



## EVIDENCE OF BENEFIT FORM

This form should be taken to the appropriate Social Security or NI Housing Executive Office **by the customer** who is claiming benefit to verify that the student, parent or dependant spouse/partner is in receipt of benefit stated.

### STUDENT TO COMPLETE THIS SECTION

Student Name (IN CAPITAL LETTERS): \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Student Address: \_\_\_\_\_

Are **you** in employment? (please tick ✓)       Employed       Unemployed

Are **you** in receipt of benefit? (please tick ✓)       YES       NO

Are you **dependent on** your spouse/partner for benefit?       YES       NO

Name of Recipient of Benefit: \_\_\_\_\_

Address of Recipient: \_\_\_\_\_

Relationship of Recipient of Benefit to student: (please tick ✓)

Self       Husband       Wife       Partner       Other, please describe \_\_\_\_\_

Type of benefit:      (please tick ✓ and indicate amount per week)

Income-based Jobseekers £ \_\_\_\_\_       Income Support £ \_\_\_\_\_

Guaranteed Pension Credit £ \_\_\_\_\_       Rates Relief £ \_\_\_\_\_

Income-Related Employment Support Allowance £ \_\_\_\_\_

National Insurance number: \_\_\_\_\_

Office issuing benefit: \_\_\_\_\_

Benefit Commencement Date: \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY SOCIAL SECURITY AGENCY/ NIHE

Please confirm that the above details are correct? (please tick ✓)       YES       NO

Name (IN CAPITAL LETTERS) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**BENEFIT / NIHE OFFICE  
OFFICIAL STAMP**