



Benefits Confirmation Form 2009/10

This form is also available on our website

www.direct.gov.uk/studentfinance

Student's forename(s):

Student's surname:

Important Information

Only complete this form if you receive one or more of the following benefits:

- | | |
|---|---|
| - Income-based or contribution based Job Seeker's Allowance | - Statutory Paternity Pay |
| - Income Support | - Statutory Adoption Pay |
| - Incapacity Benefit (only tell us the amounts received after 28 weeks) | - Statutory Sick Pay |
| - Industrial Death Benefit | - Widowed Parent's Allowance |
| - Carer's Allowance | - Bereavement Benefit |
| - Statutory Maternity Pay | - Contribution based Employment Support Allowance |

Your Jobcentre Plus will be able to confirm receipt of these benefits.

Instructions

- Complete this form in black ink and use BLOCK CAPITALS.
- **Answer all the questions in Section 1 and sign and date Declaration A.**
- Jobcentre Plus should complete all questions in Section 2 and sign and date Declaration B.
- **You**, not Jobcentre Plus, should **return all pages** of the completed form to us at the address shown on the list available online at www.direct.gov.uk/studentfinance.

a Student's details

Customer Reference Number

Forename(s)

Surname

Date of birth

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b Your details

Customer Reference Number

Forename(s)

Surname

Home address

Postcode

National Insurance Number

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Declaration A

Our Data Protection Statement sets out who will use the information provided on this form and what they will use it for. Before signing this form please read our statement online at www.direct.gov.uk/studentfinance-dataprotection. Alternatively, you can request a copy by writing to the Student Loans Company (SLC) at 100 Bothwell Street, Glasgow or by calling our Customer Support Office on 0845 607 7577.

If you cannot sign this form, it must be signed on your behalf by your Power of Attorney. The Power of Attorney letter must be sent with this form before a signature from that Power of Attorney will be accepted.

- I confirm that to the best of my knowledge and belief, the information I have given on this form is true and complete and I understand that if I have given the LEA (or

SLC where appropriate) false information, or have not given them complete information, I may be prosecuted and financial support withdrawn.

- I agree to supply any further information in relation to the applicant's application for financial support that the LEA (or SLC where appropriate) may ask for and agree to tell them immediately if my personal or financial circumstances change in any way that might affect this application for financial support.
- I authorise Jobcentre Plus, Social Security Offices, Local Authority Housing and Council Tax offices to give information about my benefits to the LEA (or SLC where appropriate) to assess Higher Education student finance for the student named in Section 1a of this form.

Your full name: (in BLOCK CAPITALS)

| |
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Your signature:

| |
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| X |
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Date

| | | | | | | | | | |
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! To be completed by Jobcentre Plus

- Please give the details of weekly and annual benefit payments made during the 2007-08 tax year to the person named in Section 1b, together with the dates on which benefits were paid. Only give information about benefits listed under Important Information on the front of this form.
- Please make sure you include the **gross** amount of benefit on this form (for example, before deductions of any overpayments).
- You should **not** show payments of Child Benefit on this form.
- Stamp and sign this form and return it to the person named in Section 1b.
- If you have any questions about completing this form, please contact our Customer Support Office on 0845 607 7577.

Benefits paid to the person named in Section 1b

Please list below, the taxable and non-taxable benefits the person named in Section 1b received during tax year 2007-08, and show the weekly or annual amount they received.

| Benefit: | Date: | Weekly/Annual rate: (delete as applicable) |
|----------|--|--|
| | From: <input type="text"/> / <input type="text"/> / <input type="text"/> | £ <input type="text"/> <input type="checkbox"/> weekly <input type="checkbox"/> annually |
| | To: <input type="text"/> / <input type="text"/> / <input type="text"/> | Taxable: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | From: <input type="text"/> / <input type="text"/> / <input type="text"/> | £ <input type="text"/> <input type="checkbox"/> weekly <input type="checkbox"/> annually |
| | To: <input type="text"/> / <input type="text"/> / <input type="text"/> | Taxable: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | From: <input type="text"/> / <input type="text"/> / <input type="text"/> | £ <input type="text"/> <input type="checkbox"/> weekly <input type="checkbox"/> annually |
| | To: <input type="text"/> / <input type="text"/> / <input type="text"/> | Taxable: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | From: <input type="text"/> / <input type="text"/> / <input type="text"/> | £ <input type="text"/> <input type="checkbox"/> weekly <input type="checkbox"/> annually |
| | To: <input type="text"/> / <input type="text"/> / <input type="text"/> | Taxable: <input type="checkbox"/> Yes <input type="checkbox"/> No |

Declaration B - for Jobcentre Plus

Full name of the person in Section 1b

I certify that the benefits and allowances shown on this form were paid to the person named above in the tax year 2007-08.

Signature

X

Date

 / /

Name of Jobcentre Plus

Contact name

Phone number

Jobcentre Plus stamp

Please return this form to the person named in Section 1b. You must **not** return this form to us or the student named in Section 1a.