

Do not delay returning the main claim form.



# Anglia Revenues Benefits Partnership



Forest Heath  
District Council

Only use this page to confirm your benefit if you have no other proof available.

If you receive any of the benefits or pensions listed below, please ask either the Jobcentre or the Department of Work & Pensions to complete this form for you. You should then return it to the Council

### Confirmation of Benefit

Please fill in the details below and sign the declaration

Name		Date of birth	
Address			
National Insurance Number			

I authorise you to provide this information for Breckland Council.

Signed	Date

If you receive any of the benefits or pensions listed alongside, please ask either the Jobcentre or the Dept. of Work & Pensions to complete this form for you. You should then return it to the Council.

1. Are there any deductions made from Benefit, if so what is the weekly reduction? .....

Reason: .....

2. Are the Benefit rates likely to change? Date of change: .....

New Benefit rate: .....

3. Is a partner included in the claim? If so please supply details:

Name: .....

Date of Birth: ..... N.I. No: .....

### To be completed by the Dept. of Work & Pensions or Job Centre

Will you please assist the applicant by completing the relevant boxes below.

Benefit	Entitlement start date	Date ended	Weekly Amount
Income Support			
Job Seeker's Allowance (Contribution) or income based			
Incapacity Benefit (please tick rate)			
State Retirement Pension			
Bereavement Benefit			
Attendance Allowance DLA/Care or Mobility			
Other Benefits (please specify)			

Benefits Agency/Job Centre Stamp

Initials	Date