

**Session 2016-2017 Part-Time Fee Grant (PTFG) application
Confirmation of nil income (PT1D)**

Part 1 - Student details

First name Date of Birth / /

Last name

PTFG reference number

Full address:

Postcode:
Phone number:

Date of termination of last employment: / /

Former employer's name and address:

Please state how you support yourself financially:

Part 2 – Declaration of nil income

To be completed when you are unable to provide proof of earnings.
I have received no paid income, no pensions and no replacement living cost benefits (list overleaf) in the three months prior to the date I made my application.
I understand that I may be asked for documentary evidence to confirm this later in the year and I agree to repay any amount paid on my behalf to which I am not entitled.

Your signature Date / /

If you have worked within the last 3 months, please send us a photocopy of your P45 instead.

Replacement living cost benefits

- Bereavement allowance
- Carers Allowance
- Employment and Support Allowance
- Incapacity Benefit
- Income Support
- Industrial Death Benefit
- Job Seekers Allowance
- Maternity Allowance
- Pension Credit
- Severe Disablement Allowance
- State Retirement Pension
- Universal Credit (excluding the child and housing element)
- War Pension
- War Widows Pension
- War Disablement Pension
- Working Tax Credit (including Disability element) – Please **do not** include the Child Tax Credit element

If you receive any of these benefits, please send us photocopied evidence, dated within the last 3 months, rather than filling in the form overleaf.