

Certificate of State Benefit

To be filled in by the Department for Work and Pensions



Full name:

National Insurance number:

Address:

Date of birth:
/ /

Person applying			Weekly amount	
Type of benefit	Start date	End date	£	p

Department for Work and Pensions stamp:

Department for Work and Pensions

Signature:

Date:

Claim reference:

Please return this document to:

**East Devon District Council
Customer Services Administration
Council Offices
Knowle
Sidmouth
Devon EX10 8HL**