

**FORM CERTIFICATE OF BENEFITS RECEIVED (PARENT /CARER 1)**  
**B To be completed if Parent/Carer 1 is in receipt of benefits**

**NB: An application can be submitted with this certificate to follow. (Please refer to deadline dates for submission in Notes of Guidance to ensure no delay).**

EMA Applicant's Name								
EMA Applicant's Date of Birth								
Parent /Carer 1's Name								
Parent/Carer 1's National Insurance Number								
Address								

**To be completed by Department for Work & Pensions Office:**

Please complete details of all benefits received **at any time during the financial year**  
**6 April 2020 to 5 April 2021**

<b><u>TAXABLE</u> benefits received 06/04/2020 to 05/04/2021 (Please give the type of benefits)</b>						
From	To	£	Per week	Type of Benefit		

<b><u>NON-TAXABLE</u> benefits received 06/04/2020 to 05/04/2021 (Please give the type of benefits)</b>						
From	To	£	Per week	Type of Benefit		

**Please tick if parent/carers is claiming benefits as a lone parent**

Signature of Manager/Clerk								
PRINT Name								
Date								
Department for Work & Pensions (DWP) Office								
DWP Official Stamp								

**FORM CERTIFICATE OF BENEFITS RECEIVED (PARENT/ CARER 2)**  
**B To be completed if Parent/Carer 2 is in receipt of benefits**

**NB: An application can be submitted with this certificate to follow. (Please refer to deadline dates for submission in Notes of Guidance to ensure no delay).**

EMA Applicant's Name								
EMA Applicant's Date of Birth								
Parent /Carer 1's Name								
Parent/Carer 1's National Insurance Number								
Address								

**To be completed by Department for Work & Pensions Office:**

Please complete details of all benefits received **at any time during the financial year**  
**6 April 2020 to 5 April 2021**

<b><u>TAXABLE</u> benefits received 06/04/2020 to 05/04/2021 (Please give the type of benefits)</b>						
From	To	£	Per week	Type of Benefit		

<b><u>NON-TAXABLE</u> benefits received 06/04/2020 to 05/04/2021 (Please give the type of benefits)</b>						
From	To	£	Per week	Type of Benefit		

**Please tick if parent/carers is claiming benefits as a lone parent**

Signature of Manager/Clerk								
PRINT Name								
Date								
Department for Work & Pensions (DWP) Office								
DWP Official Stamp								