



# Part C/IND Education Maintenance Allowance (EMA)

## INDEPENDENT STUDENT TAXABLE / NON TAXABLE SOCIAL SECURITY BENEFITS CERTIFICATE

### Young person applying

First name  Surname

Address   
  
 Postcode

Learning Centre attending  Date of birth

I **authorise** the Department of Work and pensions to disclose information regarding my benefits and allowances for the purposes of assessing an application for Education Maintenance Allowance to the EMA Unit.

Young person applying C/IND signature

Date

### For DWP Office use only - the applicant **MUST NOT** write below this line

Young person applying named above was in receipt of the following benefits during the tax year to April

Yes for the whole year  **Do not fill in any further information. Now stamp below**

or

Yes, for part of the year - **fill in weekly rate/start and end dates in boxes provided. Now stamp below**

Weekly rate  from and to (date)

I can confirm the details entered on this page are correct.

DWP Officer / initial and surname

DWP Officer signature

Date

DWP Stamp