## Education Maintenance Allowance Part CI - 2025/2026 Parent/Carer I

Certificate of Benefits or Universal Credit Received - To be completed if Parent/Carer is in receipt of benefits

NB: Application may be submitted with Part C to follow - tick relevant box on Application.

To be complet	ed by applic	ant's parent/care	r before subi	mitting to the D	Department for '	Work and F	Pensions					
EMA Applicant's	Name											
Parent/Carer Na	ıme											
Parent/Carer Na	tional Insurar	nce Number										
Address												
					Postcode							
I authorise the or Universal C		t for Work and P	ensions to g	ive information	relating to my l	oenefits allo	wances					
Signature												
Now post this fo	rm to your De	epartment for Wor	k and Pension	s Office in which	you are/were regis	stered for co	mpletion.					
To be complet	ed by the D	epartment for <b>V</b>	Vork and Pe	ensions								
Please complete	details of ber	nefits received <b>at a</b>	n <b>y time dur</b> i	ing the year 6 A	pril 2024 to 5 A	pril 2025						
Name of additio	nal person(s)	claimed for in addit	ion to above									
							Non-					
_	1_ 1					Taxable	taxable					
From	То	£	per week	Type of Benefit								
From	То	£	per week	Type of Benefit								
From	То	£	per week	Type of Benefit								
From	То	£	per week	Type of Benefit								
From	То	£	per week	Type of Benefit								
From	То	£	per week	Type of Benefit								
Signature of Mar	ager/Clerk				Department for Wor	k and Pensions S	tamp					
Please print nam	e											
Contact Telepho	one Number											
Date		D D M M 2	0 Y Y	, , ,								
Department for	\/\orl											

## Education Maintenance Allowance Part C2 - 2025/2026 Parent/Carer 2

Certificate of Benefits or Universal Credit Received - To be completed if Parent/Carer is in receipt of benefits

NB: Application may be submitted with Part C to follow - tick relevant box on Application.

To be complet	ed by applic	ant's parent/carer be	fore sub	mitting to the D	epartment for W	ork and F	ensions					
EMA Applicant's	Name											
Parent/Carer Na	me	_ , , , , , ,										
Parent/Carer Na	tional Insuran	ce Number										
Address												
		D										
		t for Work and Pens	ions to g	ive information	Postcode relating to my be	enefits allo	wances					
or Universal Consideration	redit.				]							
Now post this for	rm to your De	epartment for Work an	d Pension	s Office in which y	ou are/were regist	ered for co	mpletion.					
To be complet	ed by the D	epartment for Wor	k and Pe	nsions								
Please complete	details of ben	efits received at any t	ime duri	ng the year 6 A	pril 2024 to 5 Apr	ril 2025.						
Name of addition	nal person(s)	claimed for in addition	to above									
						Taxable	Non- taxable					
From	То	£	per week	Type of Benefit								
From	То	£	per week	Type of Benefit								
From	То	£	per week	Type of Benefit								
From	То	£	per week	Type of Benefit								
From	То	£	per week	Type of Benefit								
From	То	£	per week	Type of Benefit								
					Department for Work	and Pansions S	tamp					
Signature of Manager/Clerk					Department for Work	and rensions 5	Lamp					
Please print nam	e											
Contact Telepho	ne Number											
Date		D D M M 2 0	YY									
Department for and Pensions Off												