

Confirmation of Benefits

This information will be treated as confidential and used for assessment purposes only.

The SSSC requires confirmation of the benefits received by the person(s) below.

The Benefits Agency will be able to provide this confirmation.
Details of child benefit should **not** be entered.

**To be completed by the student/parent/spouse/civil partner/
co-habitee (as applicable)**

Student details

Student's
name:

Date of birth:

dd / mm/ yyyy

University:

Please fill in your details in the boxes below:

	Name	Address	N I number
Claimant 1			
Claimant 2			
Claimant 3			

Benefits details

Please tick the benefits that you receive:

Income support ☐ **Jobseekers allowance** ☐

Incapacity allowance ☐

Other

Declaration - I authorise the Benefits Agency to disclose information regarding my benefits and allowances to the SSSC for the purpose of assessing student support for myself/husband/wife/civil partner/co-habitee/son/daughter (Please circle).

Signed:

Print name:

Date: dd/mm/yyyy