

Part B 1

Parent/Carer 1

CERTIFICATE OF BENEFITS RECEIVED – To be completed if PARENT/CARER 1 is in receipt of benefits

To be completed by student's parent/carer before submitting to DWP

Your Name

Student's Name

Your National Insurance number

Address

I authorise the DWP to complete details of my benefits/allowances on this form.

You should now send this form for completion by the Department for Work & Pensions for the district in which the parent /carer is/was registered or take this form to your local Job Centre Plus for completion.

Signature of claimant (i.e. parent / carer)

Please complete details of benefits received at any time during trading year to 6 April 2019 to 5 April 2020

Name of additional person(s) claimed for in addition to above

						Taxable	Non-Taxable
From:		To:		£ per week	Type of Benefit:		
From:		To:		£ per week	Type of Benefit:		
From:		To:		£ per week	Type of Benefit:		
From:		To:		£ per week	Type of Benefit:		
From:		To:		£ per week	Type of Benefit:		
From:		To:		£ per week	Type of Benefit:		
Other							
From:		To:		£ per week	Type of Benefit:		

Signature of Manager/Clerk

Please print name

Date

DWP Stamp

Department for Work & Pensions Office