

## PAYE or Benefits Income

You should only fill in this form if you are the parent, step-parent, parent's partner, legal guardian **or** husband, wife, civil partner or partner of the student and you do not have any other documents as proof of your PAYE or benefits income (such as a P60).

Section C **must** be filled-in and signed or stamped by your employer, Jobcentre or the Department for Work and Pensions (DWP).

### Section A – Student details

Student's name  Date of birth   /   /

Student's SAAS reference number (if you know it)

### Section B – Your details

Name  National Insurance number

### Section C – Income details – this section must be filled in by your employer, Jobcentre or DWP

We need to know the PAYE or benefits income for the person named in Section B for the tax year ending **5 April 2018**.

If this income was received for only part of the tax year, please give the dates below:

From   /   /     To   /   /

#### PAYE income

Please enter the total PAYE income received **before tax**.  £

#### Benefits income

Please enter the name and total amount of each benefit received:

Name of benefit	Amount received
	£
	£
	£

#### Declaration

As far as I know, the information given above is true and correct.

Signature  Date   /   /

Position

Stamp from employer, DWP or Jobcentre (if you have one)

**Section D - Declaration**

SAAS will use the information you have given us in this form for the purpose of processing this claim. Further information on how we collect, hold and process your information can be found at [http://www.saas.gov.uk/privacy\\_data\\_protection\\_index.htm](http://www.saas.gov.uk/privacy_data_protection_index.htm). We have a duty to appropriately manage public funds and we will use the information provided on this form for the prevention, detection, investigation and reporting of crime, including Fraud. We will share this information with other bodies for these purposes.

- As far as I know, the details above are complete and accurate.
- I agree to give you any further information you may ask for.
- I agree to tell you immediately if my circumstances change in any way that might affect this application for support.
- I understand that the information I have provided will be used for the prevention detection, investigation and reporting of crime and I understand SAAS will share this information with other bodies for these purposes.

Signature

Date