



Stirling Council  
 Teith House  
 Stirling  
 FK7 7QA

Tel: 0845 277 7000  
 01786 404040

Email: [ema@stirling.gov.uk](mailto:ema@stirling.gov.uk)

## EDUCATION MAINTENANCE ALLOWANCE (EMA) Session 2017/2018

COMPLETE FORM IN BLACK OR BLUE INK

<b>FULL NAME OF STUDENT</b>
<b>SCHOOL</b>
<b>DATE OF BIRTH</b>
<b>SQA Candidate Number</b>

Have you received an EMA before?       YES       NO

**A fresh application must be made each academic year including all original documentation needed to complete the assessment.**

.....

**OFFICIAL USE ONLY**

EMA Reference No.	Date Application Received	1st Check	2nd Check
Date Application Fully Completed	Approved	EMA Start Date	Date Award Letter Sent
Date Learning Agreement Received	Autumn Intake	Winter Intake	Provisional Award

FOR OFFICIAL NOTES

Final Award

# Education Maintenance Allowances (EMA)

## Additional Guidance

### Both Student and Carer(s) must sign the Declaration Form on page 10.

- If you are 16 years of age or over before 30 September 2017 you may be eligible for an EMA from the beginning of school term.
- If you are 16 years of age between 1 October 2017 and 28 February 2018 you may be eligible for an EMA from January 2018
- For those eligible for full year award, if the application is not submitted by **30 September 2017**, the award can only be made from the week it is received by this office.
- For those who are eligible from January 2017 if the application is not submitted by **28 February 2018**, the award can only be made from the week it is received by this office.
- The cut-off date for processing application forms for academic year 2017/18 is **31 March 2018**. No applications will be processed after this date.
- Household income is normally assessed on gross taxable household income for the period April 2016 to March 2017.
- Pupils may become eligible to apply for an EMA during the session where there is a significant change in financial circumstances within the household. Such applications can only be paid from the date of receipt of the application. Contact Local Authority for more information.
- The income thresholds for the EMA Programme, Academic Year 2017/18 are as follows:

Income	No. of dependent children in the household	Award
£0 - £24,421	1	£30
£0 - £26,884	2+	£30

- Dependent children are all those up to the age of 16 and those over the age of 16 and up to the age of 25 if they are in full time further or higher education.
- If you are receiving education while living in a foster home or children's home, and are in the care of the local authority or living independently in receipt of Income Support or contributions-based Employment and Support Allowance, you are eligible for a £30 EMA award without having to provide evidence of household income.
- If successful, you must complete a learning agreement and adhere to the terms of that agreement.
- If successful, you must attend school for a minimum of 21 guided learning hours per week (timetabled hours including study periods).
- If successful, you will only receive EMA payments for those weeks where you have maintained 100% attendance (including authorised absences) and acceptable punctuality and conduct.
- Students may be eligible to receive a provisional award if a self-employed parent is temporarily unable to supply details in which a final settlement can be made. Please detail change in circumstances and date of change in Additional Information on page 12.
- If you return to school for a sixth year, i.e. session 2018/19, you may be eligible for a further year's EMA support.

**A fresh application must be made each academic year including all original documentation needed to complete the assessment.**

# Education Maintenance Allowances (EMA)

## Application Contact Address

**A FIRST CLASS STAMP WILL NOT BE SUFFICIENT POSTAGE WHEN SENDING IN YOUR COMPLETED APPLICATION FORM. POSTAGE CHARGES ARE NOW BASED ON WEIGHT AND SIZE.**

**PLEASE CHECK POSTAGE PRIOR TO SENDING IN YOUR FORM.**

Please refer to the checklist on page 11 prior to submitting your form.

Please complete the application form and send it to the following address:

Stirling Council Benefits (EMA)  
Teith House  
Stirling  
FK7 7QA

If you have any queries please contact:

Tel: 0845 277 7000

01786 404040

Email: [ema@stirling.gov.uk](mailto:ema@stirling.gov.uk)

**IF YOU ARE POSTING YOUR APPLICATION YOU MUST ENCLOSE A STAMPED ADDRESSED ENVELOPE (9" X 6") FOR PERSONAL DOCUMENTS TO BE RETURNED.**

### DATA PROTECTION ACT

The Council is under obligation to manage public funds properly. Accordingly, the information that you provide will be used to ensure all sums due to the Council are paid timeously, e.g. by identifying persons who are non-payers of council tax and to improve the uptake of benefits.

The information may also be used to prevent and detect fraud. It is also possible that this information may be shared for the same purposes with public bodies, including neighbouring councils or other organisations which handle public funds.

- Education Maintenance Allowance (EMA) is a programme funded by the Scottish Government and administered to Local Authority Education Departments for schools throughout Scotland. The Scottish Government and Local Authorities are controllers in relation to your information.
- The information you supply shall be used for the purposes of assessment, award, payment and, where necessary, recovery of the EMA and we will provide information to the Scottish Government, all in accordance with the requirements in the Scottish Government EMA (Scotland) Business Model.
- We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information about you from certain third parties, or give information to them, to check the accuracy of information, to prevent or detect crime, or to protect public funds in other ways, for research or statistical purposes, as permitted by law. These third parties include other government departments.
- We will not disclose information about you to anyone outside our Local Authority unless the law permits us to.

# Part A

## Section 1(A) : PERSONAL DETAILS – Completed by Student

Gender Male  Female  Date of Birth (Day/Month/Year) 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

First Name(s)

Surname(s)

Current Home Address

Postcode

Home Telephone  Mobile

Email

## Section 1(B) : PERSONAL NATIONALITY AND RESIDENCY DETAILS

How long have you lived in the United Kingdom? From 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Have you lived at your present address for longer than 3 years? Yes  No

If no, please tell us your previous address(es) within the last 3 years, including those abroad.

From 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 To 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address 1

Postcode

From 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 To 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address 2

Postcode

**Residency : please tick the relevant box:**

UK  EU/EEA National/Swiss National  Settled Status/Exceptional Leave to Enter/Remain

Refugee Status/Temporary Protection/Humanitarian Protection  None of these

From 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 To 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**If required, please use the additional information page at the end of the application form**

**Section 2 : COURSE/SCHOOL DETAILS – Completed by Student**

Name of School

Address

Postcode

Are you attending school and/or college for at least 21 guided learning hours each week? Yes  No

If no, do you have flexible study arrangements to meet your particular needs, i.e. due to a medical condition?

Yes  No

Please state reason why you will be attending school for less than 21 guided learning hours. Please use additional information page if required.

Which year of study will you be undertaking? S4  S5  S6  other

If you received an EMA award last year, to which Local Authority did you apply, and what school did you attend?

**Section 3 : BANK/BUILDING SOCIETY ACCOUNT DETAILS – Completed by Student**

Name of person holding account

Is the account holder the EMA Student? Yes  No

If no, please state reason on additional information page.

Name and Address of your Bank/  
Building Society

Bank/Building Society Sort Code (6 digits)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Account Number (8 digits)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Roll/Reference Number (if applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**Any changes to your bank/building society account must be made in writing immediately to your Local Authority.**

**Section 4 : INDEPENDENT STATUS – Completed by Student**

Do you receive Income Support or contributions-based Employment and Support Allowance in your own right?

Yes  No

If yes, are you living under the care of the Local Authority or with foster parents?

Yes  No

**Section 5 : FAMILY DETAILS – Completed by Student**

Who do you live with? (please tick all that apply)

Mother  Father  Mother's partner  Father's partner  EMA Applicant's partner

Grandparent(s)  Foster parent(s)  In care  On my own

Other adults  please specify .....

Lone parent household? Yes  No  if yes, please provide proof

How many dependent children living in the household?

(Full) Name of Other Dependents	Date of Birth	Nursery/School/Learning Centre

**Parent/Carer 1**

**Parent/Carer 2**

Name (include title)	<input type="text"/>	<input type="text"/>
Permanent Address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Relationship to Applicant	<input type="text"/>	<input type="text"/>
Occupation(s) held during tax year 2016/17	<input type="text"/>	<input type="text"/>
Marital Status	<input type="text"/>	<input type="text"/>
Contact Number	<input type="text"/>	<input type="text"/>

**EMA applicants must now sign the Student Declaration at Section 7(A) on page 10.**

**Section 6(A) : HOUSEHOLD INCOME – Completed by Parent(s) / Carer(s)**

Have you included a relevant complete Tax Credit Award Notice (TCAN) TC602 for 2017/18 with your application form?

Yes  No

If yes, please go to Section 7(B)

**Section 6(B) : HOUSEHOLD INCOME – Completed by Parent(s) / Carer(s)**

For those where there is no TCAN available or where you are **NOT** in receipt of Housing or Council Tax Benefit from Stirling Council, the following income details are required.

**Please enter nil value if not applicable. Values should be annual amounts for 2016/17.**

**TAXABLE SOCIAL SECURITY BENEFITS – AMOUNT RECEIVED IN 2016/17**

	<b>Parent/Carer 1</b>	<b>Parent/Carer 2</b>
<b>Carer’s Allowance</b> (previously called Invalid Care Allowance)  Including any child dependency increase	£	£
<b>Contributions-based Jobseeker’s Allowance</b>  <b>Do not include</b> any amounts of income-based jobseeker’s allowance. If you started work and gave your employer a P45U showing these details <b>do not include</b> them here.	£	£
<b>Contributions-based Employment and Support Allowance</b>  Please state any Contributions-based Employment and Support Allowance received.	£	£
<b>Income Based Employment Support Allowance or Incapacity Benefit</b>  <b>Include</b> benefit paid after the first 28 weeks of incapacity) together with any child dependency increase. If any tax was deducted from your benefit, enter the amount due before the tax was taken off.  If you started work and gave your employer a P45U showing these details, <b>do not include</b> them here.	£	£
<b>Income Support</b> This is only taxable if it is payable to a member of a couple and the recipient (but not the recipient’s partner) is on strike.  <b>Do not report</b> Income Support if it is not taxable.	£	£

**SOCIAL SECURITY BENEFITS**

Are you in receipt of non-taxable social security benefits? Yes  No

**If yes, please take Part C to DWP to be completed.**  
**(not required if in receipt of Housing or Council Tax Benefit from Stirling Council)**

**EARNINGS FROM EMPLOYMENT (INCLUDING SELF-EMPLOYMENT) IN 2016-2017**

	Parent/Carer 1	Parent/Carer 2
Total gross employment income from all jobs after deduction of <ul style="list-style-type: none"> <li>• Pension contributions, and</li> <li>• Deductions to charity via gift aid</li> </ul> <b>But</b> , before taking off <ul style="list-style-type: none"> <li>• Tax and National Insurance contributions, and</li> <li>• Share Incentive Plan deductions</li> </ul> <b>Include:</b> <ul style="list-style-type: none"> <li>• Your total profits minus losses from self-employment</li> <li>• Any tips or gratuities you receive</li> <li>• Any Statutory Sick Pay you received</li> <li>• The Taxable part of any termination payments</li> <li>• Taxable securities options gains</li> <li>• Any strike pay you received</li> <li>• Payments for any work done whilst you were serving a sentence in prison or on remand (this counts as income for tax credit purposes even though it is not taxable as earnings)</li> </ul>	£	£
Deduct any allowable expenses you have incurred (see Guidance for completing application form 2017/18)	£	£
Deduct up to the first £100 for each week (for example, if you received £80 please enter 0, if you received £120 please enter £20) you received Statutory Maternity Pay, Statutory Paternity Pay and Statutory Adoption Pay (for tax credits, £100 a week of each payment is ignored)	£	£

**BENEFITS FROM YOUR EMPLOYER(S) IN 2016-2017**

Type of Benefit	Parent/Carer 1	Parent/Carer 2
Goods or assets	£	£
Your liabilities (bills, etc) paid by employer	£	£
Vouchers and credit tokens	£	£
Car mileage allowances or running costs	£	£
Company cars	£	£
Car fuel	£	£
Taxable expenses payments	£	£



**NOTIONAL INCOME**

	<b>Parent/Carer 1</b>	<b>Parent/Carer 2</b>
Capital treated as income (e.g. stock dividend)	£	£
Trust income that under the income tax rules is treated as the income of another person, e.g. investment income of a minor child where trust funds have been provided by a parent and the amount exceeds £100	£	£
Income you were entitled to but did not apply for, e.g. if you were entitled to claim Carer's Allowance but did not claim it	£	£
Income you deprived yourself of, e.g. if you sell the right to an occupational pension worth £10 a week for £2500, the £2500 should not be included but you should add £10 a week to your income	£	£
Income you have deprived yourself of (e.g. income not taken because you worked for less than the going rate (or for nothing) but where the person for whom the work was done, or for whom the service was provided, has the means to pay. This does not apply to voluntary work or employment or training programmes	£	£

**UK PENSION**

	<b>Parent/Carer 1</b>	<b>Parent/Carer 2</b>
Widowed Parents Allowance	£	£
State Pension	£	£
Other Pensions, Personal pension plan or retirement annuity contracts	£	£

**SAVINGS**

	<b>Parent/Carer 1</b>	<b>Parent/Carer 2</b>
Gross income from investments/savings/shares, etc, include interest from any bank or building society accounts (this is income before tax was deducted)	£	£
If you receive any company dividends add the tax credit to the dividend	£	£

**PROPERTY/TRUST/FOREIGN INCOME**

	<b>Parent/Carer 1</b>	<b>Parent/Carer 2</b>
Include income from property or land in the UK that you owned or leased out (if this was part of your business income include it above at income from self-employment)	£	£
Gross income from a trust, settlement or a deceased person's estate (this is the income before tax was deducted)	£	£
Foreign Income : Include the gross amount, in British pounds before any foreign tax is deducted. NB – for foreign pensions only include 90% of the gross amount received	£	£

Add totals for Parent/Carer 1 and Parent/Carer 2	£
--	---

.....  
**FOR OFFICE USE ONLY**

Please note deduction from other income where appropriate	£
---	---

<b>OVERALL TOTAL PER ANNUM</b>	£	£
--------------------------------	---	---

## Section 7(A) : STUDENT DECLARATION

This section must be completed by the student applying for an EMA award.

- I declare that all the answers given in this form are true.
- I have read the guidance and understand and accept my obligations
- I understand that if I give false information or withhold information my EMA application will be cancelled and, if necessary, action will be taken to recover any money paid to me
- I undertake to refund any sum arising from an overpayment for any reason
- I understand that if I do not keep to the conditions of my Learning Agreement payments may be withheld
- I understand that if I leave school I will not be eligible for any further payments
- I understand that relevant information may be passed on to third parties within the Local Authority
- I give permission for the Local Authority to release information relating to my independent status to EMA Unit

Signature of Applicant

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name (PRINT)

If the student is unable to sign this form due to additional support needs, please leave blank and tick box provided

**NOTE : LEARNING AGREEMENTS FOR SESSION 2017/18 SHOULD BE RETURNED BY 31 MARCH 2018. PAYMENTS FOR LEARNING AGREEMENTS RECEIVED AFTER THIS DATE WILL ONLY BE MADE FROM THE DATE OF RECEIPT OF THE LEARNING AGREEMENT**

## Section 7(B) : PARENTAL/PARTNER/CARER DECLARATION

This section must be completed if the applicant is under 18 years of age or the award has been assessed against the income of the applicant's parent, spouse or carer.

- I/We declare that to the best of my/our knowledge and belief all the information given, in connection with this application, is full and correct in every respect
- I/We undertake to provide any additional information which may be required by the Local Authority to verify the particulars given and also to inform the Local Authority immediately of any alteration in these particulars
- I/We undertake to inform the Local Authority of any changes in financial circumstances which may affect the award
- I/We understand that if my/our child does not keep to the conditions of their Learning Agreement, payments may be withheld
- I/We understand that if my/our child leaves school, he/she will not be entitled to any further payments
- I/We consent to the undertaking signed by the student above
- I am/We are aware that my/our child is bound by the conditions set out by the EMA guidance
- I/We give permission for the Local Authority to release information relating to my/our household circumstances to EMA team for proof of single occupancy
- I/We give permission for the EMA Team to check my/our Housing and Council Tax Benefits claim to verify details

Parent/Carer 1 Signature

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name (PRINT)

Parent/Carer 2 Signature

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name (PRINT)

**Please use the Checklist on page 11 to ensure all relevant documentation has been provided.**

**Section 8 : CHECKLIST**

Please ensure the following original documents are submitted with your application form.  
**WE ARE UNABLE TO ACCEPT PHOTOCOPIES**

**Failure to send in the relevant original documents will delay the processing of your EMA.**

**A first class stamp may not be sufficient postage for this application form. Please check postage required.**

<b>Documentation required (see below)</b>	<b>Tick if enclosed</b>	<b>For office use only</b>
Have you enclosed a stamped addressed envelope (9" x 6" in size) for personal documents to be returned? A first class stamp may not be sufficient postage	<input type="checkbox"/>	<input type="checkbox"/>
If you are an independent student, Part C should be completed by the Department for Work and Pensions (DWP)	<input type="checkbox"/>	<input type="checkbox"/>
HM Revenue & Customs Tax Credit Award Notice (TCAN) TC602 for 2017/2018	<input type="checkbox"/>	<input type="checkbox"/>
P60	<input type="checkbox"/>	<input type="checkbox"/>
Valid week 52/month 12 payslip	<input type="checkbox"/>	<input type="checkbox"/>
SAAS or college award letter	<input type="checkbox"/>	<input type="checkbox"/>
School/college/university letter confirming enrolment	<input type="checkbox"/>	<input type="checkbox"/>
Statement of earnings from HM Revenue & Customs if parent(s)/carer(s) are employed	<input type="checkbox"/>	<input type="checkbox"/>
If parent(s)/carer(s) are self employed and are not in receipt of a (TCAN) TC602, SA302 or accountant's certificate (see Part B) should be submitted	<input type="checkbox"/>	<input type="checkbox"/>
If parent(s)/carer(s) receive benefits – Part C must be completed by Department for Work and Pensions (DWP) or a P60U or confirmation letter must be included	<input type="checkbox"/>	<input type="checkbox"/>
2017 P60 supporting parent(s)/carer(s) occupational pension	<input type="checkbox"/>	<input type="checkbox"/>
Proof of guardianship, if required, e.g. child benefit letter	<input type="checkbox"/>	<input type="checkbox"/>
Proof of lone parent status, e.g. council tax notice for period April 2017 – March 2018	<input type="checkbox"/>	<input type="checkbox"/>
Proof that you are in the care of the Local Authority, if applicable	<input type="checkbox"/>	<input type="checkbox"/>
P45 if necessary	<input type="checkbox"/>	<input type="checkbox"/>
Other documents you may have supplied, please specify on Additional Information page 12	<input type="checkbox"/>	<input type="checkbox"/>
Other documentation required as per Section 6B Household Income calculation	<input type="checkbox"/>	<input type="checkbox"/>
Any documentation to support other dependent children	<input type="checkbox"/>	<input type="checkbox"/>

**RETURN OF DOCUMENTS**

All documents will be returned to the name stated on the return envelope, unless otherwise stated on the additional information page (page 12) at the back of the declaration page.

## **ADDITIONAL INFORMATION**

# Part B 1

# Parent/Carer 1

## ACCOUNTANT'S CERTIFICATE FOR SELF EMPLOYED – Completed by Accountant

If both parent(s)/carer(s) are self-employed, each is required to complete Part B separately.  
NB : application may be submitted with Part B to follow.

Student Name

Student Date of Birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name of Parent/Carer who is self employed

Trading Name

Business Address

Estimated Profits for Trading Year 2016/17	£
--	---

**ADD**

Charges not allowable for tax purposes	£
--	---

**DEDUCT**

Capital Allowances	£
--------------------	---

**EQUALS**

TAXABLE PROFITS	£
-----------------	---

Please provide any details of any other income received during trading year 2016/17:

Self-Employed Parent/Carer 1	£
------------------------------	---

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Accountant's Name

Office Address

**Accountant's Signature**

Accountant's Official Stamp

**NB : An SA302 is still required in order to finalise any award. This may have to be requested from HM Revenue & Customs.**

# Part B 1

# Parent/Carer 2

## ACCOUNTANT'S CERTIFICATE FOR SELF EMPLOYED – Completed by Accountant

If both parent(s)/carer(s) are self-employed, each is required to complete Part B separately.  
NB : application may be submitted with Part B to follow.

Student Name

Student Date of Birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name of Parent/Carer who is self employed

Trading Name

Business Address

Estimated Profits for Trading Year 2016/17	£
--	---

**ADD**

Charges not allowable for tax purposes	£
--	---

**DEDUCT**

Capital Allowances	£
--------------------	---

**EQUALS**

TAXABLE PROFITS	£
-----------------	---

Please provide any details of any other income received during trading year 2016/17:

Self-Employed Parent/Carer 1	£
------------------------------	---

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Accountant's Name

Office Address

**Accountant's Signature**

Accountant's Official Stamp

**NB : An SA302 is still required in order to finalise any award. This may have to be requested from HM Revenue & Customs.**

# Part C 1

# Parent/Carer 1

**CERTIFICATE OF BENEFITS RECEIVED – To be completed if PARENT/CARER 1 is in receipt of benefits**

**To be completed by student's parent/carers before submitting to DWP**

Your Name

Student's Name

Your National Insurance Number

Address

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

Signature

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

Please complete details of benefits received **at any time during the year 6 April 2016 to 5 April 2017.**

Name of additional person(s) claimed for in addition to above

					Taxable	Non-Taxable
From:		To:		£ per week	Type of Benefit:	
From:		To:		£ per week	Type of Benefit:	
From:		To:		£ per week	Type of Benefit:	
From:		To:		£ per week	Type of Benefit:	
From:		To:		£ per week	Type of Benefit:	
From:		To:		£ per week	Type of Benefit:	
From:		To:		£ per week	Type of Benefit:	
From:		To:		£ per week	Type of Benefit:	
Other						
From:		To:		£ per week	Type of Benefit:	

Signature of Manager/Clerk

DWP Stamp

Please print name

Date

Department for Work & Pensions Office

# Part C 1

# Parent/Carer 2

**CERTIFICATE OF BENEFITS RECEIVED – To be completed if PARENT/CARER 1 is in receipt of benefits**

**To be completed by student's parent/carers before submitting to DWP**

Your Name

Student's Name

Your National Insurance Number

Address

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

Signature

**You should now take this form to your local DWP Office for completion.**

**To be completed by the Department for Work & Pensions for the district in which the parent/carers is/was registered.**

Please complete details of benefits received **at any time during the year 6 April 2016 to 5 April 2017.**

Name of additional person(s) claimed for in addition to above

					Taxable	Non-Taxable
From:		To:		£ per week	Type of Benefit:	
From:		To:		£ per week	Type of Benefit:	
From:		To:		£ per week	Type of Benefit:	
From:		To:		£ per week	Type of Benefit:	
From:		To:		£ per week	Type of Benefit:	
From:		To:		£ per week	Type of Benefit:	
From:		To:		£ per week	Type of Benefit:	
From:		To:		£ per week	Type of Benefit:	
Other						
From:		To:		£ per week	Type of Benefit:	

Signature of Manager/Clerk

DWP Stamp

Please print name

Date

Department for Work & Pensions Office