

Confirmation of benefits - Academic Year **2009/10**

Form **CB2**

This form is also available on our website www.studentfinancenl.co.uk

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

Your Social Security Agency 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.**
- The Social Security Agency should complete all questions in Section 2 and sign and date **Declaration B.**
- **You**, not the Social Security Agency, should **return all pages** of the completed form to us at the address shown on the ELB Finder list available at www.studentfinancenl.co.uk.

1

personal details

Student's details

a

Customer Reference Number:

Forename(s):

Surname:

Date of birth:

DAY **MONTH** **YEAR**

Your details

b

Customer Reference Number:

Forename(s):

Surname:

Home address:

Postcode:

National Insurance Number:

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.studentfinanceni.co.uk/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 600 0662.

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 Education and Library Board (ELB) false information, or have not given them complete information, I may be prosecuted and financial support withdrawn.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 ELB 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 the Social Security Agency to give information about my benefits to the ELB to assess higher education student finance for the student named in Section 1a of this form.

Your full name

(in BLOCK CAPITALS):

Your signature:

Date:

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

social security agency details



To be completed by the Social Security Agency

- Please give the details of weekly or 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 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 600 0662.

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 from:	Date to:	Weekly/Annual rate: (delete as applicable)	Taxable:
<input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	£ <input type="text"/> weekly <input type="text"/> annual	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	£ <input type="text"/> weekly <input type="text"/> annual	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	£ <input type="text"/> weekly <input type="text"/> annual	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	£ <input type="text"/> weekly <input type="text"/> annual	Y <input type="checkbox"/> N <input type="checkbox"/>

Declaration B - for Social Security Agency

I certify that the benefits and allowances shown above were paid to the person named in Section 1b in the tax year 2007-08.

Signature:

Date: DAY MONTH YEAR

Name of Social Security Agency:

Contact name:

Phone number:

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

Social Security Agency stamp