

**working, have children and are getting family tax credits**

- **getting NZ Super and have a low income.**

**Some people don't need to fill in the form because they automatically get sent a card.**

These include people who get Work and Income benefits, Veteran's Pension or

# Our commitment *to* YOU

How di

In the applicant form, 'you', 'your', and 'yourself' means the person applying for a Community Services Card.

If we say 'your partner' this only applies to you if you have one.

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

Client number

 |  | 

## Tell us the names you've been known by

**ATTACHMENT FOR Q1:**  
You need to provide proof of your identity. What you need to provide is explained on page 1.

**HOW TO ANSWER Q3:**  
For example, have you had married names, English names, changes by deed poll, or aliases?

**ATTACHMENT FOR Q3:**  
Provide your marriage certificate, deed poll, or other proof of any name change.

### What is your full name?

 Mr  Mrs  Ms  Miss  Other 

First and middle names

Surname or family name

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

 No   Yes

First and middle names

Surname or family name

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

 No  Yes 

1.
2.

### 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 more about you

5

What date were you born?

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

6

Are you:

Male     Female     Gender diverse

7

What is your Inland Revenue tax number?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Tell us about where you live

### HOW TO ANSWER Q8:

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

### HOW TO ANSWER Q9:

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

### HOW TO ANSWER Q12:

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

Where do you live?

Flat/House number	Street name
<input type="text"/>	<input type="text"/>
Suburb	Town/City
<input type="text"/>	<input type="text"/>

Is your mailing address different from where you live?

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

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

Are there other adults living at your address?

No     Yes

Are you in a rest home or hospital?

No     Yes

How else can we contact you?

Tick the best way for us to first contact you

Home phone	(    )	<input type="checkbox"/>
Mobile phone	(    )	<input type="checkbox"/>
Other phone	(    )	<input type="checkbox"/>
Email		<input type="checkbox"/>



## Tell us about your dependent children

### HOW TO ANSWER Q18:

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 /

**Tell us  
about your  
relationship  
status**

**Do you have a partner?**

By 'partner' we mean someone you're in a relationship with.

No

[Go to question 23](#)




Is your partner working?

No

[Go to question 31](#)

I don't have a partner



**Are you a tertiary student or will you be one next year?**

No  Yes

**Do you or your partner get Working for Families tax credit?**

No

Yes

 **Please tell us how much you get**

You



## Tell us where you live

### HOW TO ANSWER Q8:

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

### HOW TO ANSWER Q10:

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

### HOW TO ANSWER Q11:

Please only give us contact details you'd like

## Where do you live?

Flat/House number

Street name

Suburb

Town/City

## Are you in a rest home or hospital?

No

Yes

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

No

Yes



Tell us your mailing address

## Tell us about your residence status

### HOW TO ANSWER Q13:

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

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

New Zealand citizen by birth

Go to page 15

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?

### When did you arrive in New Zealand?

Day Month Year

# Privacy Statement

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

## Why we collect information

The information you give us is collected under the authority of the legislation administered by the Ministry of Social Development and will be held by the Ministry of Social Development.

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

- granting benefits and other assistance under the Social Security Act 2018
- delivering superannuation services under the New Zealand Superannuation and Retirement Income Act 2001
- delivering assistance under the Veterans' Support Act 2014
- providing services under the Residential Care and Disability Support Services Act 2018
- statistical and research purposes
- providing advice to Government
- providing support and services for you and your family
- providing education related services
- care and protection needs of children
- assessing eligibility for social housing and calculating income-related rents under the Housing Restructuring and Tenancy Matters Act 1992
- assessing whether you and/or your partner may be entitled to an overseas pension, benefit or allowance.

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

## We may contact health practitioners

The Ministry of Social Development may contact health practitioners to check any health related information you give us.

## We may use information for public housing

Information you give us when you apply for assistance, and at any time after that, may also be used for public housing purposes under the Housing Restructuring and Tenancy Matters Act 1992, including reviewing your eligibility for social housing ing wheuo69904reevip0l(Housing Restructuring and Tenancy Matters Act 1992).

# Signature page

## Applicant and partner

The information that I have given, or that has been given about me in this application is true and complete.

I understand what you do with my personal information and how you protect my privacy.

Applicant's name (print)

Applicant's signature

Date

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

Applicant's partner's name (print)

Applicant's partner'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.
- I completed this application form at the request of the partner 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 partner of the person applying.

Helper's signature

Date

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

## Next steps

### Next steps:

Send this form to:

Seniors Support Centre  
Ministry of Social Development  
PO Box 5054  
Wellington 6145