

Financial Hardship Assistance

We want every parent who could benefit from using the OurFamilyWizard® toolset to be able to do so. But we understand that some may not have the financial means to purchase an annual subscription, which is why we have offered assistance to parents experiencing financial hardship since our inception. Parents who are eligible may qualify for discounted or free subscriptions through this programme.

Application Instructions

Please follow the instructions listed below when applying for financial hardship assistance. If you have any questions that are not answered by these instructions, please contact our customer support team at 0800 453 751 or info@ourfamilywizard.co.nz

- Step 1: Applicants must be able to complete all required contact information fields in the application in order for their submission to be processed. Please provide a phone number and/or email address for the co-parent. This information is required in order for OurFamilyWizard to be able to connect parent accounts correctly.
- Step 2: Every application must be submitted with supporting documentation that verifies the applicant's eligibility. The documentation options listed in Step 2 of the application are the only accepted documents for this application. If ineligible documentation is provided, OurFamilyWizard customer support will reach out at the provided email address for additional documentation.
- Step 3: This step should only be completed on applications for applicants who have a grant of legal aid or are receiving other legal services pro bono. Step 3 must be completed by the legal practitioner and cannot be completed by the applicant. Legal practitioners completing this step must still provide a signed letter on their letterhead verifying that they are providing legal services pro bono or at a reduced rate.

Financial Hardship Application

NEW ZEALAND

OurFamilyWizard®

Print clearly or fill electronically and email the completed forms and documentation to: Email: info@ourfamilywizard.co.nz

* denotes a required field

Step 1: Contact information for applicant and their co-parent

*First and Last Name:			
*Address:			
*Suburb:	*City/Town:	*Postcode:	
*Telephone:	*Email:		
Other Parent			
*First and Last Name:			
Address:			
*Suburb:	*City/Town:	*Postcode:	
*Telephone:	*Email:		
Step 2: One of the following doo	cuments MUST be includ	led with application	
If you've been approved for a fee ex	<u>cemption</u> within the past year,	provide documentation of that appro	val.
If you're receiving certain types of V tax credits, provide verification of the		r accommodation assistance, or work past 90 days.	ing family
If you are being provided with a gradyour lawyer or other legal profession		ng, provide a signed letter on letterhe	ad from
Signed, letterheaded letter from a le reduced rate basis.	egal professional verifying the	at they are representing you on a pro b	ono or
		essionals only.	
Step 3: Legal professionals to comp			
Step 3: Legal professionals to comp			
Step 3: Legal professionals to comp *First and Last Name:		bmitting on behalf of parent(s):	
*First and Last Name: *Organisation:		bmitting on behalf of parent(s):	
*First and Last Name: *Organisation: *Address:	olete this section only if su	bmitting on behalf of parent(s): *Title:	
*First and Last Name: *Organisation: *Address: *Suburb:	*City/Town: *Email:	*Title: *Postcode:	
*First and Last Name: *Organisation: *Address: *Telephone: For professionals, please choose one of	*City/Town: *Email: of the following and sign below	*Title: *Postcode:	n due to
*First and Last Name: *Organisation: *Address: *Suburb: *Telephone: For professionals, please choose one of a lawyer/FDRP/S46G provider of financial need for:	*City/Town: *Email: of the following and sign belowed requesting a complimentary of the following legal services.	*Title: *Postcode: w: one year OurFamilyWizard subscriptions pro bono due to financial need. Plea	
*First and Last Name: *Organisation: *Address: *Suburb: *Telephone: For professionals, please choose one of financial need for: I am a lawyer/FDRP/S46G provider financial need for: I am a lawyer/legal executive/FDRP/my client a complimentary one year of lam a lawyer/FDRP/S46G providing	*City/Town: *Email: *f the following and sign belowed a complimentary of the following and sign below requesting a complimentary of the following legal services are a rate reductions.	*Title: *Postcode: w: one year OurFamilyWizard subscriptions pro bono due to financial need. Pleadon.	se grant ed. Please

Once completed application and documentation are submitted, please allow up to 5 business days for a response. Existing subscribers will receive an email notification and new subscribers will receive a welcome email upon approval.