



PO BOX 5455  
 Benefits Division  
 Epping  
 Essex  
 CM16 4DS

**HOUSING BENEFIT AND/OR COUNCIL TAX BENEFIT  
 STUDENT DETAILS**

**IF YOU ARE A STUDENT YOU MUST COMPLETE THIS FORM AS WELL AS THE MAIN APPLICATION FORM. HOUSING AND/OR COUNCIL TAX BENEFIT CAN ONLY BE PAID TO STUDENTS WHO FALL INTO ONE OF MORE OF THE FOLLOWING CATEGORIES: -**

- Part time students.
- Students under 19 years old, not following a course of higher education.
- Students who have dependant children.
- Students aged 60 or over.
- Disabled students.
- Students who have a partner who is not studying. In this circumstance, the partner should be the applicant for benefit purposes.

If you are in doubt as to whether you are eligible for Housing Benefit and/or Council Tax benefit, please contact the Housing Benefit section for advice.

PLEASE COMPLETE THE FOLLOWING IF YOU FALL INTO ONE OF THE ABOVE CATEGORIES AND ARE ELIGIBLE TO APPLY FOR BENEFIT.

**YOU**

**YOUR PARTNER**

MR/MRS/MISS/MS		
Surname		
First Name		
Address		
Phone Number		
Address during summer vacation, if different from above.		
Is the course full or part time?		
Length of course		
Current year of study		

**YOU****YOUR PARTNER**

Name of course and qualification to be obtained		

Name of college		
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Term dates of current academic year	AUTUMN		
	SPRING		
	SUMMER		

Do you receive a grant?	YES / NO	YES / NO
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Do you receive a top up loan?	YES / NO	YES / NO
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Do you receive a payment from the access fund?	YES / NO	YES / NO
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Do you receive a payment from a Deed of Covenant?	YES / NO	YES / NO
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Are you a British Citizen?	YES / NO	YES / NO
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If, not what is your nationality?		
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PLEASE PROVIDE EVIDENCE OF ANY GRANT ASSESSMENT, TOP UP LOAN, ACCESS FUND PAYMENT OR DEED OF COVENANT. IF YOU ARE A SELF-FINANCING STUDENT, PLEASE ENCLOSE DETAILS AND EVIDENCE OF HOW YOU FINANCE YOURSELF, e.g. loans or savings and details of how your fees are paid.

IF YOUR GRANT ASSESSMENT IS REVISED E.G FOR ADDITIONAL WEEKS STUDY. YOU MUST INFORM THE COUNCIL AND PROVIDE A STATEMENT OF THE REVISED ASSESSMENT.

PLEASE SIGN THE DECLARATION BELOW: -

- I declare that the information given on this form is true and complete as far as I know.
- I agree to the Council making any enquires necessary to verify the information given.
- I understand any false declarations given by me can result in prosecution under Section 112 of the Social Security Administration Act 1992, or under the Theft Act 1968.

SIGNATURE	Claimant	Partner
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DATE	Claimant	Partner
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**PLEASE RETURN THE COMPLETE FORM TO THE ADDRESS AT THE TOP OF THE PREVIOUS PAGE**