### DATA LABEL: PROTECT: OFFICIAL - Sensitive



## Education Maintenance Allowance Certificate of Benefit Received in 2024/2025 Financial Year

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### I authorise DWP to give information relating to my benefits allowances

Signature

You should now take this form to your local DWP Office (Jobcentre) for completion. To be completed by the Department for Work & Pensions for the district in which the parent/carer is/was registered.

#### Please complete details of benefits received at any time during the year <u>6 April 2024 to 5 April 2025</u>

If this is a joint claim, please enter partner's name here

From (Date)	To (Date)	Amount per week (£)	Т	ype of Benefit	Taxable	Non- Taxable
		£				
		£				
		£				
		£				
		£				
		£				
		£				
Other						
		£				
Signature of Manager/Clerk				DWP STAMP		
Please print name	3					

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Department for Work & Pensions Office

Date