| Income <b>E</b> | Details | 5, |
|-----------------|---------|----|
| Benefits        | (Part   | Ć) |

| Ref. number: |
|--------------|
|--------------|

RSS 2014/15

| Enter your details below if you received social security benefits between 6 April 2013 and 5 April 2014 (tax year 2013-14). If this applies to more than one person, use both sides of this form. When you have completed your details, send it to the office that normally deals with your benefit payments. When Part C has been returned to you, send it with the completed application to: Freepost RSLX-CAZR-RHLY, Learner Support Service, Birmingham, B24 9FD.  |  |   |   |   |  |
|--|--|---|---|---|--|
| RSS Student details  |  |   |   |   |  |
| Surname / Family Name:   |  |   |   |   |  |
| First Name(s):   |  |   |   |   |  |
| Date of Birth:   | DDMM1  | 9 Y Y   |   |   |  |
| Adult 1 should enter their details received benefits, call us on 0800  |  | ed benefits, complete   | Adult 2 overleaf. If the  | e Student also  |  |
| Surname:   |  | National<br>Insurance number:   |   |   |  |
| First Name:  |  | Relationship to Student:  |   |   |  |
| Address:   |  |   |   |   |  |
|  | and Donoisne te disclare   | nformation regently -   |   |   |  |
| I authorise the Department for Work and Pensions to disclose information regarding my benefits and allowances for the purposes of assessing an application for the Residential Support Scheme.   |  |   |   |   |  |
|  |  |   |   |   |  |
| For DWP office use only - do not w   | rite below this line.  |   |   |   |  |
| C1 - Adult 1 named above was in receipt of Income Support, Income-based Jobseeker's Allowance, Income-<br>related Employment and Support Allowance, Universal Credit or Pension Credit during the tax year 2013-14   |  |   |   |   |  |
|  |  |   |   | - lax year 2013-14  |  |
| Yes, for the whole year  | You do not need  |   | uestions. Sign and date th  | •   |  |
|  |  |   | •   | ne declaration overleaf.  |  |
| Yes, for part of the year - fill   | in   | to complete any further q   | uestions. Sign and date th  | e declaration overleaf.<br>Complete question<br>C2 if applicable and  |  |
|  | in   | to complete any further q   | uestions. Sign and date th  | e declaration overleaf.   |  |
| Yes, for part of the year – fill<br>the start and end dates in the<br>boxes provided   | in<br>Ə  | to complete any further q<br>From (date)<br>D D M M Y Y   | uestions. Sign and date th<br>To (date)   | e declaration overleaf.<br>Complete question<br>C2 if applicable and<br>sign and date the<br>declaration overleaf.  |  |
| Yes, for part of the year – fill the start and end dates in the  | in<br>Ə  | to complete any further q<br>From (date)<br>D D M M Y Y<br>D D M M Y Y  | To (date)   | the declaration overleaf.<br>Complete question<br>C2 if applicable and<br>sign and date the<br>declaration overleaf.<br>3-14 as follows:  |  |
| Yes, for part of the year – fill<br>the start and end dates in the<br>boxes provided   | in<br>P<br>vas in receipt of oth   | to complete any further q<br>From (date)<br>D D M M Y Y   | uestions. Sign and date th<br>To (date)   | e declaration overleaf.<br>Complete question<br>C2 if applicable and<br>sign and date the<br>declaration overleaf.  |  |
| <ul> <li>Yes, for part of the year – fill the start and end dates in the boxes provided</li> <li>C2 - Adult 1 named above v</li> </ul>   | in<br><b>vas in receipt of otl</b><br>elements)  | to complete any further q<br>From (date)<br>D D M M Y Y<br>D D M M Y Y  | To (date)   | the declaration overleaf.<br>Complete question<br>C2 if applicable and<br>sign and date the<br>declaration overleaf.<br>3-14 as follows:  |  |
| <ul> <li>Yes, for part of the year – fill the start and end dates in the boxes provided</li> <li>C2 - Adult 1 named above v</li> <li>Carer's Allowance (including any CDI</li> </ul>   | in<br><b>vas in receipt of otl</b><br>elements)<br>and Support Allowance   | to complete any further q<br>From (date)<br>D D M M Y Y<br>D D M M Y Y  | To (date)   | the declaration overleaf.<br>Complete question<br>C2 if applicable and<br>sign and date the<br>declaration overleaf.<br>3-14 as follows:  |  |
| <ul> <li>Yes, for part of the year – fill the start and end dates in the boxes provided</li> <li>C2 - Adult 1 named above v</li> <li>Carer's Allowance (including any CDI Contribution-based Employment a Contribution-based Jobseeker's Allowance and the boxes of the bo</li></ul> | in<br><b>vas in receipt of otl</b><br>elements)<br>and Support Allowance<br>lowance<br>er rate<br>).   | to complete any further q<br>From (date)<br>D D M M Y Y<br>D D M M Y Y  | To (date)   | the declaration overleaf.<br>Complete question<br>C2 if applicable and<br>sign and date the<br>declaration overleaf.<br>3-14 as follows:  |  |
| <ul> <li>Yes, for part of the year – fill the start and end dates in the boxes provided</li> <li>C2 - Adult 1 named above v</li> <li>Carer's Allowance (including any CDI Contribution-based Employment a Contribution-based Jobseeker's Al (excluding any amounts of JSA[IB])</li> <li>Incapacity benefit – short term high (gross amounts including any CDI elements)</li> </ul>   | in<br><b>vas in receipt of otl</b><br>elements)<br>and Support Allowance<br>lowance<br>er rate<br>).<br>995<br>er rate<br>).   | to complete any further q<br>From (date)<br>D D M M Y Y<br>D D M M Y Y  | To (date)   | the declaration overleaf.<br>Complete question<br>C2 if applicable and<br>sign and date the<br>declaration overleaf.<br>3-14 as follows:  |  |
| <ul> <li>Yes, for part of the year – fill the start and end dates in the boxes provided</li> <li>C2 - Adult 1 named above v</li> <li>Carer's Allowance (including any CDI Contribution-based Employment a Contribution-based Jobseeker's Al (excluding any amounts of JSA[IB])</li> <li>Incapacity benefit – short term high (gross amounts including any CDI elements Exclude Incapacity Benefit claimed before 1 Incapacity benefit – long term higher (gross amounts including any CDI elements)</li> </ul>   | in<br><b>vas in receipt of otl</b><br>elements)<br>and Support Allowance<br>lowance<br>er rate<br>).<br>995<br>er rate<br>).   | to complete any further q<br>From (date)<br>D D M M Y Y<br>D D M M Y Y  | To (date)   | the declaration overleaf.<br>Complete question<br>C2 if applicable and<br>sign and date the<br>declaration overleaf.<br>3-14 as follows:  |  |
| <ul> <li>Yes, for part of the year – fill the start and end dates in the boxes provided</li> <li>C2 - Adult 1 named above v</li> <li>Carer's Allowance (including any CDI Contribution-based Employment a Contribution-based Jobseeker's Al (excluding any amounts of JSA[IB])</li> <li>Incapacity benefit – short term high (gross amounts including any CDI elements Exclude Incapacity Benefit claimed before 1</li> <li>Incapacity benefit – long term higher (gross amounts including any CDI elements Exclude Incapacity Benefit claimed before 1</li> </ul>   | in<br><b>vas in receipt of otl</b><br>elements)<br>and Support Allowance<br>lowance<br>er rate<br>).<br>995<br>er rate<br>).<br>995<br>er rate<br>).<br>995<br>er rate<br>). | to complete any further q         From (date)         Image: Image | uestions. Sign and date the         To (date)         D       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y | Are declaration overleaf.         Complete question         C2 if applicable and sign and date the declaration overleaf.         3-14 as follows:         Weekly rate         £       £       £       0       0         £       £       £       0       0         £       £       £       0       0         £       £       £       0       0         £       £       £       2       0       0         £       £       £       £       0       0         £       £       £       £       0       0         £       £       £       £       0       0         £       £       £       £       0       0         £       £       £       £       0       0         £       £       £       £       0       0         £       £       £       £       0       0         £       £       £       £       0       0 |  |
| <ul> <li>Yes, for part of the year – fill the start and end dates in the boxes provided</li> <li>C2 - Adult 1 named above v</li> <li>Carer's Allowance (including any CDI Contribution-based Employment a Contribution-based Jobseeker's Al (excluding any amounts of JSA[IB])</li> <li>Incapacity benefit – short term high (gross amounts including any CDI elements Exclude Incapacity Benefit claimed before 1</li> <li>Incapacity benefit – long term higher (gross amounts including any CDI elements Exclude Incapacity Benefit claimed before 1</li> <li>Bereavement Allowance</li> <li>If the person claimed any of the above the start of the person claimed any of the above the start of th</li></ul>                 | in<br><b>vas in receipt of otl</b><br>elements)<br>and Support Allowance<br>lowance<br>er rate<br>).<br>995<br>er rate<br>).<br>995<br>er rate<br>).<br>995<br>er rate<br>). | to complete any further q         From (date)         Image: Image | uestions. Sign and date the         To (date)         D       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y         Q       M       Y | Are declaration overleaf.         Complete question         C2 if applicable and sign and date the declaration overleaf.         3-14 as follows:         Weekly rate         £       £       £       P       P         £       £       £       P       P         £       £       £       £       P       P         £       £       £       £       P       P         £       £       £       £       P       P         £       £       £       £       P       P         £       £       £       £       P       P         £       £       £       £       P       P         £       £       £       £       P       P         £       £       £       £       P       P         £       £       £       £       P       P         £       £       £       £       P       P                                   |  |

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

| Adult 2  |  |   |   |
|--|--|---|---|
| Surname:   | National   |   |   |
|  | Insurance number:<br>Relationship to   |   |   |
| First Name:  | Student:   |   |   |
| Address:   |  |   |   |
| I authorise the Department for Work and Pensions to disclose   | nformation regarding   |   |   |
| my benefits and allowances for the purposes of assessing an a  |  | Sign here   |   |
| Residential Support Scheme.  |  |   |   |
|  |  |   |   |
| For DWP office use only - do not write below this line.  |  |   |   |
| C3 - Adult 2 named above was in receipt of Income  | Support Income-b   | ased Jobseeker's A  | llowance Inc  |
| related Employment and Support Allowance, Un   |  |   |   |
|  |  |   | -   |
| Yes, for the whole year You do not need  | to complete any further o  | questions. Sign and date  | the declaration   |
|  | From (date)  | To (date)   | Complete qu   |
| Yes, for part of the year – fill in the start and end dates in the   | D D M M Y Y  | D D M M Y Y   | C4 if applicat  |
| boxes provided   |  |   | sign and dat<br>declaration b   |
|  |  |   | L   |
| C4 - Adult 2 named above was in receipt of ot  | her benefits durin   | a the tax year 201  | 2.14 on falls   |
|  |  | y life lax year 201   | 3-14 as 1010  |
|  | From (date)  | To (date)   | 3-14 as lone<br>Weekly  |
| Carer's Allowance (including any CDI elements)   |  | • •   |   |
| Carer's Allowance (including any CDI elements)   |  | • •   | Weekly  |
| Carer's Allowance (including any CDI elements)<br>Contribution-based Employment and Support Allowance  |  | • •   | Weekly  |
| Carer's Allowance (including any CDI elements)   |  | • •   | Weekly  |
| Carer's Allowance (including any CDI elements)<br>Contribution-based Employment and Support Allowance<br>Contribution-based Jobseeker's Allowance<br>(excluding any amounts of JSA[IB])<br>Incapacity benefit – short term higher rate<br>(gross amounts including any CDI elements).  |  | • •   | Weekly  |
| Carer's Allowance (including any CDI elements)<br>Contribution-based Employment and Support Allowance<br>Contribution-based Jobseeker's Allowance<br>(excluding any amounts of JSA[IB])<br>Incapacity benefit – short term higher rate<br>(gross amounts including any CDI elements).<br>Exclude Incapacity Benefit claimed before 1995<br>Incapacity benefit – long term higher rate<br>(gross amounts including any CDI elements).   |  | • •   | Weekly  |
| Carer's Allowance (including any CDI elements)<br>Contribution-based Employment and Support Allowance<br>Contribution-based Jobseeker's Allowance<br>(excluding any amounts of JSA[IB])<br>Incapacity benefit – short term higher rate<br>(gross amounts including any CDI elements).<br>Exclude Incapacity Benefit claimed before 1995<br>Incapacity benefit – long term higher rate  |  | • •   | 반       분       분       분       분       분       분       분       분       분       분       1 |
| Carer's Allowance (including any CDI elements)<br>Contribution-based Employment and Support Allowance<br>Contribution-based Jobseeker's Allowance<br>(excluding any amounts of JSA[IB])<br>Incapacity benefit – short term higher rate<br>(gross amounts including any CDI elements).<br>Exclude Incapacity Benefit claimed before 1995<br>Incapacity benefit – long term higher rate<br>(gross amounts including any CDI elements).<br>Exclude Incapacity Benefit claimed before 1995<br>Bereavement Allowance  | From (date)          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       M       M       Y         D       D       M       M       Y         D       D       M       M       Y         D       D       M       M       Y         D       D       M       M       Y         D       D       M       M       Y         D       D       M       M       Y         D       D       M       M       Y | Weekly         £       £       £       £       £         £       £       £       £       £       £         £       £       £       £       £       £       £         £       £       £       £       £       £       £       £         £       £       £       £       £       £       £       £       £         £  |
| Carer's Allowance (including any CDI elements)<br>Contribution-based Employment and Support Allowance<br>Contribution-based Jobseeker's Allowance<br>(excluding any amounts of JSA[IB])<br>Incapacity benefit – short term higher rate<br>(gross amounts including any CDI elements).<br>Exclude Incapacity Benefit claimed before 1995<br>Incapacity benefit – long term higher rate<br>(gross amounts including any CDI elements).<br>Exclude Incapacity Benefit claimed before 1995   | From (date)          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       M       M       Y         D       D       M       M       Y         D       D       M       M       Y         D       D       M       M       Y         D       D       M       M       Y         D       D       M       M       Y         D       D       M       M       Y         D       D       M       M       Y | Weekly         £       £       £       £       £         £       £       £       £       £       £         £       £       £       £       £       £       £         £       £       £       £       £       £       £       £         £       £       £       £       £       £       £       £       £         £  |
| Carer's Allowance (including any CDI elements)<br>Contribution-based Employment and Support Allowance<br>Contribution-based Jobseeker's Allowance<br>(excluding any amounts of JSA[IB])<br>Incapacity benefit – short term higher rate<br>(gross amounts including any CDI elements).<br>Exclude Incapacity Benefit claimed before 1995<br>Incapacity benefit – long term higher rate<br>(gross amounts including any CDI elements).<br>Exclude Incapacity Benefit claimed before 1995<br>Bereavement Allowance<br>If the person claimed any of the above benefits for more th | From (date)          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       M       M       Y         D       D       M       M       Y         D       D       M       M       Y         D       D       M       M       Y         D       D       M       M       Y         D       D       M       M       Y         D       D       M       M       Y         D       D       M       M       Y | Weekly         £       £       £       £       £         £       £       £       £       £       £         £       £       £       £       £       £       £         £       £       £       £       £       £       £       £         £       £       £       £       £       £       £       £       £         £  |

| non olgin and olamp the form and i  |                                |                       |
|-------------------------------------|--------------------------------|-----------------------|
| I confirm the benefit details enter | ered on this form are correct. |                       |
| DWP officer initial and surname:    |                                |                       |
| Signature:                          |                                | DWP office stamp here |
|                                     |                                |                       |
| Date:                               |                                |                       |