

Confirmation of benefits - Academic Year 2007/08

CB2

This form is also available on our website
www.studentfinancedirect.co.uk

Please complete the student's name in the following boxes before completing the rest of this form.

Student's forename(s):

Surname:

Important Information

This form asks for confirmation of State benefits which you receive. We need this information to help us determine a student's entitlement to student finance.

Only complete this form if you receive one or more of the following benefits:

- | | |
|---|------------------------------|
| - Income-based or contribution-based Job Seeker's Allowance | - Statutory Maternity Pay |
| - Income Support | - Statutory Sick Pay |
| - Incapacity Benefit (only tell us the amounts received after 28 weeks) | - Widow's Mother's Allowance |
| - Industrial Death Benefit | - Widow's Benefit |
| - Invalid Care Allowance | - Bereavement Benefit |

Your Jobcentre Plus will be able to confirm receipt of these benefits.

Instructions

- Complete this form in black ink and use BLOCK CAPITALS.
- **Answer all the questions in section 1 and sign and date Declaration A.**
- Jobcentre Plus should complete all questions in section 2 and sign and date Declaration B.
- **You**, not Jobcentre Plus, should **return all pages** of the completed form to us at the address shown on the letter accompanying this form or on the contact list available online at www.studentfinancedirect.co.uk.

personal details

If the personal details pre-printed on this form are incorrect, please contact our Customer Support Office on 08456 077 577.

a

Student's details

ART ID:

Forename(s):

Surname:

Date of birth:

DAY

MONTH

YEAR

b

Your details

ART ID:

Forename(s):

Surname:

Home address:

National Insurance Number:

Postcode:

Declaration A

Before signing and returning your completed form, you should read the Data Protection Statement on the PN1, PR1, PFF1 or PFF2 notes that were sent with the original PN1, PR1, PFF1 or PFF2 application form. This statement sets out who will use the information provided on this CB2 form and what they will use it for.

A copy of the Data Protection Statement can also be found at www.studentfinancedirect.co.uk. Alternatively, you may also obtain a copy of the Statement by writing to the SLC at 100 Bothwell Street, Glasgow or by calling our Customer Support Office on 08456 077 577.

If you cannot sign this form yourself, for whatever reason, it must be signed on your behalf by someone who holds a valid 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 given on this form is true and complete and I understand that if I have given the LEA (or SLC where appropriate) false information, or have not given them complete information, I may be prosecuted and financial support withdrawn.
- I agree to supply any further information in relation to the applicant's application for financial support that the LEA (or SLC where appropriate) may ask for and agree to tell them immediately if my personal or financial circumstances change in any way that might affect this application for financial support.
- I authorise Jobcentre Plus, Social Security Offices, Local Authority Housing and Council Tax offices to give information about my benefits to the LEA (or SLC where appropriate) 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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by Jobcentre Plus (only give information about benefits listed under Important Information on the front of this form).

- Please give the details of weekly and annual benefit payments made during the 2006-07 tax year to the person named in section 1b, together with the dates on which benefits were paid.
- 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 and sign 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 08456 077 577.

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 2006-07, and show the weekly or annual amount they received.

Benefit:	Date from:	Date to:	Weekly/Annual rate: (delete as applicable)	Weekly	Annually	Y	N
<input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	£ <input type="text"/> weekly <input type="text"/> annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	£ <input type="text"/> weekly <input type="text"/> annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	£ <input type="text"/> weekly <input type="text"/> annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	£ <input type="text"/> weekly <input type="text"/> annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Declaration B

I certify that the benefits and allowances shown above were paid to the person named in section 1b in the tax year 2006-07.

Signature:

Date: DAY MONTH YEAR

Name of Jobcentre Plus:

Contact name:

Phone number:

Please return this form to the person named in section 1b. You must **not** return this form to us or the student named in section 1a.

Jobcentre Plus stamp