

Complete this form and send to:-

DST-NWSSP-SAS
Cwmbran House
Mamhilad Park Estate
Pontypool
NP4 0XS



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Gwasanaethau Dyfarniadau Myfyrwyr

Shared Services
Partnership
Student Awards Services

CERTIFICATE OF INCOME FROM BENEFITS

FORM BA

Please read this form carefully.

If you receive income from state benefits please complete Part 1 of this form and ask Jobcentre Plus to complete Part 2.

Part 1

Student's reference number

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Name of student

Name of parent/spouse/
partner/civil partner

Address

National Insurance Number of
Parent/spouse/partner/civil partner

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Part 2 – to be completed by Jobcentre Plus.

Please complete this part of the form and return it to the parent/spouse/partner/civil partner named above.

Name of claimant:

Amounts detailed below are for the financial year ending 5 April (enter year).

Type of benefit

Amount of benefit

£

Is this a taxable benefit?

Yes

No

When did the claim commence?

When did the claim cease (if applicable)?

I declare that:

- the information given on this form is complete and accurate; and
- I am authorised to provide the details of income from benefits for the claimant named above for the financial year ending 5 April (enter year), on behalf of Jobcentre Plus.

Official stamp

Signed for Jobcentre Plus

Date

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