

# Housing Modification Grant Income and Asset Details



**Work and Income**  
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

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## Before you start

Please complete all questions – if not applicable write N/A.

**Recipient** – is the person or child needing the house modification.

**Applicant** – is the person or parent of a child needing the house modification.

**Owner** – is the owner of the property to be modified, if the owner lives at that property, and is neither the recipient nor the applicant.

## Recipient's details

*The recipient is the person or child needing the house modification.*

### 1. Who is the grant for?

First name(s)

Surname or family name

### 2. What is their date of birth?

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Day      Month      Year

### 3. What is the address of the place that is to be modified?

Flat/house no.

Street name

Suburb

City

### 4. Do they own the property that is to be modified?

No

Yes

▶ Go to Question 8

### 5. Who owns the property?

First name(s)

Surname or family name

### 6. What is the recipient's relationship to the owner of the property?

### 7. Does the owner live in the property that is to be modified?

No

Yes

▶ Please get the owner to complete the additional income and assets details (page 5).

## Applicant's details

The applicant can be:

- the person needing the house modification
- the parent of a child needing the house modification.

8. **What is your name?** (If you are the person needing the house modification, go to Question 12.)

First name(s)

Surname or family name

9. **What is your date of birth?**

Day Month Year

10. **What is your contact telephone number?**

11. **Are you receiving or have you ever received any type of benefit?**

No

Yes

▶ What is your client number?

## Applicant's partner's details

**Q12 note:** A partner is your spouse (husband or wife), your civil union partner, or a person of the same or opposite sex with whom you have a de facto relationship.

12. **Do you have a partner?**

No

▶ Go to Question 15

Yes

13. **What is your partner's name?**

First name(s)

Surname or family name

14. **Is your partner receiving, or have they ever received, any type of benefit?**

No

Yes

▶ What is their client number?

## Applicant's children's details

**Q15 note:** Please give the names of any children that you financially support and are living with you as a member of your family, including:

- stepchildren
- children at boarding school
- adopted children
- grandchildren
- mokopuna.

If you are caring for a child who is not your own you may be able to get other forms of assistance. Please ask us about this.

15. **Do you have dependent children in your care?**

No ▶ Go to Question 16

Yes ▶ Please provide details below:

Child's first name(s)/Surname or family name

Date of birth

Child's first name(s)/Surname or family name	Date of birth
1.	/ /
2.	/ /
3.	/ /
4.	/ /



## Privacy Statement

The legislation administered by the Ministry of Social Development allows us to check the information that you give us in this form.

This may happen when you apply for a benefit and at any time after that.

### The Privacy Act 1993 requires us to tell you that:

- The information you give us is collected under the authority of the legislation administered by the Ministry of Social Development.
- The information will be held by the Ministry of Social Development.
- The information is collected for the purposes of the legislation administered by the Ministry of Social Development (including Work and Income, Child, Youth and Family and other service lines of the Ministry), and in particular for:
  - granting benefits and other assistance under the Social Security Act 1964
  - providing employment related services
  - statistical and research purposes
  - providing advice to Government
  - care and protection needs of children
  - providing support and services for you and your family
  - providing education related services.
- Work and Income may contact health providers to verify any health related information you give us.
- Other information that you give us on your skills, aspirations, family circumstances etc, and that is not required to assess your entitlement to a benefit may be used to provide a better service to you by the Ministry of Social Development.
- The information you give us may be compared with information held by Inland Revenue, the Ministry of Justice, the Department of Corrections, the New Zealand Customs Service, the Department of Internal Affairs, the Accident Compensation Corporation, Housing New Zealand Corporation, Ministry of Health and Immigration New Zealand. It may also be compared with social security information (for example, pension or benefit information) held by other governments (including Australia and the Netherlands).
- Under the Tax Administration Act 1994, if you have dependent children, the information you give us may be shared with Inland Revenue for the purpose of administering Working for Families Tax Credits. Inland Revenue may also:
  - use the information for the purposes of child support, student loans and taxation
  - disclose it to the Department of Labour, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
  - disclose your personal information to your partner.
- Under the Privacy Act 1993 you have the right to ask to see all information we hold about you, and to ask us to correct that information.
- You are not required to give us information, but if you do not give us all the information we ask for, your application for benefits may be declined.

## Applicant's statement

I have completed all the questions in this *Housing Modification Grant* Application, or this Application has been completed for me.

The information I have given is true and complete.

Applicant's signature

Day	Month	Year

Applicant's partner's signature

Day	Month	Year

# Additional Income and Assets

To be completed by the owner of the property to be modified, if the owner lives at that property, and is neither the recipient nor the applicant.

## Owner's details

### 1. What is your name?

First name(s)

Surname or family name

### 2. What is your date of birth?

Day Month Year

### 3. What is your contact telephone number?

### 4. Are you receiving or have you ever received any type of benefit?

No

Yes

▶ What is your client number?

## Partner's details

**Q5 note:** A partner is your spouse (husband or wife), your civil union partner, or a person of the same or opposite sex with whom you have a de facto relationship.

### 5. Do you have a partner?

No

Yes

▶ Please provide details below:

### 6. What is your partner's name?

First name(s)

Surname or family name

### 7. Is your partner receiving, or have they ever received, any type of benefit?

No

Yes

▶ What is your client number?

## Children's details

**Q8 note:** Please give the names of any children that you financially support and are living with you as a member of your family, including:

- stepchildren
- children at boarding school
- adopted children
- grandchildren
- mokopuna.

If you are caring for a child who is not your own you may be able to get other forms of assistance. Please ask us about this.

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

No

Yes

▶ Please provide details below:

Child's first name(s)/Surname or family name

Date of birth

Child's first name(s)/Surname or family name	Date of birth
1.	/ /
2.	/ /
3.	/ /
4.	/ /



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  - disclose your personal information to your partner.
- Under the Privacy Act 1993 you have the right to ask to see all information we hold about you, and to ask us to correct that information.
- You are not required to give us information, but if you do not give us all the information we ask for, your application for benefits may be declined.

## Owner's statement

I have completed all the questions in this *Housing Modification Grant* Application, or this Application has been completed for me.

The information I have given is true and complete.

Owner's signature

Day	Month	Year

Owner's partner's signature

Day	Month	Year

## OFFICE USE ONLY

### Decision:


Amount applied for: \$

Amount test deduction: \$

Income test deduction: \$

Grant amount approved: \$

Fax sent to Enable NZ  Yes     
Day Month Year

Assessing Officer's signature



Day Month Year