Income Details, Benefits (Part C)

Enter your details below if you received social security benefits between 6 April 2014 and 5 April 2015 (tax year 2014-15). If this applies to more than one person, use both sides of this form. When you have completed your details, give it to the Student Support officer at your institution

RSS student details						
Surname / Family Name:						
First Name(s):						
Date of Birth:	DD MM 1	9 Y Y				
Adult 1 should enter their details received benefits, please ask for Surname: First Name: Address: I authorise the Department for Work my benefits and allowances for the pResidential Support Scheme.	another form and con	National Insurance number: Relationship to Student:	Adult 2 overleaf. If the	e student also		
For DWP office use only - do not w	write below this line.					
C1 - Adult 1 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 2014-15						
Yes, for the whole year	You do not nee	ed to complete any further q	uestions Sign and date th	ne declaration overleaf		
		, , , , , , , , , , , , , , , , , , , ,	doodono. Oigir and dato ti	ic acciaration overical.		
Yes, for part of the year – fill the start and end dates in th boxes provided	in	From (date) D D M M Y Y D D M M Y Y	To (date)	Complete question C2 if applicable and sign and date the declaration overleaf.		
Yes, for part of the year – fill the start and end dates in th	in e	From (date) D D M M Y Y D D M M Y Y other benefits durin	To (date) D M M Y Y D M M Y Y g the tax year 201	Complete question C2 if applicable and sign and date the declaration overleaf. 4-15 as follows:		
Yes, for part of the year – fill the start and end dates in the boxes provided C2 - Adult 1 named above v Carer's Allowance (including any CD Contribution-based Employment Contribution-based Jobseeker's A (excluding any amounts of JSA[IB]) Incapacity benefit – short term high (gross amounts including any CDI elements Exclude Incapacity Benefit claimed before Incapacity benefit – long term high (gross amounts including any CDI elements Exclude Incapacity Benefit claimed before Exclude Incapacity Benefit claimed before	in e was in receipt of control of the control of t	From (date) D D M M Y Y D D M M Y Y Other benefits durin From (date) D D M M Y Y	To (date)	Complete question C2 if applicable and sign and date the declaration overleaf.		
Yes, for part of the year – fill the start and end dates in the boxes provided C2 - Adult 1 named above v Carer's Allowance (including any CD Contribution-based Employment Contribution-based Jobseeker's A (excluding any amounts of JSA[IB]) Incapacity benefit – short term high (gross amounts including any CDI elements Exclude Incapacity Benefit claimed before Incapacity benefit – long term high (gross amounts including any CDI elements Exclude Incapacity Benefit claimed before Bereavement Allowance	in e was in receipt of control of the control of t	From (date) D D M M Y Y D D M M Y Y D D M M Y Y D D M M Y Y D D M M Y Y D D M M Y Y D D M M Y Y D D M M Y Y	To (date) D D M M Y Y D D M M Y Y G the tax year 201 To (date) D D M M Y Y D D M M Y Y D D M M Y Y D D M M Y Y	Complete question C2 if applicable and sign and date the declaration overleaf. 4-15 as follows: Weekly rate £ £ £ £ . p p £ £ £ £ £ . p p £ £ £ £ £ . p p		
Yes, for part of the year – fill the start and end dates in the boxes provided C2 - Adult 1 named above v Carer's Allowance (including any CD Contribution-based Employment Contribution-based Jobseeker's A (excluding any amounts of JSA[IB]) Incapacity benefit – short term high (gross amounts including any CDI elements Exclude Incapacity Benefit claimed before Incapacity benefit – long term high (gross amounts including any CDI elements Exclude Incapacity Benefit claimed before Exclude Incapacity Benefit claimed before	in e was in receipt of control of the control of t	From (date) D D M M Y Y D D M M Y Y D D M M Y Y D D M M Y Y D D M M Y Y D D M M Y Y D D M M Y Y D D M M Y Y	To (date) D D M M Y Y D D M M Y Y G the tax year 201 To (date) D D M M Y Y D D M M Y Y D D M M Y Y D D M M Y Y	Complete question C2 if applicable and sign and date the declaration overleaf. 4-15 as follows: Weekly rate £ £ £ £ . p p £ £ £ £ £ . p p £ £ £ £ £ . p p		

RSS PAGE 1 OF 2

Check the other side of this page, complete for Adult 2 (if applicable) and sign and date the declaration overleaf.

Enter your details below it you received social security benefits between 6 April 2014 and 5 April 2015 (tax year 2014-15).						
Adult 2						
Surname:	National Insurance number:					
First Name:	Relationship to	Relationship to				
Address:	Student:					
I authorise the Department for Work and Pensions to d my benefits and allowances for the purposes of assess		Sign here				
Residential Support Scheme.						
For DWP office use only - do not write below this li	ine					
·						
C3 - Adult 2 named above was in receipt of Ir related Employment and Support Allowar	• • •		•			
	,					
Yes, for the whole year You do n	ot need to complete any further o	questions. Sign and date	the declaration below.			
Yes, for part of the year – fill in	From (date)	To (date)	Complete question			
the start and end dates in the boxes provided	DDMMYY	DDMMYY	C4 if applicable and sign and date the			
boxoo providod	DDMMYY	D D M M Y Y	declaration below.			
C4 - Adult 2 named above was in receipt	t of other benefits durin	g the tax year 201	4-15 as follows:			
	From (date)	To (date)	Weekly rate			
Carer's Allowance (including any CDI elements)	D D M M Y Y	D D M M Y Y	£ £ £ p p			
Contribution-based Employment and Support Allo	owance DDMMYY	D D M M Y Y	£ £ £ . p p			
Contribution-based Jobseeker's Allowance (excluding any amounts of JSA[IB])	D D M M Y Y	D D M M Y Y	£ £ £ . p p			
Incapacity benefit – short term higher rate (gross amounts including any CDI elements). Exclude Incapacity Benefit claimed before 1995	D D M M Y Y	D D M M Y Y	£ £ £ £ p p			
Incapacity benefit – long term higher rate (gross amounts including any CDI elements). Exclude Incapacity Benefit claimed before 1995	DDMMYY	D D M M Y Y	£ £ £ £ p p			
Bereavement Allowance	D D M M Y Y	D D M M Y Y	£ £ £ £ p p			
If the person claimed any of the above benefits for claim and the weekly rate in the boxes below.	more than one period write in	n the type of benefit, th	e period(s) of the			
	D D M M Y Y	D D M M Y Y	£ £ £ £ . p p			
	D D M M Y Y	D D M M Y Y	£ £ £ £ p p			
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.						
	i are correct.	_				
DWP officer initial and surname:		-				
Signature:		DWP of	fice stamp here			
Date:	1 M 2 0 Y Y					

PAGE 2 OF 2