

Part C I

Parent/Carer I

CERTIFICATE OF BENEFITS RECEIVED – To be completed if PARENT/CARER I 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 DWP to give information relating to my benefits allowances

Signature

To be completed by the Department for Work & Pensions for the district in which the parent/carer is/was registered.

Please complete details of benefits received **at any time during the year 6 April 2008 to 5 April 2009.**

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

						Taxable	Non-Taxable
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>		
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>		
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>		
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>		
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>		
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>		
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>		
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>		
Other							
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>		

Signature of Manager/Clerk

Please print name

Date

DWP Stamp

Department for Work & Pensions Office

Part C 2

Parent/Carer 2

CERTIFICATE OF BENEFITS RECEIVED – To be completed if PARENT/CARER 2 is in receipt of benefits

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

Your Name Student's Name

Your National Insurance number

Address

I authorise DWP to give information relating to my benefits allowances

Signature

To be completed by the Department for Work & Pensions for the district in which the parent/carers is/was registered.

Please complete details of benefits received **at any time during the year 6 April 2008 to 5 April 2009.**

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

						Taxable	Non-Taxable
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>		
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>		
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>		
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>		
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>		
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>		
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>		
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>		
Other							
From:	<input type="text"/>	To:	<input type="text"/>	£ <input type="text"/> per week	Type of Benefit: <input type="text"/>		

Signature of Manager/Clerk

Please print name

Date

DWP Stamp

Department for Work & Pensions Office