applied to ACC?

 No

**Go to question 56**

 Yes

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**

**56** 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

\$
----

# Tell us about your work in the last 52 weeks

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

## Answer this section about your work

58

Have you worked in the last 52 weeks?

No

**Go to question 69**

Yes

59

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.

60

What type of work do you do?

Full-time

Part-time

Casual

Seasonal

Self-employed

Voluntary

61

Who are you working for?

Employer's name

Employer's address

Employer's phone number

Employer's email and fax

**HOW TO ANSWER Q62:**

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).

62

How much are you paid each week?

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

**Tell us about any work during the last 52 weeks that has finished** **63**

**HOW TO ANSWER Q63:**  
If you've had more than one job end in the last 52 weeks please record details of all other employers on a separate sheet of paper.  
For each job include the employer's:

- name
- address
- phone number
- email and/or fax, and
- the start and end dates.

**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

**65** **How long did you work there?**

Date you started work    Date of last day at work  
 Day Month Year Day Month Year

**66** **Why did this work end?**

**HOW TO ANSWER Q67:**  
Holiday pay includes long-service leave payments and termination pay includes payments in lieu of notice.

**67** **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 Q68:**  
Don't include any of the payments you got in Q67.

**68** **How much was your pay for the four weeks before you left?**

Before tax	After tax
\$ <input type="text"/>	\$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>



# Tell us about your income and assets

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

69

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  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 Q69:**

Bring a copy of your business accounts.

**INFORMATION FOR Q69:**

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

70

Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 69?

- 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 Q70:**

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.

**HOW TO ANSWER Q71:**  
Other types of payment include advantages such as free or subsidised goods and services (for example, free food, subsidised accommodation).

**71**

**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 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.

**72**

**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?	You	Payment made to? Jointly with partner	How often do you expect the payment?
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

**Are you involved with a trust?**

**73**

**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**


**ATTACHMENT FOR Q73:**  
You'll need to show us trust documents, such as the trust deed, deed of debt, gift statements, accounts

## Tell us about your assets

74

### Do you or your partner have any of the following cash 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
- Other cash assets  No  Yes

**ATTACHMENT FOR Q74:**  
You may be asked to provide proof of your assets and their value.

75

### 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 Q76:**  
Examples of property you don't live in include land, holiday homes, bach/crib, investment properties.

76

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

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

**ATTACHMENT FOR Q77:**  
You may be asked to provide proof of these details.

77

### 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?
	\$	\$
	\$	\$
	\$	\$
	\$	\$

# Extra help form: Accommodation Supplement

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

## Tell us if you want to apply

78

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 you live with

79

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

80

Do you pay rent?

No

[Go to question 86](#)

Yes

### INFORMATION FOR Q80:

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

81

Do you pay rent to Kāinga Ora (previously Housing New Zealand) or an approved community housing provider?

No

Yes

[Go to question 94. You won't be able to get Accommodation Supplement](#)

82

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

83

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

### ATTACHMENT FOR Q83:

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

84

Do you pay water rates separately from your rent?

No

Yes



Tell us how much you pay

How often?

### ATTACHMENT FOR Q84:

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

85

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

[Go to question 94](#)

## Tell us about board costs

### INFORMATION FOR Q86:

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

### HOW TO ANSWER Q86:

For example food, electricity, telephone.

### ATTACHMENT FOR Q87:

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

86

Do you pay board?

No

**Go to question 89**

Yes

**List what costs your board includes**


87

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

 \$

88

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


**Go to question 94**

## Tell us about home ownership costs

### HOW TO ANSWER Q90:

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 Q90:

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

### ATTACHMENT FOR Q91:

Bring receipts for any repair and maintenance costs.

### ATTACHMENT FOR Q93:

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

89

Do you own the home you live in?

No

**Go to question 94**

Yes

90

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		\$	

91

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

No

Yes

**Please write the total amount**

\$

92

Do you have a mortgage from Housing New Zealand?

No

Yes

**Please write the total amount**

%

93

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

No

Yes

Amount \$

Rating year 1 July

20

to 30 June

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 about the person you're applying for**

**94**

**Do you want to apply for the Disability Allowance?**

No **Go to question 98**  Yes

If you ticked 'yes' to question 94, you'll also need your doctor, specialist or nurse practitioner to fill out the Disability Allowance medical certificate on page 23.

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

**95**

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

No  Yes **Please write the details below**

What cost is covered	How much is paid?	Name of person the payment is for
	\$	
	\$	
	\$	

**96**

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

No  Yes **If 'yes', you may not be entitled to a Disability Allowance**

**Describe your extra costs**

**97**

**What extra health-related costs do you have?**

Type of cost	Cost	How often (such as weekly, monthly, yearly)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

**HOW TO ANSWER Q97:**

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 Q97:**

You'll need to show proof of these costs.

# Disability Allowance medical certificate



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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 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.

For more information go to [workandincome.govt.nz](http://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 the details below

No

Go to Health Practitioner  
Verification

4 What is the nature of the person's disability?



Please tick the major disabilities or specify below

*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*

- 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, specialist 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

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.



# Extra help form: 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**

98

**Do you want to apply for Temporary Additional Support?**

No **Go to your obligations on page 29**  Yes

If you answered 'yes' you'll need to provide proof of your assets and their value (page 20)

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

99

**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**

**ATTACHMENT FOR Q99:**  
You'll need to provide proof of any tax credit.

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**

100

**Are you or your partner working?**

No **Go to question 102**  Yes

101

**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 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	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	\$	

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

**102**

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

No

Yes

**Go to question 117**

**103**

**Do you pay rent?**

No

**Go to question 109**

Yes

**INFORMATION FOR Q103:**

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

**104**

**Do you pay rent to Kāinga Ora (previously Housing New Zealand) or an approved community housing provider?**

No

Yes

**105**

**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?**

\$

**ATTACHMENT FOR Q107:**

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

**107**

**Do you pay water rates separately from your rent?**

No

Yes

**Tell us how much you pay**

\$

How often

**ATTACHMENT FOR Q107:**

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

**108**

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

**Go to question 117**

**HOW TO ANSWER Q109:**

For example food, electricity, telephone.

**109**

**Do you pay board?**

No

**Go to question 112**

Yes

**List what costs your board includes**

**INFORMATION FOR Q109:**

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

**110**

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

\$

**111**

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

**Go to question 117**

112

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

No **Go to question 117**  Yes

113

**What are your home ownership costs?**

How often do you make the payment (such as weekly, monthly or yearly)?

	Who do you pay?	How much do you pay?	
First mortgage		\$	
Other mortgage		\$	
House insurance		\$	
Mortgage insurance		\$	
Rates		\$	
Ground lease		\$	
Water rates		\$	
Body corporate fees		\$	

**HOW TO ANSWER Q113:**

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 Q113:**

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

**ATTACHMENT FOR Q114:**

Bring receipts for any repair and maintenance costs.

114

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

No  Yes **↓ Please write the total amount** \$

115

**Do you have a mortgage from Housing New Zealand?**

No  Yes **↓ Please write the total amount**  %

**ATTACHMENT FOR Q116:**

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

116

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

No  Yes Amount \$  Rating year 1 July  20 to 30 June  20

**Tell us about other essential costs**

117

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

No  Yes **↓ Please provide details below**

**INFORMATION FOR Q117:**

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 Q117:**

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 23 and your costs are health-related, please tell us.

**HOW TO ANSWER Q118:**  
Don't include toll or mobile phone costs.

**118**

**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 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
- proof of phone payments.

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

**119**

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




# What you need to do (your obligations)



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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 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.

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 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 in-hand 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.**



**i** You can find full details about what can happen if you don't meet your obligations at [msd.govt.nz/not-meeting-your-obligations](https://msd.govt.nz/not-meeting-your-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:

- 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://msd.govt.nz/reviews)



# How we protect your privacy



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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 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 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](https://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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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

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

# 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

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

**Please use the document checklist to help you make sure you bring all the documents you need to your meeting with us.**