

# Youth Payment Partner 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.

## Youth Payment

Youth Payment is for young people aged 16 or 17 who don’t have dependent children, and are in need of financial assistance. For example if you’re:

- single, you may qualify if you can’t live with your parents or guardian, and you can’t get financial support from them or anyone
- married, in a civil union or de facto relationship with a partner who meets certain requirements.


When you get Youth 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

# Youth Payment Partner

## 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)
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)
<b>If you're applying for a Disability Allowance:</b>		
• proof of health-related costs	<input type="checkbox"/>	
• a Disability Allowance medical certificate.	<input type="checkbox"/>	
<b>If you're applying for an 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"/>
<b>If you're applying for 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"/>

# Youth Payment Partner applicant form



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myMSD

Apply online instead  
It's quicker and easier

my.ms.govt.nz

In the applicant form, 'you', 'your', and 'yourself' means the person applying for Youth 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**  Don't want to answer

## Tell us about your residence status

14

**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.

Do you usually live in New Zealand?

No    Yes

15

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

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?**

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

**ATTACHMENT FOR Q18:**  
If you answer 'No' you'll need to provide proof of your assets and their value (page 20).





# Tell us about the situation with your parents/step-parents/guardians

For single people who have never been married, in a civil union or de facto relationship, we sometimes need to get information about your circumstances from an assessment provider, school counsellor, parents and/or wider family.

## Tell us about your situation **23**

**What are the names, addresses and phone numbers of your parents/step-parents/guardians?**


**24** Are you living at your parent's/step-parent's/guardian's home?

 No

↓ **What date did you leave?**

Day	Month	Year

 Yes

**Please talk with your Youth Service provider or Work and Income about this**

**Go to question 26**

**25** Please tell us why you're not living with them.


**INFORMATION FOR Q26:**  
Examples of any other person include:

- partner/boyfriend/girlfriend
- family/relatives
- friends.

**26** Do you get any money from your parents/step-parents/guardians or any other person?

 No

 Yes

↓ **Please provide details below**

Who do you get money from?	How much
	\$
	\$

**27** Why aren't you getting any support from your parents/step-parents/guardians?


28

Has the relationship with your parents/step-parents/guardians broken down?

No

Go to question 31

Yes

29

How long have you been experiencing problems with your parents/step-parents/guardians?

Text input field for duration of problems.

30

Are you seeing a social worker or counsellor because of the relationship breakdown?

No

Yes



Please provide their name and organisation below

Text input field for name and organisation.

## Tell us about the people in your household

### Dependent children

31

Do you have dependent children in your care?

No

Yes

Please talk to your Youth Service provider or Work and Income about this

### 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 determine 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
- you share household bills
- you have a sexual relationship
- people think of you as a couple
- you give each other emotional support and companionship.

**HOW TO ANSWER Q32:**  
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 37.

32

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

I understand the definition of a relationship for benefit purposes

33

**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 37.

No **Go to question 37**  Yes

34

**What is your partner's full name?**

35

**What is your partner's date of birth?**

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

**ATTACHMENT FOR Q36:**  
Bring your marriage or civil union certificate for your current relationship.

36

**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 education and training

### Tell us about your study and training

37

**Have you finished full-time study or training?**

No **Go to question 39**  Yes

**ATTACHMENT FOR Q38:**  
You'll need to provide proof if you stopped attending.

38

**Why did you stop attending?**

**HOW TO ANSWER Q39:**  
If you're unsure whether your course meets the full-time criteria, check with your education provider.

39

**Are you enrolled in full-time study at a school, university, college of education, Wānanga, or private training establishment?**

No **Go to question 40**

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

**ATTACHMENT FOR Q40:**  
If you answered 'yes' you need to provide a medical certificate from a health practitioner.

**40** Do you have a health condition, injury or disability?

No [Go to question 52](#)

Yes **↓ Please tell us what your health condition, injury or disability is**


**41** 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

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

No [Go to question 50](#)  Yes

**43** When did the injury or accident happen?

Day	Month	Year

**44** How did the injury or accident happen?


**45** 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 50](#)


Yes

**46** Who will make these payments?

ACC  
 Another workplace accident insurer

[Go to question 50](#)

47

Have you applied to ACC?

No

Go to question 50

Yes



Which ACC office did you apply at?

48

When did you apply?

Day

Month

Year

49

What is your ACC reference number?

Tell us about any insurance cover

50

Do you have insurance to replace all or part of your income if you can't work?

No

Go to question 52

Yes



Please write the name of the insurance company or scheme below

51

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

52

Have you worked in the last 52 weeks?

No

Go to question 63

Yes

53

Are you working?

No

Go to question 57

Yes

**HOW TO ANSWER Q54:**

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 54, 55 and 56.

**54**

**What type of work do you do?**

- Full-time                       Part-time                       Casual
- Seasonal                       Self-employed                       Voluntary

**55**

**Who are you working for?**

Employer's name

Employer's address

Employer's phone number

Employer's email and fax

**HOW TO ANSWER Q54:**

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).

**56**

**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**

**57**

**Have you had any work in the last 52 weeks that you're no longer doing?**

- No      **Go to question 63**       Yes

**58**

**Who did you last work for?**

Employer's name

Employer's address

Employer's phone number

Employer's email and fax

**HOW TO ANSWER Q57:**

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.

**59**

**How long did you work there?**

Date you started work                      Date of last day at work

Day	Month	Year		Day	Month	Year

60

Why did this work end?

Two empty rectangular boxes for text input.



HOW TO ANSWER Q61:

Holiday pay includes long-service leave payments and termination pay includes payments in lieu of notice.

61

Did you get any of the following payments when you left?

No

Go to question 63

Yes

Please tick the box and write in the before-tax amount

Sick pay \$

Holiday pay \$

Termination pay \$

Redundancy pay \$

Other \$



HOW TO ANSWER Q62:

Don't include any of the payments you got in Q61.

62

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

Before tax	After tax
\$	\$
\$	\$
\$	\$
\$	\$

# Tell us about your income and assets

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

63

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

↓ Tick one box in each line below

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

**ATTACHMENT FOR Q63:**  
Bring a copy of your business accounts.

**INFORMATION FOR Q63:**  
In this application form, 'partner' means the person you're married to or in a civil union or relationship with, not a business partner.

64

Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 63?

- 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 Q64:**  
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 Q65:**

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

**65**

**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 Q66:**

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 15.

**66**

**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?**

**67**

**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 Q67:**

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

## Tell us about your assets

**ATTACHMENT FOR Q68:**  
You may be asked to provide proof of your assets and their value.

**HOW TO ANSWER Q70:**  
Examples of property you don't live in include land, holiday homes, bach/crib, investment properties.

**ATTACHMENT FOR Q71:**  
You may be asked to provide proof of these details.

68

### 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

69

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

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

70

### 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

71

### 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

72

Do you want to apply for the Accommodation Supplement?

No

[Go to question 88](#)

Yes

If you answered 'yes' you'll need to provide proof of your assets and their value (page 18)

## Tell us who you live with

73

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

74

Do you pay rent?

No

[Go to question 80](#)

Yes

### INFORMATION FOR Q74:

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

75

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

No

Yes

[Go to question 88. You won't be able to get Accommodation Supplement](#)

76

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

77

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

### ATTACHMENT FOR Q77:

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

78

Do you pay water rates separately from your rent?

No

Yes



Tell us how much you pay

How often?

### ATTACHMENT FOR Q78:

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

79

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

[Go to question 88](#)

## Tell us about board costs

80

Do you pay board?

No

**Go to question 83**

Yes

**List what costs your board includes**


81

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

 \$

82

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


**Go to question 88**

**INFORMATION FOR Q80:**

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 Q80:**

For example food, electricity, telephone.

**ATTACHMENT FOR Q81:**

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

## Tell us about home ownership costs

83

Do you own the home you live in?

No

**Go to question 88**

Yes

84

What are your home ownership costs?

**HOW TO ANSWER Q84:**

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 Q84:**

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

**ATTACHMENT FOR Q85:**

Bring receipts for any repair and maintenance costs.

**ATTACHMENT FOR Q87:**

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

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		\$	

85

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

No

Yes

**Please write the total amount**

 \$

86

Do you have a mortgage from Housing New Zealand?

No

Yes

**Please write the total amount**

 %

87

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**

**88**

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

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

If you ticked 'yes' to question 88, 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**

**89**

**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
	\$	
	\$	
	\$	

**90**

**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**

**91**

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

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

**HOW TO ANSWER Q91:**  
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 Q91:**  
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 There may be no entitlement to Disability Allowance
- 6 to 12 months    1 to 2 years    2 to 3 years    Permanent    Never reassess

**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

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

92

**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 18)

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

93

**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 Q93:**  
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**

94

**Are you or your partner working?**

No **Go to question 96**  Yes

95

**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 Q95:**  
These are the only work-related essential costs that we may be able to help you with.

**ATTACHMENT FOR Q95:**  
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

96

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

 No Yes

[Go to question 111](#)

97

Do you pay rent?

 No

[Go to question 103](#)

 Yes

98

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

 No Yes

99

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

100

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

101

Do you pay water rates separately from your rent?

 No Yes

[Tell us how much you pay](#)

How often

102

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

[Go to question 111](#)

103

Do you pay board?

 No

[Go to question 106](#)

 Yes

[List what costs your board includes](#)

104

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

105

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

[Go to question 111](#)

**INFORMATION FOR Q97:**  
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 Q101:**  
You'll need to show proof of what you pay for rent.

**ATTACHMENT FOR Q101:**  
You'll need to show proof of what you pay for water rates.

**HOW TO ANSWER Q103:**  
For example food, electricity, telephone.

**INFORMATION FOR Q103:**  
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 Q104:**  
You'll need to show proof of what you pay for board.

106

Do you own the home you live in?

No **Go to question 111**  Yes

107

What are your home ownership costs?

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

Table with 4 columns: Item, Who do you pay?, How much do you pay?, and Frequency. Rows include First mortgage, Other mortgage, House insurance, Mortgage insurance, Rates, Ground lease, Water rates, and Body corporate fees.

HOW TO ANSWER Q107:

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 Q107:

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

ATTACHMENT FOR Q108:

Bring receipts for any repair and maintenance costs.

108

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

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

109

Do you have a mortgage from Housing New Zealand?

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

ATTACHMENT FOR Q110:

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

110

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

111

Do you or your family have any regular essential costs?

No  Yes **Please provide details below**

INFORMATION FOR Q111:

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 Q111:

You'll need to show proof of these costs.

Table with 5 columns: Item, Amount, How often (for example, weekly, fortnightly)?, Start or purchase date, End date. Rows for recording essential costs.

If you didn't apply for the Disability Allowance on page 21 and your costs are health-related, please tell us.

**HOW TO ANSWER Q112:**  
Don't include toll or mobile phone costs.

**112**

**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**

**113**

**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 a 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 Youth Payment.**

You'll meet with them to talk about how things are going, and they'll refer you to 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.



## 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

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

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.**