**Nursery Subsidy 2024/2025**

**Supporting Documentation Checklist**

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| ***IMPORTANT****: We do not automatically return your documentation and we are obliged to keep anything you submit on file for auditing purposes. PLEASE SUBMIT ALL SUPPORTING DOCUMENTATION VIA EMAIL TO* [*DSESTUDENTFINANCE@MANCHESTER.AC.UK*](mailto:DSESTUDENTFINANCE@MANCHESTER.AC.UK)*. IF POSSIBLE, PLEASE PROVIDE IN PDF FORMAT.*  *Please include your student ID number on all correspondence and supporting documentation*  *You must supply all the necessary documentation – without this your application will* ***not*** *be considered.* | | | | | | | |
| **Student Name:** | | |  | **ID Number:** |  | | | |
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| **Essential** | | | | | | | | |
| **Student**  **Checklist** | **Information** | | | | | | **Staff**  **Checklist** | |
|  | **Proof of funding** (e.g. Student Finance Entitlement Letter, NHS Bursary Notification of Award, external grant/award/scholarship, other University scholarship/bursary confirmation letter). If you cannot find this please contact the funding body for a duplicate copy. If you are self-funding you will not need to provide a document to as evidence. | | | | | |  | |
|  | **Copy of the page of your tenancy agreement** which shows your rent amount and schedule of payments or evidence of monthly mortgage payments (if somebody else pays your rent for you, you must still include this document and declare who pays it on your behalf) | | | | | |  | |
|  | Evidence of council tax (if applicable) | | | | | |  | |
|  | Evidence of Priority Debts (see our [guidelines](https://documents.manchester.ac.uk/display.aspx?DocID=64810) for definitions of priority debts – please note these are debts only and not standard monthly outgoings) (only if applicable) | | | | | |  | |
|  | Evidence of any other income (if applicable) | | | | | |  | |
|  | Evidence of medical costs (if applicable) | | | | | |  | |
|  | Birth Certificates of Relevant Children (if applicable) | | | | | |  | |
|  | Evidence of childcare costs/copy of offer letter from Nursery (if applicable) | | | | | |  | |
|  | Evidence of state support (if applicable, e.g. Working Tax Credits, Child Tax Credits, Housing Benefit, Council Tax Benefit etc) | | | | | |  | |
|  | Evidence of partner’s income (if applicable) | | | | | |  | |
| **Desirable** | | | | | | | | |
|  | | Any other proof of hardship (please provide further information): | | | |  | | |
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**Bank Statements**

**PLEASE READ CAREFULLY:** Please submit the last 3 months of bank statements for **all** bank accounts you and (if applicable) your partner hold (even if you no longer use these). This includes any savings accounts (help to buy, ISA’s etc.), day to day accounts (Monzo, Starling, Revolut etc.) and credit card accounts you may hold.

**Please note these must end within 14 days of the date you submit all supporting documentation. You must also explain every transaction in and out of the account which exceeds £50.**

Online banking statements should be in PDF format and not downloaded into Excel (or similar), we appreciate that you may not be able to get PDF statements of your most recent transactions so screenshots of these will be accepted. Transactions need to clearly show a minimum of 3 months – if there is minimal activity on the account please show evidence of the previous transaction (even if this is outside of the 3 month date range) and/or a mini statement to show the current balance is the same as the last transaction on the statements.

Please ensure all submitted bank statements clearly show the name of the account holder and the account number.

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| --- | --- | --- | --- |
| **Student Name:** |  | **ID Number:** |  |

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| --- | --- | --- | --- | --- |
| **Essential for ALL students** | | | | |
| Last 3 digits of account number | Date of first transaction on statements | Date of last transaction on statements  **(MUST BE WITHIN 14 DAYS OF THE DATE OF SUBMISSION TO STUDENT SERVICES CENTRE)** | **Is this a full 3 months?** If not, please add further statements. Please do not submit partial statements as your application will be refused | Have you explained every single transaction **in and out** of the account which exceeds £50?  Yes/No | |
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*Please continue on a separate sheet if necessary*

Signed (Staff Member only)………………………………………………………………………………………………………………

Print Name (Staff Member)…………………………………………………………………………..Date……………………………..