

## Session 2019-2020 Part-time Fee Grant (PTFG) - Certification of Benefit income (PT1C)

### Part A - to be filled in by you

First name

Last name

Learning provider

Part-time fee grant reference number

Date of birth

### Part B - to be filled in by your Jobcentre

Please list below the amount of replacement living cost benefits (e.g. JSA, Income Support, Carer's Allowance, etc) that the above named claimant has received in each of the last 3 months. Please do not give details of any non replacement living cost benefits (e.g. DLA, Child Benefit, etc) they may have received.

Month ending	Name of benefit/s	Amount received

Name

date

Signature \_\_\_\_\_

Jobcentrestamp