

Enter your details below if you received social security benefits between 6 April 2013 and 5 April 2014 (tax year 2013-14).

Adult 2

Surname:

First Name:

Address:

National Insurance number:

Relationship to Student:

I authorise the Department for Work and Pensions to disclose information regarding my benefits and allowances for the purposes of assessing an application for the Residential Support Scheme.

Sign here

For DWP office use only - do not write below this line.

C3 - Adult 2 named above was in receipt of Income Support, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance, Universal Credit or Pension Credit during the tax year 2013-14

Yes, for the whole year

You do not need to complete any further questions. Sign and date the declaration below.

Yes, for part of the year – fill in the start and end dates in the boxes provided

From (date)	To (date)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Complete question C4 if applicable and sign and date the declaration below.

C4 - Adult 2 named above was in receipt of other benefits during the tax year 2013-14 as follows:

	From (date)	To (date)	Weekly rate
Carer's Allowance (including any CDI elements)	<input type="text"/>	<input type="text"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Contribution-based Employment and Support Allowance	<input type="text"/>	<input type="text"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Contribution-based Jobseeker's Allowance (excluding any amounts of JSA[IB])	<input type="text"/>	<input type="text"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Incapacity benefit – short term higher rate (gross amounts including any CDI elements). Exclude Incapacity Benefit claimed before 1995	<input type="text"/>	<input type="text"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Incapacity benefit – long term higher rate (gross amounts including any CDI elements). Exclude Incapacity Benefit claimed before 1995	<input type="text"/>	<input type="text"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Bereavement Allowance	<input type="text"/>	<input type="text"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

If the person claimed any of the above benefits for more than one period write in the type of benefit, the period(s) of the claim and the weekly rate in the boxes below.

<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="text"/>
<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="text"/>

Now sign and stamp the form and return it to Adult 1 named overleaf.

I confirm the benefit details entered on this form are correct.

DWP officer initial and surname:

Signature:

Date:

DWP office stamp here