## Part C

## Parent/Carer

**CERTIFICATE OF BENEFITS RECEIVED – To be completed if PARENT/CARER is in receipt of benefits** 

Student's I valle			submitting to DWI		
Student's Name Parent/Carer I			National Insurance number  National Insurance number		
		n relating to my ben			
Signature Parent/Carer I			nature Parent/Carer 2		
To be completed by is/was registered. completed by the	by the Departmer If you are in rece DWP as we need	ipt of Universal Cred	ons for the district in lit only please do not mation. Please contac	arrange for	Part C to be
·		, ,			Non-
Parent/Carer I			Type of Benefit	Taxable	Taxable
From:	To:	£ per weel	k		
From:	То:	£ per weel	k		
From:	To:	£ per weel	k		
From:	То:	£ per weel	k		
Parent/Carer 2					
	То:	£ per weel	k		
From:					
From:	То:	£ per weel	k		
	To:	£ per weel			
From:		•	k		