10. Do you or your partner have any assets?

This could be money in a bank or savings account including term deposits, money lent to other people or organisations, money in bonds, shares, debentures or Government stocks, leisure boats, caravans, land or buildings other than your home (for example a holiday home).

Yes No (Go to Q11)

If yes, please give us details of your assets:

Type of asset	Owner of asset (you, your partner or both)	Value	Money owing (if any)
		\$	\$
		\$	\$
		\$	\$
		\$	\$

We may ask for evidence of your assets.

To qualify, your cash assets must be under certain limits. To find out what these are, visit our website studylink.govt.nz

If you or your partner earn any income you need to let us know by the Friday of the week you earn it – if you don't you could be overpaid and you'll need to pay the money back. We could take legal action to recover this money.

Casual

11. Are you working now?

Yes No (So to Q12) 11a. What type of work do you do? Full-time Part-time Part-time Voluntary Self-employed 11b. When did you start this job? Day No (So to Q12) Year 11c. Are you (a sole parent with dependent children that pays for childcare while you work?

Yes (If yes, please tell us how much you pay) \$

11d. Please give us details of your income per week before tax:

By 'per week' we mean from each Monday to Sunday.

Weekly income before tax	Hours work	orked each week Employer's name or income source		ne or income source
\$				
\$				
Employer's trading name (if	f different)	Business add	Iress	Suburb/City/Town
1.				
2.				

No

We may ask for evidence of your income.

12. Have you been in any other paid work at any time in the last 6 months?

Paid work also includes any indirect monetary benefits such as free board or shares in a business.

Yes No (Go to Q13)	
12a. How long did you work there?	
Date you started work?	Date of last day at work?
Day Month	Year Day Month Year
12b. Why did this work end?	
Reason for leaving this job	
12c. Did you get any holiday, redundancy or termin Yes No (Go to Q13)	nation-type pay in the last 26 and 52 weeks?
f yes, was it:	Last 26 weeks
Holiday pay – how much before tax?	\$ 25 \$ 5
Redundancy pay – how much before tax?	\$
	s and the second
Termination pay – how much before tax? We may ask for evidence of this payment	1111- 0102h
salary, termination payment, bonus pay, holiday pay, o nvestments, dividends from shares, income from a fa benefits and pensions, weekly accident insurance pay shares in a business, and any other income that you ha Note for Temporary Additional Support assistance the of the Student Loan, Working for Families tax cledits, a Yes	e following are also considered income: Student Allowances, the living costs componen all Work and Income benefits except Unsupported Child's Benefit and Orphan's Benefit
If yes, please give us details of your income per we	
Type of income	Weekly income before tax
	\$
Remember to include any child support payments you Credits. We may ask for evidence of your income.	\$ u get as income – but don't include your Student Allowance, Student Loan or Family Tax
14. What was your average income per week befor For example, to calculate your average weekly income	pre tax in the last 26 and 52 weeks? It for the last 26 weeks, take your total income over the last 26 weeks and divide by 26
(remember to include any current income). If you had	
Last 26 weeks Last 52 weeks	

We may ask for evidence of this income.

\$

0

G

\$

15. What other sources of mo	ney have you got access to?		
Help from parents	Student Loan	Savings	None
Other (please explain)			

16. Have you ever lived overseas?

This could include working holidays where you have paid tax to an overseas government, places where you have had a home and resided, or if you have lived in another country with a member of your family (who was working overseas). 'Lived' does not mean recreational holidays or where you have lived and been based in New Zealand but you travelled overseas to work for a short period and you paid New Zealand tax on those earnings.

Ye	20		
16	25		

Yes

No

No

If yes, please give us details of your time overseas:

Name of country	Entry date	Exit date	Purpose (e.g. working holiday, immigration
	1 1	1 1	A STA
	1 1	1 1	APPILL (CD)
	1 1	110	Un As
	1 1	125	S A

17. Do you receive or qualify for a social security pension or benefit (or any similar payment) from an overseas government?

If yes, please tick the box that best describes your pension or benefit:	War related
Lisability and the construction of the constru	Warrelated
Superannuation Child dependant	
Other payments (please exptain)	
Please give us details of these payment(s):	

Name of your pension, benefit Country it comes or other payment(s) from	Amount (in overseas currency)	Before or after tax?	How often are you paid?	Overseas payment reference no.
OF				

If you have any questions about overseas benefits or pensions call Senior Services International on 0800 777 227.

We may ask for evidence of your income. Remember to read your obligations (including the privacy statement on page 25), then sign and date your declaration on page 30.

Part 3: Jobseeker Support Student Hardship Additional Hardship form

Complete this section if you don't qualify for a Student Allowance and are applying for the Jobseeker Support Student Hardship because you're in hardship.

1. Why don't you qualify for a Student Allowa	nce?			
 How did you support yourself during the st 	udy year?			
Student Loan living costs per week	\$	Scholarship(s)	per week	\$
Work per week	\$	Savings	Totalamount	SE
Help from parents per week	\$	Overdraft Limit	permeek	J.
Personal loan per week	\$	Other (please explain below)	Totalamount	\$
	910-		\mathcal{Y}^{*}	
	1 Main	A BUT		
 3. Is the support you listed above available to Yes No If no, please tell us why not: 4. Will you be living with your parent(s) or guing with your parent(s) or guing with your parent (s) or		pak?		
Yes				
5. Can your parent(s) or guardian(s) support Yes (Go to Q6) No	you?			
If no, please explain how your parents' financia	l circumstances affect their a	bility to support you	1 :	

6. What ongoing costs do you have during the study break?

Include daily, weekly and monthly expenses that you have. For example, hire purchases, rental agreements, power, phone, food.

7. What have you done to attempt to improve your financial situation?

Is there anything else you'd like to tell us about your personal situation that may support your application?

For example, your health or any family issues. Please give us a full and detailed explanation (you can continue on a separate page if required).

We may ask for evidence of this

Remember to read your obligations (including the privacy statement on page 25), then sign and date your declaration on page 30.

Part 4: Extra help

to go with your Jobseeker Support Student Hardship

The documents we need to see are listed on page 31.

As a returning student, you may be eligible for extra financial assistance from the Ministry of Social Development if you are receiving Jobseeker Support Student Hardship.

It's important that you answer all the questions in this section, so that we can assess your entitlement to extra help.

1. Do you want to apply for the Student Allowance Transfer Grant?

Student Allowance Transfer Grant can be paid when you are in hardship because your Student Allowance has stopped and you're waiting for Jobseeker Support Student Hardship to start. The Student Allowance Transfer Grant is a GREy off payment and you will only be eligible if you have a dependent partner or child.

Yes

No (Go to Q2)

1a. If yes, what is, or will be, your income the week after you stop studying?

Type of income		Your weekly income before tax	Your partner's weekly income before tax
	C C	TEC	\$
	· BO ABU	\$	\$
<	Spa UBIN	\$	\$
00	10. 110		

You need to apply for this grant no later than 28 days after your course finishes so you don't miss out on payments. For more information visit studylink.govt.nz

We may ask for evidence of your income.

2. Do you want to apply for the Accommodation Supplement?

Accommodation Supplement can help with the cost of renting, boarding or owning a home. This assistance can only be paid for the place where you are actually living.

Note: if you are already getting the Accommodation Supplement then you don't need to reapply. This is different to the Accommodation Benefit paid with a Student Allowance.

	Yes	No (Go to Q9)
3.	Do you live alone?	
	Yes (Go to Q4)	No

3a. If no, who else do you live with?

Yes

First name	Surname	Relationship to you

4. Do you or your partner have any non-cash assets?

Non-cash assets could be leisure boats, caravans, land or buildings other than your home, (for example a holiday home).

No (Go to Q5)

If yes, please give us the details of your non-cash assets:

Type of asset	Owner of asset (you, your partner or both)		Value	Money owing (if any)
			\$11115	(D)
		50	SUN A	
		2 js	2. AU	φ
While getting the Jobseeker Support	Student Hardship, will you be:	\vee	allOr.	
Renting (Go to Q6)	Boarding (Gato QZ)	A.	Living in a house	e you own (Go to Q8)
enting – complete this question o	nly if you are renting	NI-	>`	
enting – complete this question o	iny in you are returning.	SUL		
Is the address you have given us in you	ur Jobseeker Support Student Har	dship app	lication a community	housing property? ¹
Yes No(Got				
you are a tenant living in a community housi	an another with a while to get	the Acces	amadation Cumplement	don't continue with the
ection. (Go to Q9)	ng property you won't be able to get	the Accor	innocation supplement	t – don t continue with ti
a. What is the total amount of rent paid	each week for the property?	\$		
b. How much of this total amount do you	v pay for you and your family?	\$		
c. Do you pay water rates separately fro				
No Wes	\$	How	often?	
d. Who do you pay rent to?				
Name	Address		Phone	
Ve may ask for evidence of your re	ont - for example a rent boo	k or tens	ncv agreement	
			107 451 00110110	
oarding – complete this question	only if you are boarding.			
What is the total amount of board you	ı pay each week for you and your f	amily?	\$	
clude all expenses such as power, phone ar	nd food.			
a. Who do you pay board to?				
Name	Address		Phone	

We may ask for evidence of your board – for example a letter from your landlord.

1 Community housing properties are provided by Käinga Ora (formerly Housing New Zealand) and approved community housing providers.

Page 12 Jobseeker Support Student Hardship application form

Own home - complete this question only if you live in a house you own.

8. Please give us details of the payments you make for your home:

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. Do not include contents insurance.

	Name of provider	How often do you pay? e.g. weekly, fortnightly, monthly	Amount
First mortgage			\$
Other mortgage			\$
House insurance			\$
Mortgage insurance			\$
Rates			\$
Water rates		12	\$
Body corporate fees		- Allen	\$ 25
Ground lease		ALL	\$O

We need evidence of all the payments you make for your home – for example, a verified copy of a bank statement showing your payments (unless StudyLink has already seen it).

8a. Have you received a rates rebate?

Yes Amount \$

Rating Year (1 July) 20) to (30 July) 20

No

\$

8b. What was the total cost of necessary repairs and maintenance to your home in the last 12 months?

No (GD)to Q14)

We need to see verified copies of receipts.

9. Do you want to apply for Disability Allowance?

Note: if you are already getting the Disability Allowance then you don't need to reapply. If you, or a family member, have an illness or disability, which is likely to continue for at least six months, you may be able to get extra help through a Disability Allowance. We may be able to help with costs including but not limited to ongoing visits to the doctor, medicines, medical alarms and travel. Your doctor or specialist will need to complete the Disability Oprtificate on page 17.

Yes

10. Who in your family has health related costs?

You can apply for a Disability Allowance for each member of your immediate family including your partner¹ or child. If you wish to apply for a Disability Allowance for more than one person you will need your doctor or specialist to complete a separate Disability Certificate for each person. (You can photocopy the certificate on pages 17 and 18 if you need more than one).

Yourself (Go to Q11)	Your partner (Please give their full name below)	Your dependent child (Please give their full name below)
First name	Surname	Relationship to you

If you are applying for a for Disability Allowance for a dependent child, you could also apply for a Child Disability Allowance. For more information visit **studylink.govt.nz**

1 A partner is your spouse, civil union partner with whom you have a de facto relationship (where you live together as a couple in a relationship in the nature of marriage or civil union)

11. Is the disability covered by private medical insurance?

Yes (Please give the name of the insurance company and the person it applies to below)

No

12. Is the disability covered by ACC or War Disablement Pension?

Yes (You may not be entitled to a Disability Allowance)

No

13. What extra costs do you have because of the illness or disability?

All of these expenses must be directly related to the illness or disability and verified as necessary by a registered health professional.

Type of cost	How often do you pay? e.g. weekly, fortnightly, monthly	Amount	Who's cost is it? (e.g. yourself, your partner, your dependent child)
		\$ 20	n
		\$ 0 1 1	E
		ES IL "	0
		5.00	15-2
		\$000	
		TX III	

We need evidence of all the payments you make because of this disability – for example, verified copies of invoices, receipts, quotes or printouts for each additional expense.

14. Do you want to apply for Temporary Additional Support?

Note: if you are already getting Temporary Additional Support then you don't need to reapply. If you are finding it hard financially, extra help with essential costs may be available through Temporary Additional Support. It's important that you take all necessary steps to get other assistance towards costs and take reasonable steps to increase income and reduce costs where possible. Your assets will need to be below a certain level to qualify. We may also need to contact you to arrange an appointment to discuss your eligibility with someone in person.

Go to Partner's Form on page 19) Yes

15. Do you and/or your partner receive Working for Families Tax Credits from Inland Revenue?

'Working for Families Jac Gredits include; family tax credit, in-work payment, minimum family tax credit, child tax credit, parental tax credit.

Yes (Please give details below and pro	ovide a Certificate of Entitlement from Inland Rev	venue) No
You	Your partner	How often (weekly, fortnightly etc)
\$	\$	

You can get a Certificate of Entitlement by calling Inland Revenue on **0800 257 720**. Please have your IRD number ready.

We need to see a verified copy of your certificate of entitlement from Inland Revenue.

16. Do you and/or your partner have any essential costs that you have to pay to keep working?

Employment costs include: vehicle running costs or public transport to employment, childcare if the caregiver is working, and a telephone if it is a condition of employment.

Yes (Please provide details below and provide proof of these costs)

No

Q16 continued

Employment cost	How often (weekly, fortnightly etc)	Amount
		\$
		\$
		\$
		\$
		\$
		\$

We need to see verified copies of these employment costs.

17. Do you and/or your partner have any essential credit sales (hire purchases) or regular costs?

Essential items that may be included: beds, dining suites, fridge/freezer, portable heaters, lounge suite, stove, television, vehicle repayments, washing machine (or laundrette costs), dryer (disability) and childcare costs (disability).

Yes (Please provide details below and provide proof of these costs)

Item	Amount	How often (weekly, fortnightly etc)	Start/purchase	End date
	\$	ARY CAN	NVV I	1 1
	\$	a Ur all	5-11	1 1
	\$	D) OTH	1 1	1 1
	\$ 64	2 (O)	1 1	1 1
	\$ 200	ALCO S	1 1	1 1
	\$ (2) 1	Kin	1 1	1 1

Please talk to us if you, your partner of any dependent shildren have disability costs but have not applied for a Disability Allowance.

We need to see verified copies of these costs. If they are a consumer credit sale (hire purchase) we will need to see a verified copy of your purchase agreement and the latest balance statement.

17a. Tell us your reasons for purchasing the items you listed in Q17 and whether they are on a consumer credit contract (this is an agreement for a fixed payment amount over a fixed period of time) or revolving credit (such as a credit card or shop card).

We need to know that the dost was essential to meet your family's daily living needs and could not be readily avoided or varied when the expense occurred.

Item	Reason for purchase	Consumer credit (CC) or revolving credit (RC)

If you purchased your item on a revolving credit payment we will also need to see evidence of your balance prior to the purchase.

18. Do you and/or your partner need a phone for safety or security reasons, or because of special family circumstances?

Phone costs for personal safety or security need to be verified by either the Police, court orders, Women's Refuge, previous history held by Work and Income, Oranga Tamariki or any other relevant organisation.

	lease provide details below)	No (Go to Q19)
etails of o	circumstances	
		all in
ount	\$	How often (weekly, for trightly etc)
	How often (weekly, fortnightly etc	
bile ph	ones) if we don't have these de	tails already.
Please inporary A	indicate what steps you and/or your pa additional Support is last resort financial	tails already. In the nave taken or will take, to get other help, reduce costs or increase incon ssistance, you and your partner must take all necessary steps to get other assistanc
Please inporary A	indicate what steps you and/or your pa additional Support is last resort financial	tails already. artner have taken, or will take, to get other help, reduce costs or increase incom
bile ph Please in porary A	indicate what steps you and/or your pa additional Support is last resort financial	tails already. In their have taken, or will take, to get other help, reduce costs or increase incom ssistance, you and your partner must take all necessary steps to get other assistanc
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Please inporary A	indicate what steps you and/or your pa additional Support is last resort financial	tails already. artner have taken, or will take, to get other help, reduce costs or increase incom ssistance, you and your partner must take all necessary steps to get other assistance
Please inporary A	indicate what steps you and/or your pa additional Support is last resort financial	artner have taken, or will take, to get other help, reduce costs or increase incom ssistance, you and your partner must take all necessary steps to get other assistance
Please inporary A	indicate what steps you and/or your pa additional Support is last resort financial	tails already. artner have taken, or will take, to get other help, reduce costs or increase incom ssistance, you and your partner must take all necessary steps to get other assistance
Please inporary A	indicate what steps you and/or your pa additional Support is last resort financial	tails already. artner have taken, or will take, to get other help, reduce costs or increase incom ssistance, you and your partner must take all necessary steps to get other assistance
Please inporary A	indicate what steps you and/or your pa additional Support is last resort financial	tails already. artner have taken, or will take, to get other help, reduce costs or increase incom ssistance, you and your partner must take all necessary steps to get other assistance

We may need to talk with you about what other steps you might be able to take.

Remember to read your obligations (including the privacy statement on page 25), then sign and date your declaration on page 30.

Disability certificate

Benefit type	
What is the client's name?	
rst name Middle name	e(s) Surname or family name
Finderance	Sumanie of ranny hanne
Disability Allowance is available for reimbursement of addi	itional costs arising from a Disability where the following criteria are met:
The person has a disability which is likely to continue for no	ot less than six months; and
The disability has resulted in a reduction of the person's inc	dependent 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 t	by a registered health professional.
the purposes of qualifying for Disability Allowance, a disabili	ity means:
 physical disability or impairment 	162 × 11 1/2>
physical illness	The dist
psychiatric illness	$\pi(O) = \pi(O)^{U}$
 intellectual or psychological disability or impairment 	
 any other loss or abnormality of psychological, physiological 	ogical, or anatomical structure or
function (including sensory impairment)	a Company
 reliance on a guide dog, wheelchair, or other remedial n 	
 the presence in the body of organisms capable of caus 	ingillness.
more information about Disability Allowance, refer to t	the "Guide for Medical Practitioners – Disability Allowance" brochure
Does the person have a disability that meets the Disab	Jin Allowana avitavia akayo?
	micreality and a shore:
Yes No (Bo to Q7)	
	ck the major disabilities or specify below:
What is the nature of the person's disability? Please tic	ck the major disabilities or specify below:
What is the nature of the person's disability? Please tic	ck the major disabilities or specify below: Cardio-vascular disorders
What is the nature of the person's disability? Please tic	
What is the nature of the person's disability? Please tic ychological or psychiatric conditions Stress (160)	Cardio-vascular disorders Heart disease (130)
What is the nature of the person's disability? Please tic	Cardio-vascular disorders
What is the nature of the person's disability? Please tic chological or psychiatric conditions Stress (160)	Cardio-vascular disorders Heart disease (130)
What is the nature of the person's disability? Please tic ychological or psychiatric conditions Stress (160) Depression (161)	Cardio-vascular disorders Heart disease (130) Stroke (131)
What is the nature of the person's disability? Please tic ychological or psychiatric conditions Stress (160) Depression (161) Bipolar disorder (162)	Cardio-vascular disorders Heart disease (130) Stroke (131) Other cardio-vascular disorders (132)
What is the nature of the person's disability? Please tic rchological or psychiatric conditions Stress (160) Depression (161) Bipolar disorder (162) Schizophrenia (163) Other psychological/psychiatric conditions (165)	Cardio-vascular disorders Heart disease (130) Stroke (131) Other cardio-vascular disorders (132) Immune system disorders
What is the nature of the person's disability? Please tic rchological or psychiatric conditions Stress (160) Depression (161) Bipolar disorder (162) Schizophrenia (163) Other psychological/psychiatric conditions (165)	Cardio-vascular disorders Heart disease (130) Stroke (131) Other cardio-vascular disorders (132) Immune system disorders HIV / Aids (140)
What is the nature of the person's disability? Please tic rchological or psychiatric conditions Stress (160) Depression (161) Bipolar disorder (162) Schizophrenia (163) Other psychological/psychiatric conditions (165) rvous system disorders	Cardio-vascular disorders Heart disease (130) Stroke (131) Other cardio-vascular disorders (132) Immune system disorders HIV / Aids (140) Other immune system disorders (141)
What is the nature of the person's disability? Please tic rchological or psychiatric conditions Stress (160) Depression (161) Bipolar disorder (162) Schizophrenia (163) Other psychological/psychiatric conditions (165) rvous system disorders Epilepsy (120)	Cardio-vascular disorders Heart disease (130) Stroke (131) Other cardio-vascular disorders (132) Immune system disorders HIV / Aids (140) Other immune system disorders (141) Other and endocrine disorders
What is the nature of the person's disability? Please tic rchological or psychiatric conditions Stress (160) Depression (160) Bipolar disorder (162) Schizophrenia (163) Other psychological/psychiatric conditions (165) rvous system disorders Epilepsy (120) Multiple sclerosis (121)	Cardio-vascular disorders Heart disease (130) Stroke (131) Other cardio-vascular disorders (132) Immune system disorders HIV / Aids (140) Other immune system disorders (141) Other immune system disorders (141) Diabetes (150)
What is the nature of the person's disability? Please tic ychological or psychiatric conditions Stress (160) Depression (161) Bipolar disorder (162) Schizophrenia (163) Other psychological/psychiatric conditions (165) rvous system disorders Epilepsy (120) Multiple sclerosis (121) Parkinson's disease (122)	Cardio-vascular disorders Heart disease (130) Stroke (131) Other cardio-vascular disorders (132) Immune system disorders HIV / Aids (140) Other immune system disorders (141) Other immune system disorders (141) Metabolic and endocrine disorders Diabetes (150) Other metabolic or endocrine disorders (151)
What is the nature of the person's disability? Please tic ychological or psychiatric conditions Stress (160) Depression (161) Bipolar disorder (162) Schizophrenia (163) Other psychological/psychiatric conditions (165) rvous system disorders Epilepsy (120) Multiple sclerosis (121) Parkinson's disease (122) Muscular dystrophy (123)	Cardio-vascular disorders Heart disease (130) Stroke (131) Other cardio-vascular disorders (132) Immune system disorders HIV / Aids (140) HIV / Aids (140) Other immune system disorders (141) Hetabolic and endocrine disorders Diabetes (150) Other metabolic or endocrine disorders (151) Substance Abuse

	dent		Other disorde	rs	
	Burns (190)		Congeni	tal conditions (103)	
	Fractures, dislocations, soft tissue injury (191)		Intellect	ual disability (164)	
	Poisoning, toxic effects (192)		Cancer ((104)	
	Internal injuries (193)		Infectio	us / parasitic diseases (105)	
	Injury to the nervous system (194)		Musculo	-skeletal system disorder (1	06)
	Back pain / injury (195)		Respirat	ory disorders (107)	
	Overuse injury [RSI] (196)		Genito-I	urinary disorders (108)	
	Complications of medical or surgical care (197)		Blood ar	nd blood forming organs (109	9)
	Other injury (198)		Skin disc	orders (110)	
Senso	ory disorders		Digestive	e system disorder (17)	\sim
	Blindness (180)		Other (p	lease explain below	ati
	Other visual / eye (181)			STITUE C	G
	Hearing / ear (182)		~	2 " 11	}>
	Other sensory disorders (183)			Mr. Oller,	
			1(D) (C)	STILL .	
4. F	Please indicate the expected duration of the dis	~ ////	SV (LUV	
	less than 6 months (there may be no entitlement	to Disability All	swance)	12->-	
	6 to 12 months 1 to 2 years	V d	22to3ve	ars F	Permanent (never reass
5. F	Please list the type, cost and how often visits to	doctorsorspe)))) cialists are ne	cessary and result from th	ne stated disability:
	Please list the type, cost and how often visits to be of consultation	doctors or spe))) cialists are ne	cessary and result from th How often (e.g. daily, weekly, monthly)	Registered Medical
	BAS AS	2/15	cialists are ne	How often (e.g. daily,	Registered Medical
	BAS AS	Cost	cialists are ne	How often (e.g. daily,	Registered Medical
	BAS AS	Cost \$	cialists are ne	How often (e.g. daily,	Registered Medical
Тур 6. ғ	BAS AS	Cost \$ \$ \$ \$	antina di sua di su Sua di sua di Sua di sua di	How often (e.g. daily, weekly, monthly)	Registered Medical Practitioner's initials alue for the stated
Тур 6. ғ	Please list the pharmaceuticals, items, services	Cost \$ \$ \$ \$	antina di sua di su Sua di sua di Sua di sua di	How often (e.g. daily, weekly, monthly)	Registered Medical Practitioner's initial alue for the stated Registered Medical
Тур 6. ғ	Please list the pharmaceuticals, items, services	Cost \$ \$ \$ \$	antina di sua di su Sua di sua di Sua di sua di	How often (e.g. daily, weekly, monthly)	Registered Medical Practitioner's initials alue for the stated Registered Medical
Тур 6. ғ	Please list the pharmaceuticals, items, services	Cost \$ \$ \$ \$	antina di sua di su Sua di sua di Sua di sua di	How often (e.g. daily, weekly, monthly)	Registered Medical Practitioner's initial alue for the stated Registered Medical
Тур 6. ғ	Please list the pharmaceuticals, items, services	Cost \$ \$ \$ \$	antina di sua di su Sua di sua di Sua di sua di	How often (e.g. daily, weekly, monthly)	Registered Medical Practitioner's initial alue for the stated Registered Medical
Тур 6. ғ	Please list the pharmaceuticals, items, services	Cost \$ \$ \$ \$	antina di sua di su Sua di sua di Sua di sua di	How often (e.g. daily, weekly, monthly)	Registered Medical Practitioner's initials alue for the stated Registered Medical
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Typ 6. F (ten 7. F HPI	De of consultation Please list the pharmaceuticals, items, services disability m/Service/Treatment/Pharmaceutical Registered Medical Practitioner Verification number	Cost \$ \$ \$ \$	that are nece	How often (e.g. daily, weekly, monthly)	Registered Medical Practitioner's initials alue for the stated
Typ 6. F (ten 7. F HPI	De of consultation Please list the pharmaceuticals, items, services disability m/Service/Treatment/Pharmaceutical Registered Medical Practitioner Verification number	Cost \$ \$ \$ \$	that are nece	How often (e.g. daily, weekly, monthly)	Registered Medical Practitioner's initials alue for the stated Registered Medical

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.

Part 5: Partner's form

This section is to be completed by the partner of the person applying for the Jobseeker Support Student Hardship.

The documents we need to see are listed on page 31.

1. What is your client number?

If you have received assistance from StudyLink or Work and Income 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		
2. What is your full name?		
First name	Middle name(s)	Surname or family name

3. What is your legal name as it appears on your birth certificate? (If different from above)

First name	Middle name(s)	Surname on family name	
	11/2	5 m (02)	
Have you ever been known by	rany other name(s)?	SUMMS-	
Yes	No ()	(0) (D) "	
yes, please write them out below	" SBURC	Me	
的问题。 一句:	2 De alle	の語言を見たいなどで、	Maiden
建定其他消除于人	Con Ulan	相關的設計的是否認可能的	name?
First name	Middle.name(s)	Surname or family name	Yes/No
RE	CLAIL		
What date were you born?	U_		
Day Mont	th Year		
le need to see a verified co	py of your birth certificate or p	oassport (unless StudyLink has alrea	dy seen it).
Are you:			

You need to let us know if anything changes in your personal situation because it could affect your payments.

Gender diverse

7. What is your Inland Revenue (IRD) tax number?

Female

Male

If you have an IRD number with less than nine digits, please insert zero(s) in front of your IRD number. If you don't have one, you need to get one from Inland Revenue by calling **0800 22 77 74**, or you can download a form at **ird.govt.nz**.

8. What bank account do you want your payments to be paid into (this account must be in your name or you must complete an Appointment of Agent form)?

ank Branch	Account	r	Suffix			
		count number we can't pay y		ck it against your	bank state	ement.
		unt. Evidence could b				
		nch and account num				
Do you live with the	atudant?					
Yes	No No					
no, where do you live?	?		and the second state	0	~	17
Flat/House number	Street address			1/200	1,	S
			A Part of Law - 1	SULU.	0	() v
Suburb	的这些问题因	City	<u></u>	Postcode	100	Duntry
			CONT	ALO S	STI	NEW ZEALAND
		110	JIL-	SUDE		
. Are you (or will you	ı be) a tenant living in a	a community housing prop	erty?'			
Yes	No	0/11/2	A D	50		
Yes	No	Du	MA	20		
	ot you?	SO CE	MAL	20		
). How can we contac		ED Fair	MALA	20	Email ²	
). How can we contac	ot you?	3005	MA	24	Email ²	
). How can we contac Phone	Mobile	3005	MA	20	Email ²	
). How can we contac	Mobile	3005	MA	24	Email ²	
). How can we contac Phone	Mobile	3005	MA	24	Email ²	
 How can we contact Phone Were you born in N Yes (Go to Q12) 	et you? Mobile? Hew Zealand?	3005	MA	54	Email ²	
. How can we contac Phone Were you born in N	et you? Mobile? Hew Zealand?	3005	MA		Email ²	
 How can we contact Phone Were you born in N Yes (Go to Q12) 	et you? Mobile? Hew Zealand?	3005	MA		Email ²	
 How can we contact Phone Were you born in N Yes (Go to Q12) a. What country were 	et you? Mobile? Hew Zealand?	3005	MA		Email ²	
 How can we contact Phone Were you born in N Yes (Go to Q12) a. What country were b. Are you a: 	ew Zealand?		MA			
 How can we contact Phone Were you born in N Yes (Go to Q12) a. What country were 	ew Zealand?	3005	MA	New Ze	Email ² aland citiz	en
 How can we contact Phone Were you born in N Yes (Go to Q12) a. What country were b. Are you a: 	et you? Mobile? Hew Zealand? No D a you born in? sa holder ³		MA	New Ze		ren
 b. How can we contact Phone Were you born in formation of the second seco	et you? Mobila [®] No Dia eyou born in? sa holder ³ tails eg. Refugee)	Protected person*			aland citiz	ren
 How can we contact Phone Were you born in formation of the second second	et you? Mobila [®] No Dia eyou born in? sa holder ³ tails eg. Refugee)				aland citiz	ren
 How can we contact Phone Were you born in formation of the second second	et you? Mobila [®] No Dia eyou born in? sa holder ³ tails eg. Refugee)	Protected person*			aland citiz	ren

Community housing properties are provided by Käinga Ora (formerly Housing New Zealand) and approved community housing providers.

2 If you give us your mobile number or email address we may use these to send you text messages or emails to let you know about important changes, appointment reminders or that it's time to reapply if you're continuing with your studies. This must be your own mobile number or email address. Do not give the contact details of your education provider

3 A residence class visa holder is someone who is entitled to reside in New Zealand indefinitely and holds a residence class visa under the Immigration Act 2009 (holders of resident permits and returning resident's visas (RRVs) granted under the Immigration Act 1987 are deemed to hold a residence class visa under the Immigration Act 2009). If you are an Australian citizen or Australian permanent resident please choose 'residence class visa holder'.

4 As defined under sections 130 and 131 of the Immigration Act 2009.

G

\square	ce class visa holder, were you	i granted residency un	der sponsorship?	
Yes	No			
11d. When did you come	e to New Zealand to live?			
Day	Month	Year		
12. Do you usually live i	n New Zealand?			
Yes	No			
	mation is only needed for sta would tick the ethnic group(s		p to you whether you answer th.	this question. We'd
NZ European	Other European	NZ Māori	Samoan	Cook Island Mãori
Tongan	Niuean	Tokelauan	Fijian	Pacific Island – Other
Southeast Asian	Chinese	Indian	Asian - other	Middle Eastern
Latin American	African	Other (please pr	ovide details)	CG V
lf you are NZ Māori, which	iwi do you belong to?		D V S	1 122
		/;		S
14. Do you have childre	en under 3?			
Yes	No	alle	" a Boll "	
			PMIR	
14a. If no, when were yo	u (or will you be) available for	work?)	She	
Day	Month	Year (())	\geq	
14b. Are you registered	with Student Job Search (you	rdon theed to do this	if you are not a student), or W	Vork and Income to
find work?	an Italia	////>	2. Produce the structure of the structure designment of the structure o	
Yes	(C) (No (Go to Q16)	2		
0	Ste alles			
14c. If you are registere	d with Student Job Search, w	hat is your Student Jol	Search Number?	
	RADE			
15. Are you studying the	wor are you intending to stu	dy in the next academ	ic year?	
Yes	No			
15a. If yes, when did/do	es your course start?			
Day	Month	Year		
If you haven't applied for a	a Student Allowance or Studen	t Loan you can apply onl	ine at studylink.govt.nz	
16. Are you working no	w?			
Yes	No (Go to Q17)			
16a. What type of work	do you do?			
Full-time	Part-time	Voluntary	Self-employed	Casual
16b. When did you start	this job?			
Day	Month	Year		

. .

16c. Please give us details of your income per week before tax:

By 'per week' we mean from each Monday to Sunday.

leekly income before tax	Hours worke	ed each week	Employer's nar	ne or income	source	(vin)
mployer's trading name (i	f different)	Business add	Iress		Suburb/City/Town	
e may ask for evidence	e of your inc	ome.				
Have you been in any oth	ner paid work a	t any time in the	e last 6 months?			
d work also includes any indi				es in a busines	S.	
Yes (Go to Q17a)	No (Go to	Q17c)			R. R.	
					N'S SILLAR	
. How long did you work th	iere?			E-1	NU RO	
e you started work?			Date of la	ast day at wor	BY U Pros	
Day	Month	Y	ear	Dav	Month	Y
. Why did this work end?			(UIR)			
eason for leaving this job		A Statement	MB	1050	Land Spring to String	
		10	e al	All		12 Mail
		BD	EPS!	2		
	C	21-2-12	$(O)_{\mathcal{V}}$			
. Did you get any holiday, r	edundanovor	termination-ty	pe pay in the last	26 and 52 we	eks?	
Yes	Kie (Go to	11101				
	2 A		ast 26 weeks		Last 50 male	
es, was it:	A100	>~ =		_	Last 52 weeks	
Holiday pay how much to	efore tax?	\$			\$	
Redundancy pay - how n	which before tax?	\$			\$	
Termination pay-how m	uch before tax?	\$			\$	
e may ask for evidence	a of this nav	ment				
sindy dak for evidence	e or chis pay	inenc.				
ome is any money you or you	ur partner get fro				d include but is not limited to wag	
ary, termination payment, bo	ur partner get fro onus pay, holida	y pay, child supp	ort, maintenance p	payments, pai	d include but is not limited to wag d parental leave, interest from say boarders or rent, superannuation	vings ar

Note for Temporary Additional Support assistance the following are also considered income: Student Allowances, the living costs component of the Student Loan, Working for Families tax credits, all Work and Income benefits except Unsupported Child's Benefit and Orphan's Benefit.



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No (Go to Q19)

If yes, please give us details of your income per week before tax?

Type of income	Weekly income before tax
	\$
	\$

Remember to include any child support payments you get as income – but don't include your Student Allowance, Student Loan or Family Tax Credits.

We may ask for evidence of your income.

19. What was your average income per week before tax in the last 26 and 52 weeks?

Help from parents

For example, to calculate your average weekly income for the last 26 weeks, take your total income over the last 26 weeks and divide by 26 (remember to include any current income). If you had no income write \$0 or NIL.

Last 26 weeks	Last 52 weeks
\$.	\$

We may ask for evidence of this income.

20. What other sources of money have you got access to?

Student Loan

Other (please explain)

Personal income

We may ask for evidence of this income.

21. Have you ever lived overseas?

This could include working holidays where you have paid tax to an overseas government, places where you have had a home and resided, or if you have lived in another country with a member of your family (who was working overseas). 'Lived' does not mean recreational holidays or where you have lived and been based in New Zealand but you travelled overseas to work for a short period and you paid New Zealand tax on those earnings.

Yes

If yes, please give us details of your time overseas

Name of country	Entry date	Exit date	Purpose (e.g. working holiday, immigration)
RED	1 1	1 1	
	/ /	1 1	
	/ /	1 1	
	/ /	1 1	

22. Do you receive or qualify for a social security pension or benefit (or any similar payment) from an overseas government?

	Yes No	
fye	s, please tick the box that best d	cribes your pension or benefit:
	Retirement or old age	Disability or invalidity Widow or survivor War related
	Superannuation	Child or dependant
	Other payments (please explain	

Please give us details of these payment(s):

Name of your pension, benefit or other payment(s)	Country it comes from	Amount (in overseas currency)	Before or after tax?	How often are you paid?	Overseas payment reference no.

If you have any questions about overseas benefits or pensions call Senior Services Internationalon 0800 777 227.

D We may ask for evidence of your income. Remember to read your obligations (including the privacy statement on page 25), then sign and date your declaration on page 27.

What you need to do (your obligations)



MINISTRY OF SOCIAL

DEVELOPMENT

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. So does your partner, if you have one.

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 including getting an overseas pension
- starting to run a business (for yourself or someone else).
- Changes to information about you or your family, like:
- hame, 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.



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.





Full-time work means work of at least 30 hours a week.

Part-time work for partners with children means work of more than 20 hours and less than 30 hours a week.

Part-time work for people with a health condition means work of more than 15 hours and less than 30 hours a week.

Health condition includes illness, disability, or injury.

Getting ready to work might include job training courses, seminars, work experience, or work assessment.

A suitable job is any work you're capable of doing and can get to. Work could be full-time, part-time or temporary work, or work that is seasonal or subsidised.



Health condition includes illness, disability, or injury.



Look for work

Generally, you need to look for full-time work if you're not caring for children under the age of 14.

You'll need to look for part-time work if your health condition means you can work part-time.

Your partner (if you have one) needs to look for part-time work if the youngest child in your care is between 3 and 13.

You need to:

- do things we ask you to do to help you get ready to work
- · be available for a suitable job, and do everything you can to get one
- take part in job interviews we ask you to go to
- accept any suitable job offer.

If potential employers or training providers are legally allowed to ask you to take a drug test, you need to pass the test.

You also need to:

- meet with us when we ask
- · keep us up-to-date with what you're doing to find work

Do what you can to get ready to work

You'll need to do what you can to get ready to work while you have:

children in your care aged under 3

a health condition that stops you from working 15 or more hours a week.

We won't ask you to look for work until you're able to. Until then, you need to:

right a plan and do everything you can to get ready to work

meet with us when we ask.

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.



You'll set up a Youth Service Plan with your coach to cover:

- education, training and work-based learning
- budgeting and how you'll manage your money
- parenting (if you have children).



You can find ideas on how to do this at msd.govt.nz/reducingcosts

Work with a Youth Coach, if you're asked to

You'll need to work with a Youth Coach if you're:

- aged 16-17 and don't have children
- aged 16-19 and have children.

You'll meet with them to talk about how things are going with your Youth Service Plan.

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. So does your partner, if you have one.

If you don't do these things your payments may go down or stop. In some cases you could even be prosecuted.

You can find full details about what can happen it you don't meet your obligations at msd.govt.nz/not-meetingyour-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 look for work
- refuse an offer of suitable work
- are not doing what you need to do to get ready for work
- refuse to take, or fail a drug test needed by an employer or training provider.

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





Collecting your information

We collect your personal information, so we can provide income support, NZ Super or Veteran's Pension, Student Allowance, or Loans and connect you with employment, education and housing services. We do this under various Acts, which are all listed on our website at workandincome.govt.nz/privacy

- 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'lf 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 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: **workandincome.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

Applicant's partner

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 partner's name (print)

Date

Day

Month

Year

Date Month Year Dav

Helper's statemen

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	

Applicant's partner's signature

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
	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

Dav

Month

Year

Please use the document checklist to help you make sure you provide all the documents we need.

Applicant's partner's copy

Applicant's partner

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 partner's name (print)

Applicant's partner's signature

Date

Day Month Year

Please use the document checklist to help you make sure you provide all the documents we need.

Documents to provide

All documents sent to StudyLink must be a verified copy. A verified copy is a copy of the original document which has been signed and dated by someone like a Solicitor/Lawyer, Notary Public, Court Registrar, an approved person at an education provider, school principal, StudyLink or Work and Income staff member or Justice of the Peace (listed in the Yellow Pages) who can confirm that the copy is the same as the original. They must print their name and title on each page and write that it is a true copy and sign it.

The best way to send your documents to us is online using **connect.co.nz**. Please remember to include your name and client number with any documents that you send to us. For more information visit **connect.co.nz**

You need to provide the following documents every time you apply:	Student	Partner
One other form of ID (unless you've had an approved Student Loan with StudyLink). For example, your driver's licence or Community Services Card.		
Written parental consent or an order from a Family Court judge if you are in a de facto relationship where either you or your partner is aged 16 or 17.		
You need to provide the following documents if you are applying for the first time and StudyLink has not seen them before:	Student	Partner
Your birth certificate or passport.	0	
Evidence of your immigration status – if you were not born here. For example, your passport, residency documents, certificate of citizenship or letter from Immigration New Zealand.		
Evidence of any name change you've had – if the name you're applying under is different from the name in the documents you're providing. For example, marriage certificate or deed poll papers.		
Full birth certificates for any children in your care.		
Evidence of your bank account. For example, a pre-printed deposit slip or statement with your name, bank, branch and account number.		
We may ask for evidence of your income if you have been or are currently working:	Student	Partner
For example, your last payslip or letter from your employer		
We may ask for evidence of other income, including income from overseas or cash assets	Student	Partner
For example, we may ask for a bank statement or letter from your bank showing your interest from investments or savings, or the net equity in any property or land bot used as your home.		
We may ask for evidence of any overseas pension or income. Evidence of your necessary repairs and maintenance carried out in the last year. For example, receipts or a bank statement showing these payments.		
You need to provide the following documents if you are applying for the Accommodation Supplement	Student	Partner
Evidence of the regular payments you make for your home. For example, letters or statements showing these payments.		
Evidence of your necessary repairs and maintenance carried out in the last year. For example, receipts or a bank statement showing these payments.		
You need to provide the following documents if you are applying for the Disability Allowance	Student	Partner
Evidence of payments you make because of this disability.		
Disability Certificate from your General Practitioner or Specialist.		
You need to provide the following documents if you are applying for Temporary Additional Support	Student	Partner
Certificate of Entitlement from Inland Revenue.		
Evidence of any employment related costs you have listed.		
Evidence of any essential credit sales items you have listed.		

MyStudyLink get it all done online

- · check out what financial assistance you may be able to get
- · apply for your student finances
- check your Student Allowance and Student Loan application status
- view and update your personal details
- change the amount of your living cost payments and apply for your course-related costs

> (

- view details of your next payment and previous transactions
- view your mail
- view and accept your Student Loan Contract.

How to contact us

Website:

studylink.govt.nz

Phone:

0800 88 99 00

Using Connect

A quick and easy way to send us your documents

- 1. Create an account at connect.co.nz with your RealMe login
- 2. Upload your verified documents
- 3. Submit to StudyLink