

# Statement of Financial Position

## Notes

- Please answer questions to the best of your ability. Estimates are required if accurate information is not available.
- Your partner may be required to complete the 'Financial statement of partner' section of this form.
- When requested, you will be required to supply evidence of your financial position.
- If you need help to complete this form, please contact the Agency.

## Personal details of aided person

Please PRINT clearly

1. What is your name?

2. What is your home address?

  


postcode:

3. What is your mailing address? (if different from above)

  


postcode:

4. What are your contact telephone and email details?

Home phone

Work phone

Mobile phone

email address(es)

## Household

Also include children not living with you but who you support financially

A partner is:

- a wife or husband
- a civil union partner
- a de facto partner (someone with whom you have a relationship in the nature of marriage)

5. Do you have any financially dependent children?

 No

 Yes

→ How many children?

→ How many of these children live with you?

6. Do you have a partner living with you?

 No

 Yes

→ Name of partner

→ Partner's date of birth

day	month	year	year

→ Your partner must also:

- Complete the 'Financial statement of partner' section on pages 6 to 9
- Read the privacy, acknowledgment, consent and confirmation statements (on page 9)
- Sign and date this form.

# Part A

# Financial statement of aided person

## Work and Income

**IMPORTANT INFORMATION**  
 'Extra help' payments from Work and Income are not counted as income for working out legal aid eligibility, eg:

- Accommodation Supplement
- Emergency Benefit
- Disability Allowance
- Special Benefit
- Child Disability Allowance and other special assistance payments

7. In the last 12 months did you get any of the following benefits?

No → Go to Question 9

Yes → Tick one or more below

	For how many months in the last year?	Tick if you are still getting this payment
<input type="checkbox"/> Unemployment Benefit		<input type="checkbox"/>
<input type="checkbox"/> Domestic Purposes Benefit		<input type="checkbox"/>
<input type="checkbox"/> Sickness Benefit		<input type="checkbox"/>
<input type="checkbox"/> Invalids Benefit		<input type="checkbox"/>
<input type="checkbox"/> New Zealand Superannuation		<input type="checkbox"/>
<input type="checkbox"/> Independent Youth Benefit		<input type="checkbox"/>
<input type="checkbox"/> Widows Benefit		<input type="checkbox"/>
<input type="checkbox"/> War or Veterans Pension		<input type="checkbox"/>

8. Do you have a current Work and Income client number?

No  Yes → Write your number here

## Wages & salary

This includes income from full-time, temporary, casual, seasonal or part-time work over the last year

9. In the last 12 months did you get any wages or salary?

No → Go to Question 10  Yes → Give details below

Current main employer (also complete main job details in 9a below)	Hourly rate before tax	Hours normally worked in a week	or	Gross annual income (before tax and other deductions)	Months worked in the last year	Tick if still employed	or	Employment ended month year
	2	\$		or	\$		<input type="checkbox"/>	or
3	\$		or	\$		<input type="checkbox"/>	or	
4	\$		or	\$		<input type="checkbox"/>	or	

continue on a separate sheet if necessary...

You will need to attach proof of income eg payslip

9a. For your current main job, complete details below:

Name of employer

Employer address

Your work email address

How often do you get paid?  Weekly  Fortnightly  4 weekly  Calendar monthly

When is your next pay date?

day month year

## Business & trusts

10. In the last 12 months did you get any income from being:

Self-employed?  No  Yes →

A partner in a business?  No  Yes →

A director of a company?  No  Yes →

You will need to include a copy of your latest set of annual accounts (unless sent to us previously)

11. Do you get, or are you entitled to, or able to receive any money or benefits from a trust?

No  Yes →

You will need to complete and attach the Agency 'Trust' form (unless sent to us previously). Go to [www.lsa.govt.nz](http://www.lsa.govt.nz) to download the form or contact the Agency.

## Other Income

12. In the last 12 months did you get any other income or one off payments?

No  Yes → Give details below

**Family Assistance.** If you have received or could receive a lump sum payment instead of instalments, state the amount that relates to the last 12 months.

	Amount of each payment	How often do you get payments? (eg weekly, fortnightly, monthly, yearly)	Is the amount of payment:		How many months in the last year did you get this payment?	Tick if you still get this payment
			before tax?	after tax?		
Family Assistance from IRD (see note above)	\$		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Paid parental leave	\$		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Child Support or maintenance	\$		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
ACC weekly compensation	\$		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Student allowance	\$		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Redundancy or termination payment	\$		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Insurance or super scheme payment	\$		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Rental income from other property	\$		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Income from 3 or more boarders	\$		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Interest and Dividends	\$		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Value of goods/services received regularly instead of income. eg free accommodation	\$		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other - please state	\$		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="text"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

## No income

13. If you have not received any income, how have you been financially supported over the last 12 months?

  


## Change of income

For example, you will be:

- retiring from work
- going on parental leave
- going on study leave

14. Is your income likely to change in the next 12 months?

No Why would it change?

Yes

  


How much do you think your income will be over the next 12 months?

\$   before tax  after tax

## Home ownership

15. Do you own, part own or have an interest in a home?

No  Yes → Give details below

Relationship to you  
eg:

- current partner
- former partner
- trust
- company

Who is named as the legal owner(s)?

Relationship to you  
(if other persons)

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

Address of home

  


If you own this home with someone else, please show the total property value. Market value is what this home could sell for today.

What is the estimated market value?

\$

What is the amount of any remaining mortgage(s)?

\$

What is your share of ownership in this home? (eg 50%)

%

**When requested you will need to supply a copy of the rates notice**

## Other property or land

Relationship to you  
eg:  
• current partner  
• former partner  
• trust  
• company

If you own this property or land with someone else, please show the total property value. Market value is what this property or land could sell for today.

**When requested you will need to supply a copy of the rates notice**

### 16. Do you own, part own or have an interest in other property or land?

No  Yes → Give details below

Who is named as the legal owner(s)?

Relationship to you  
(if other persons)


Address of property or land


What is the estimated market value?

\$
----

What is the amount of any remaining mortgage(s)?

\$
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What is your share of ownership? (eg 50%)

%
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## Vehicles

Vehicle could include car, truck, motorcycle, boat, caravan, motor home

### 17. Do you own or part own any vehicles?

No  Yes → Give details below

	Make and Model	Year	Registration Number	Market value	Money owing
Main vehicle for personal use				\$	\$
Other vehicle				\$	\$
Other vehicle				\$	\$

## Money & investments

DO NOT include equity in a business or trust - we will work out this amount for you based on the set of accounts you give us.

### 18. Do you have any money or investments?

No  Yes → Give details

	Current value
Cash, savings, term deposits	\$
Shares, bonds, debentures	\$
Money owed to you	\$
Retirement or superannuation scheme	\$
Other investments (eg artworks, antiques)	\$

## Household items

Household and personal possessions could include  
• clothing  
• furniture  
• appliances

### 19. Do you own any personal and household items, which could be sold for more than \$1000?

No  Yes → Give details

List items of value	Estimated resale value
	\$
	\$
	\$

## Tools of trade

### 20. Do you own any equipment and tools you use for work?

No  Yes → What is the total estimated resale value?

\$
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## Loans & debts

DO NOT include amounts that you have declared as owing under property and vehicle questions.

### 21. Do you have any other loans or debts?

No  Yes → Give details

	Amount currently owing
Bank overdraft and/or personal loan	\$
Credit cards/store cards	\$
Hire purchase	\$
Money owed to government agencies (eg fines, IRD, Work and Income, Student Loan)	\$
Money owed to other people	\$
Other debts (eg medical, school fees, phone, power)	\$

**When requested you will need to supply proof of these debts**

## Other financial information

22. During the last 12 months, have you sold, transferred ownership or given away any money or property worth more than \$3,500?

No  Yes → Give details


23. Are there other financial circumstances you want the Agency to consider when we set or adjust your repayment plan?

No  Yes → Give details


## Acknowledgment, consent and confirmation by aided person

### Privacy statement

- The Legal Services Agency (“the Agency”) will collect or disclose personal information about you, to meet its responsibilities under the Legal Services Act 2000, associated regulations and/or any other relevant statute or court order.
- This information may be used for statistical and or research purposes and in this context will not individually identify you.
- Under the Privacy Act 1993 you have the right to request access to all information held about yourself, and to request corrections to that information.
- If you do not provide all the information requested, it may affect the ability of the Agency to make a decision on your case.

### I acknowledge that:

- I may be required to provide evidence to support the information I have supplied in this form.
- The Agency will assess my financial means for a repayment and as a result I may be required to repay some or all of my legal aid.
- Any assets and property that I own may be the subject of a charge in favour of the Agency to cover some or all of my required repayment amount.
- Any assets and property including money or property that I receive or retain as a result of the proceedings are the subject of a charge in favour of the Agency to cover all or some of my legal aid.
- I must notify the Agency immediately of any change to my address, or if my income or assets (disposable capital) increase while I am an aided person or have a debt to the Agency.
- I understand that I must provide up-to-date information in any enquiry into my financial means while I am an aided person or have a debt to the Agency.
- It is an offence, for which I am liable on summary conviction to a fine, to:
  - fail without reasonable excuse to provide information or documents, or answer questions, when I am required to do so under the provisions of the Legal Services Act 2000 or associated regulations
  - knowingly provide false and misleading information, or answer any question in a false and misleading way
  - intentionally avoid payment to the Agency of any proceeds of proceedings.

### I consent to:

- The Agency contacting Work and Income or any other third party to obtain verification of my financial means. That is, I give my permission for:
  - the Agency to verify my benefit income statement with Work and Income, and for Work and Income to provide information about my benefit income to the Agency; and
  - other third parties to provide the information they are asked for to the Agency.

### I confirm that:

- The information I have given in this form is true and not misleading, and is complete to the best of my knowledge.
- I have read and understood the Privacy statement, and my acknowledgment, consent and confirmation statements set out above.

### Signature

Signature of aided person

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Date

day	month	year	

# Part B

# Financial statement of partner/other person

## Notes

- The income and assets of a partner (or parent/guardian) are treated as the resources of the legal aid applicant in order to determine financial eligibility and repayment of a grant.
- Answer questions to the best of your ability. Estimates are required if accurate information is not available. Do not repeat any joint income, assets or liabilities already disclosed to the Agency.
- Read the privacy, acknowledgment, consent and confirmation statements (on page 9).
- Sign and date this form.

## Personal details of partner/other person

Please PRINT clearly

For example:  
wife, husband, partner,  
guardian, parent

24. What is your full name?

25. What is your date of birth?

day	month	year	

26. What is your relationship to the aided person?

## Work and Income

**IMPORTANT INFORMATION**  
‘Extra help’ payments from Work and Income are not counted as income for working out legal aid eligibility. eg:

- Accommodation Supplement
- Emergency Benefit
- Disability Allowance
- Special Benefit
- Child Disability Allowance and other special assistance payments

27. In the last 12 months did you get any of the following benefits?

No → Go to Question 29

Yes → Tick one or more below

	For how many months in the last year?	Tick if you are still getting this payment
<input type="checkbox"/> Unemployment Benefit		<input type="checkbox"/>
<input type="checkbox"/> Domestic Purposes Benefit		<input type="checkbox"/>
<input type="checkbox"/> Sickness Benefit		<input type="checkbox"/>
<input type="checkbox"/> Invalids Benefit		<input type="checkbox"/>
<input type="checkbox"/> New Zealand Superannuation		<input type="checkbox"/>
<input type="checkbox"/> Independent Youth Benefit		<input type="checkbox"/>
<input type="checkbox"/> Widows Benefit		<input type="checkbox"/>
<input type="checkbox"/> War or Veterans Pension		<input type="checkbox"/>

28. Do you have a current Work and Income client number?

No

Yes → Write your number here

## Wages & salary

This includes income from full-time, temporary, casual, seasonal or part-time work over the last year

29. In the last 12 months did you get any wages or salary?

No → Go to Question 30

Yes → Give details below

Name of employer(s)	Hourly rate before tax	Hours normally worked in a week	or	Gross annual income (before tax and other deductions)	Months worked in the last year	Tick if still employed	or	Employment ended
	\$		or	\$		<input type="checkbox"/>	or	month   year
1	\$		or	\$		<input type="checkbox"/>	or	
2	\$		or	\$		<input type="checkbox"/>	or	
3	\$		or	\$		<input type="checkbox"/>	or	
4	\$		or	\$		<input type="checkbox"/>	or	

**You will need to attach proof of income eg payslip**

## Business & trusts

30. In the last 12 months did you get any income from being:

- Self-employed?  No  Yes →  
 A partner in a business?  No  Yes →  
 A director of a company?  No  Yes →

You will need to include a copy of your latest set of annual accounts (unless sent to us previously)

31. Do you get, or are you entitled to, or able to receive any money or benefits from a trust?

- No  
 Yes →

You will need to complete and attach the Agency 'Trust' form (unless sent to us previously). Go to [www.lsa.govt.nz](http://www.lsa.govt.nz) to download the form or contact the Agency.

## Other income

32. In the last 12 months did you get any other income or one off payments?

- No  Yes → Give details (do not include any joint income)

**Family Assistance.** If you have received or could receive a lump sum payment instead of instalments, state the amount that relates to the last 12 months.

	Amount of each payment	How often do you get payments? (eg weekly, fortnightly, monthly, yearly)	Is the amount of payment: before tax? after tax?	How many months in the last year did you get this payment?	Tick if you still get this payment
Family Assistance from IRD (see note above)	\$		<input type="checkbox"/> before tax? <input type="checkbox"/> after tax?		<input type="checkbox"/>
Paid parental leave	\$		<input type="checkbox"/> before tax? <input type="checkbox"/> after tax?		<input type="checkbox"/>
Child Support or maintenance	\$		<input type="checkbox"/> before tax? <input type="checkbox"/> after tax?		<input type="checkbox"/>
ACC weekly compensation	\$		<input type="checkbox"/> before tax? <input type="checkbox"/> after tax?		<input type="checkbox"/>
Student allowance	\$		<input type="checkbox"/> before tax? <input type="checkbox"/> after tax?		<input type="checkbox"/>
Redundancy or termination payment	\$		<input type="checkbox"/> before tax? <input type="checkbox"/> after tax?		<input type="checkbox"/>
Insurance or super scheme payment	\$		<input type="checkbox"/> before tax? <input type="checkbox"/> after tax?		<input type="checkbox"/>
Rental income from other property	\$		<input type="checkbox"/> before tax? <input type="checkbox"/> after tax?		<input type="checkbox"/>
Income from 3 or more boarders	\$		<input type="checkbox"/> before tax? <input type="checkbox"/> after tax?		<input type="checkbox"/>
Interest and Dividends	\$		<input type="checkbox"/> before tax? <input type="checkbox"/> after tax?		<input type="checkbox"/>
Value of goods/services received regularly instead of income. eg free accommodation	\$		<input type="checkbox"/> before tax? <input type="checkbox"/> after tax?		<input type="checkbox"/>
Other - please state	\$		<input type="checkbox"/> before tax? <input type="checkbox"/> after tax?		<input type="checkbox"/>

## Change of income

For example, you will be:

- retiring from work
- going on parental leave
- going on study leave

33. Is your income likely to change in the next 12 months?

- No  
 Yes →

Why would it change?

How much do you think your income will be over the next 12 months?

\$

- before tax  after tax

## Home ownership

34. Do you own, part own or have an interest in a home?

No → Go to Question 35

Yes → Same home as the aided person?

No  Yes → Your share of ownership (eg 50%)  %  
 ↓ → Now go to Question 35

Address of home


Who is named as the legal owner(s)?

Relationship to you (if other persons)


What is the estimated market value?

 \$

What is the amount of any remaining mortgage(s)?

 \$

What is your share of ownership in this home? (eg 50%)

 %

**When requested you will need to supply a copy of the rates notice**

Relationship to you eg:

- former partner
- trust
- company

If you own this home with someone else, please show the total property value. Market value is what this home could sell for today.

## Other property or land

35. Do you own, part own or have an interest in other property or land?

No

Yes → Same property or land as the aided person?

No  Yes → Your share of ownership (eg 50%)  %  
 ↓ → Now go to Question 36

Address of property or land


Who is named as the legal owner(s)?

Relationship to you (if other persons)


What is the estimated market value?

 \$

What is the amount of any remaining mortgage(s)?

 \$

What is your share of ownership? (eg 50%)

 %

**When requested you will need to supply a copy of the rates notice**

Relationship to you eg:

- former partner
- trust
- company

If you own this property or land with someone else, please show the total property value. Market value is what this property or land could sell for today.

## Vehicles

36. Do you own or part own any vehicles separate from the aided person?

No

Yes → Give details below

Vehicle could include car, truck, motorcycle, boat, caravan, motor home

	Make and Model	Year	Registration Number	Market value	Money owing
Main vehicle for personal use				\$	\$
Other vehicle				\$	\$
Other vehicle				\$	\$

## Money & investments

DO NOT include equity in a business or trust - we will work out this amount for you based on the set of accounts you give us.

### 37. Do you have any money or investments separate to the aided person?

No  Yes → Give details

	Current value
Cash, savings, term deposits	\$
Shares, bonds, debentures	\$
Money owed to you	\$
Retirement or superannuation scheme	\$
Other investments (eg artworks, antiques)	\$

## Loans & debts

DO NOT include amounts that you have declared as owing under property and vehicle questions.

### 38. Do you have any other loans or debts separate to the aided person?

No  Yes → Give details

	Amount currently owing
Bank overdraft and/or personal loan	\$
Credit cards/store cards	\$
Hire purchase	\$
Money owed to government agencies (eg fines, IRD, Work and Income, Student Loan)	\$
Money owed to other people	\$
Other debts (eg medical, school fees, phone, power)	\$

When requested you will need to supply proof of these debts

## Acknowledgment, consent and confirmation by partner or other person

### Privacy statement

- The Legal Services Agency ("the Agency") will collect or disclose personal information about you, to meet its responsibilities under the Legal Services Act 2000, associated regulations and/or any other relevant statute or court order.
- This information may be used for statistical and or research purposes and in this context will not individually identify you.
- Under the Privacy Act 1993 you have the right to request access to all information held about yourself, and to request corrections to that information.
- It is not compulsory to provide the Agency with information, but if you do not provide all the information requested, it may affect the outcome of the applicant's legal aid application, or the legally aided person's rate of repayment, or any other decision by the Agency about the aided person.

### I acknowledge that:

- I may be required to provide evidence to support the information I have supplied in this form.

### I consent to:

- The disclosure of my personal information to the Agency.
- The Agency contacting Work and Income to obtain verification of my financial means. That is, I give my permission for the Agency to verify my benefit income statement with Work and Income, and for Work and Income to provide information about my benefit income to the Agency.
- A charge placed over any assets and property (including money) that I co-own with the aided person, in favour of the Agency, as security for any required repayment of legal aid.

### I confirm that:

- The information I have given in this form is true and not misleading, and is complete to the best of my knowledge.
- I have read and understood the Privacy statement, and my acknowledgment, consent and confirmation statements set out above.

### Signature

Signature of partner/other person

Date

day	month	year	year

**LSA office use only**

**Further information required**

Name

Signature

Date

day	month	year	

**Comments**


**Financial means**

Repayment

Payment plan

Plan frequency

Start date

day	month	year	

**AP**

**Lump sum**

**Security**

Name

Signature

Date

day	month	year	

**Comments**
