KUU 201

Income Details, Benefits (Part C)

Enter your details below if you received social security benefits between 6 April 2024 and 5 April 2025 (tax year 2024-25). If this applies to more than one person, use both sides of this form. When you have completed your details, give it to the Student Support officer at your institution

RSS student details					
Surname / Family Name:					
First Name(s):					
Date of Birth:					
Adult 1 should enter their details below. If Adult 2 received benefits, complete Adult 2 overleaf. If the student also received benefits, please ask for another form and complete all 3 sections					
Surname:	National Insurance nu	umber:			
First Name:	Relationship Student:	to			
Address:					
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. Sign here					
For DWP office use only - do not write be	low this line.				
C1 - Adult 1 named above was in receipt of Income Support, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance, Universal Credit or Pension Credit during the tax year 2024-25					
Yes, for the whole year	V. I. albert II. and II.				
res, for the whole year	You do not need to complete any to	urther questions. Sign and date	the declaration overleaf.		
	From (date		Complete question		
Yes, for part of the year – fill in the start and end dates in the			Complete question C2 if applicable and		
Yes, for part of the year – fill in			Complete question		
Yes, for part of the year – fill in the start and end dates in the	From (date	To (date) Y Y D D M M Y Y Y Y D D M M Y Y	Complete question C2 if applicable and sign and date the declaration overleaf.		
Yes, for part of the year – fill in the start and end dates in the boxes provided	From (date	To (date) Y Y D D M M Y Y Y Y D D M M Y Y during the tax year 20	Complete question C2 if applicable and sign and date the declaration overleaf.		
Yes, for part of the year – fill in the start and end dates in the boxes provided	From (date	To (date) Y Y D D M M Y Y Y Y D D M M Y Y during the tax year 20	Complete question C2 if applicable and sign and date the declaration overleaf.		
Yes, for part of the year – fill in the start and end dates in the boxes provided C2 - Adult 1 named above was in	From (date	To (date) Y Y D D M M Y Y Y Y D D M M Y Y during the tax year 20	Complete question C2 if applicable and sign and date the declaration overleaf.		
Yes, for part of the year – fill in the start and end dates in the boxes provided C2 - Adult 1 named above was in Carer's Allowance (including any CDI element	receipt of other benefits From (date From (date From (date S) Opport Allowance	To (date) Y Y D D M M Y Y Y Y D D M M Y Y during the tax year 20	Complete question C2 if applicable and sign and date the declaration overleaf. 24-25 as follows: Weekly rate		
Yes, for part of the year – fill in the start and end dates in the boxes provided C2 - Adult 1 named above was in Carer's Allowance (including any CDI element Contribution-based Employment and Sur Contribution-based Jobseeker's Allowance	receipt of other benefits From (date From (date From (date S) Opport Allowance	To (date) Y Y D D M M Y Y Y Y D D M M Y Y during the tax year 20	Complete question C2 if applicable and sign and date the declaration overleaf. 24-25 as follows: Weekly rate £ £ £ £ . p p		
Yes, for part of the year – fill in the start and end dates in the boxes provided C2 - Adult 1 named above was in Carer's Allowance (including any CDI element Contribution-based Employment and Sul Contribution-based Jobseeker's Allowance (excluding any amounts of JSA[IB]) Incapacity benefit – short term higher rate (gross amounts including any CDI elements).	receipt of other benefits From (date From (date From (date S) Opport Allowance	To (date) Y Y D D M M Y Y Y Y D D M M Y Y during the tax year 20	Complete question C2 if applicable and sign and date the declaration overleaf. 24-25 as follows: Weekly rate £ £ £ £ . p p		
Yes, for part of the year – fill in the start and end dates in the boxes provided C2 - Adult 1 named above was in Carer's Allowance (including any CDI element Contribution-based Employment and Sup Contribution-based Jobseeker's Allowance (excluding any amounts of JSA[IB]) Incapacity benefit – short term higher rate (gross amounts including any CDI elements). Exclude Incapacity Benefit claimed before 1995 Incapacity benefit – long term higher rate (gross amounts including any CDI elements).	receipt of other benefits From (date From (date From (date S) Opport Allowance	To (date) Y Y D D M M Y Y Y Y D D M M Y Y during the tax year 20	Complete question C2 if applicable and sign and date the declaration overleaf. 24-25 as follows: Weekly rate £ £ £ £ . p p		
Yes, for part of the year – fill in the start and end dates in the boxes provided C2 - Adult 1 named above was in Carer's Allowance (including any CDI element Contribution-based Employment and Sul Contribution-based Jobseeker's Allowance (excluding any amounts of JSA[IB]) Incapacity benefit – short term higher rate (gross amounts including any CDI elements). Exclude Incapacity Benefit claimed before 1995 Incapacity benefit – long term higher rate (gross amounts including any CDI elements). Exclude Incapacity Benefit claimed before 1995	From (date of the penefits of	To (date) To (date) Y Y D D M M Y Y during the tax year 20 To (date) Y Y D D M M Y Y Y Y D D M M Y Y Y Y D D M M Y Y Y Y D D M M Y Y Y Y D D M M Y Y	Complete question C2 if applicable and sign and date the declaration overleaf. 24-25 as follows: Weekly rate £ £ £ £ . p p £ £ £ £ . p p £ £ £ £ . p p		
Yes, for part of the year – fill in the start and end dates in the boxes provided C2 - Adult 1 named above was in Carer's Allowance (including any CDI element Contribution-based Employment and Sup Contribution-based Jobseeker's Allowance (excluding any amounts of JSA[IB]) Incapacity benefit – short term higher rate (gross amounts including any CDI elements). Exclude Incapacity Benefit claimed before 1995 Incapacity benefit – long term higher rate (gross amounts including any CDI elements). Exclude Incapacity Benefit claimed before 1995 Bereavement Allowance If the person claimed any of the above be	From (date of the penefits of	To (date) To (date) Y Y D D M M Y Y during the tax year 20 To (date) Y Y D D M M Y Y Y Y D D M M Y Y Y Y D D M M Y Y Y Y D D M M Y Y Y Y D D M M Y Y	Complete question C2 if applicable and sign and date the declaration overleaf. 24-25 as follows: Weekly rate £ £ £ £ . p p £ £ £ £ . p p £ £ £ £ . p p		

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

Enter your details below if you received so	ocial security bei	nefits between 6 April	2024 and 5 April 2025	(tax year 2024-25).		
Adult 2						
Surname:		National Insurance number:				
First Name:		Relationship to				
Address:		Student:				
Address.						
I authorise the Department for Work and Pens my benefits and allowances for the purposes			Sign here			
Residential Support Scheme.						
For DWP office use only - do not write belo	ow this line					
For DWP office use only - do not write bei	ow this line.					
C3 - Adult 2 named above was in reco	•	• • •		· · · · · · · · · · · · · · · · · · ·		
related Employment and Suppor	rt Allowance, Ul	niversal Credit or Pe	nsion Credit during	ine tax year 2024-25		
Yes, for the whole year	You do not need t	o complete any further	questions. Sign and date	e the declaration below.		
Voc. for port of the year. fill in		From (date)	To (date)	Complete question		
Yes, for part of the year – fill in the start and end dates in the		D D M M Y Y	DDMMYY	C4 if applicable and sign and date the		
boxes provided		D D M M Y Y	$D\;D\;M\;M\;Y\;Y$	declaration below.		
C4 - Adult 2 named above was in	receipt of oth	ner benefits durin	g the tax year 202	24-25 as follows:		
	-	From (date)	To (date)	Weekly rate		
Carer's Allowance (including any CDI elements	s)	D D M M Y Y	DDMMYY	£ £ £ £ p p		
Contribution-based Employment and Sup	port Allowance	D D M M Y Y	DDMMYY	2 2 2 2 p		
Contribution-based Jobseeker's Allowance (excluding any amounts of JSA[IB])	Э	D D M M Y Y	D D M M Y Y	£ £ £ . p p		
Incapacity benefit – short term higher rate (gross amounts including any CDI elements). Exclude Incapacity Benefit claimed before 1995		D D M M Y Y	D D M M Y Y	£ £ £ £ p p		
Incapacity benefit – long term higher rate (gross amounts including any CDI elements).		D D M M Y Y	D D M M Y Y	£ £ £ . p p		
Exclude Incapacity Benefit claimed before 1995 Bereavement Allowance		D D M M Y Y	D D M M Y Y	£ £ £ £ p p		
If the person claimed any of the above ber claim and the weekly rate in the boxes bel		nan one period write ir	n the type of benefit, th	ne period(s) of the		
, , , , , , , , , , , , , , , ,		D D M M Y Y	DDMMYY	2 2 2 3		
				c		
				~ ~ ~ ~ ~		
Now sign and stamp the form and return it to Adult 1 named overleaf.						
I confirm the benefit details entered on t	this form are co	rrect.				
DWP officer initial and surname:						
DWF officer fillial and surfiame.						
Signature:			DWP o	ffice stamp here		

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