

Student Form

CLAIM:
NAME:

Please answer all these questions

PART A: Eligible Students

Only students who fulfil at least one of the following can claim Housing Benefit.

Note: If you receive a training allowance you do not count as a student and do not need to fill in this form.

- | | | |
|---|---------|--------|
| Do you receive Income Support? | Yes [] | No [] |
| Do you receive Jobseekers Allowance (income-based)? | Yes [] | No [] |
| Do you receive Employment and Support Allowance (income-related)? | Yes [] | No [] |
| Are you or your partner a pensioner? | Yes [] | No [] |
| Are you a lone parent? | Yes [] | No [] |
| Are you a single person with responsibility for a foster child? | Yes [] | No [] |
| Are you and your partner both students and responsible for a dependent child? | Yes [] | No [] |
| Do you receive the long-term rate of Incapacity Benefit? | Yes [] | No [] |
| Do you receive the short-term higher rate of Incapacity Benefit? | Yes [] | No [] |
| Are you incapable of work and have been for at least 28 weeks not getting Incapacity Benefit? <i>If yes, provide proof of the period of incapacity from Jobcentre Plus.</i> | Yes [] | No [] |
| Have you had limited capability for work and been claiming Employment and Support Allowance for at least 28 weeks? <i>If yes, provide proof from Jobcentre Plus.</i> | Yes [] | No [] |
| Do you receive a disabled student's allowance due to your deafness? | Yes [] | No [] |

- Are you registered blind? Yes [] No []
- Do you have an invalid vehicle provided by the NHS? Yes [] No []
- Do you receive any of the following: Attendance Allowance, Disability Living Allowance, Severe Disablement Allowance, Personal Independence Payment or the disability element or severe disability element of Working Tax Credit? Yes [] No []
If yes, please state which applies.
- Is someone receiving Child Benefit in respect of you? *If yes, please provide proof of the Child Benefit* Yes [] No []
- Are you aged under 21 and not in higher education? Yes [] No []
- Are you aged 21, not in higher education and completing a course which you were doing when you became 21? Yes [] No []
- Have you temporarily withdrawn from your course to care for someone and are now not engaged in caring for that person? Yes [] No []
Provide proof from your college / University of the reason you withdrew.
- Have you temporarily withdrawn from your course due to illness and have now recovered from that illness? Yes [] No []
Provide proof from your college / University of the reason you withdrew and provide medical evidence that you have recovered from your illness.
- Are you a part-time student? Yes [] No []
If you are in further education, provide proof of the number of your guided learning hours per week. If you are in higher education, provide proof from your college / University that your course is part-time.

The Council may need to write to you for further information or evidence in connection with the above.

If you have ticked Yes to at least one of the questions please complete the rest of this form.

If you are a student and have ticked No to **all** of the questions in PART A you cannot claim Housing Benefit. If you have a partner who is not a student, your partner may be able to claim.

PART B: Your Course

What is the name of your college/University/course provider? _____

What course are you on? _____

PART C: Student Finance

Have you applied for a student loan? Yes [] No []
If yes, send evidence of the outcome - a copy of the financial assessment form if you are entitled or the decision letter if you are not entitled. If you have not applied, please provide your reasons.

Do you get a student grant? Yes [] No []
If yes, send a copy of the grant assessment.

Do you get a bursary or scholarship? Yes [] No []
If yes, send a copy of the award letter.

Do you receive a payment from the Access Fund? Yes [] No []
If yes, send a copy of the award letter.

Do you have a Career Development Loan? Yes [] No []
If yes, send proof of the loan agreement.

Do you receive financial support from any other person or organisation? Yes [] No []
If yes, send proof of the support.

Do you finance your studies yourself? Yes [] No []
If yes, send details and proof of how you meet your outgoings ***and*** send proof that you have paid your fees.

If you are not sure of the proof to send – contact this office.

DECLARATION

Warning: If you give us false information we may prosecute you

- As far as I know the information I have given on this form is true and complete
- I understand that if I give false information, you will not pay me any benefit
- I agree to tell you at once if any details on this form change
- I understand that you may use the information I have given on this form to prevent and detect fraud
- I have read and understood this declaration

Signature _____

Date _____

Camden Benefits, PO Box 784, REDHILL RH1 9JA