

Confirmation of benefits Academic Year **2018/19**



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 Jobseeker'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 Allowance
- Contribution based Employment and Support Allowance

Your Social Security Agency will be able to confirm receipt of these benefits.

Instructions

- **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 letter accompanying this form or on the EA finder available at www.studentfinanceneni.co.uk

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personal details

a

Student's details

Customer Reference Number

Forename(s)

Surname

Date of birth **Day** **Month** **Year**

b

Your details

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.studentfinancenl.co.uk/dataprotection

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 provided is true and complete. If it is not I understand the student I'm sponsoring may have their support withdrawn and I could be prosecuted.
- I authorise the Social Security Agency to give information about my benefits to the EA 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				
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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 2016-17 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 0300 100 0077.

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 2016-17, and show the weekly or annual amount they received.

Benefit	Date from			Date to			Weekly/Annual Taxable rate (delete as applicable)		Y <input type="checkbox"/> N <input type="checkbox"/>
	Day	Month	Year	Day	Month	Year	£	weekly annual	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> weekly <input type="checkbox"/> annual	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> weekly <input type="checkbox"/> annual	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> weekly <input type="checkbox"/> annual	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> weekly <input type="checkbox"/> annual	<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 2016-17.

Signature

Date

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 or to the student named in section 1a.

Social Security Agency stamp