

T-328 Redirection of Benefit



Please read this form carefully before filling it in.

Kāinga Ora – Homes and Communities payment reference number

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Area indicator

4	4
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Sub-portfolio reference

2	0	8	3
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Kāinga Ora representative's name _____

I/We _____

of
(current address) _____

agree that the amount of \$ _____ per week will be paid to Kāinga Ora out of my/our benefit(s) starting from ____ / ____ / ____ . This deduction should be made as follows:

Customer 1 \$ _____ per week rent, plus \$ _____ per week for unpaid rent and/or other money owing from the benefit of _____ benefit number _____ benefit type _____

Customer 2 \$ _____ per week rent, plus \$ _____ per week for unpaid rent and/or other money owing from the benefit of _____ benefit number _____ benefit type _____

Customer 3 \$ _____ per week rent, plus \$ _____ per week for unpaid rent and/or other money owing from the benefit of _____ benefit number _____ benefit type _____

Customer 4 \$ _____ per week rent, plus \$ _____ per week for unpaid rent and/or other money owing from the benefit of _____ benefit number _____ benefit type _____

I/We understand that if my/our benefit is paid fortnightly the amounts as above will double but be deducted only once a fortnight instead of weekly.

I/We also agree that the payment above can be adjusted by the amount of any increase or decrease in rent, to be notified in writing by Kāinga Ora, if there is a rent review. Kāinga Ora will also advise Work and Income when any unpaid rent and/or other money owing is paid so that the extra payment(s) can be stopped.

I/We authorise Work and Income to provide information to Kāinga Ora in respect of monies payable under this authority.

I/We understand that I/we can cancel this agreement at any time by giving notice in writing to Work and Income.

I/We agree to discuss alternative payment arrangements with Kāinga Ora prior to cancelling this agreement if required.

SIGNED _____

SIGNED _____

NAME _____

NAME _____

DATE _____

DATE _____

SIGNED _____

SIGNED _____

NAME _____

NAME _____

DATE _____

DATE _____

OFFICE USE ONLY – Send the completed form to Work and Income by one of the following methods:

- Scan and email to GNL_CUH_Client_Query@msd.govt.nz (for areas with scanners)
- Post to Work and Income CPU, PO Box 200010, Papatoetoe, Central Manukau 2156 (for areas without scanners – only post on Mondays, Tuesdays and Wednesdays)
- Fax to Work and Income CPU on (09) 912 3405 (for areas without scanners – only fax on Thursdays and Fridays. Do not post a copy).