

Part C I

Parent/Carer I

CERTIFICATE OF BENEFITS RECEIVED – Completed by DWP.

If both parents/carers receive benefits, each is required to complete Part C separately.

TO BE COMPLETED BY YOUNG PERSON'S PARENT/CARER BEFORE SUBMITTING TO DWP:

Young Persons Name

Parent/Carer's Name

Parent/Carers National Insurance Number:

Address

I authorise DWP to give information relating to my benefits allowances

Parent/Carer's Signature

PLEASE NOW DETACH THIS FORM AND SEND IT TO THE DWP OFFICE RELEVANT TO YOUR BENEFITS & AREA IN WHICH THE CLAIM IS REGISTERED. GENERAL CONTACT DETAILS CAN BE FOUND IN THE EMA GUIDANCE DOCUMENT.

FOR DWP USE ONLY. Please complete details of benefits received at any time during the year **6 April 2010 to 5 April 2011.**

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

From Date	To Date	£ per week	Type of Benefit	Taxable	Non-Taxable
	£				
	£				
	£				
	£				
	£				

Any other relevant income:

From Date	To Date	£ per week	Description/Type Benefit Type of Benefit	Taxable	Non-Taxable
	£				

Signature of Manager/Clerk

Print Name

Date 20YY

DWP STAMP

Department for Work and Pensions Office

Part C 2

Parent/Carer 2

CERTIFICATE OF BENEFITS RECEIVED – Completed by DWP.

If both parents/carers receive benefits, each is required to complete Part C separately.

TO BE COMPLETED BY YOUNG PERSON'S PARENT/CARER BEFORE SUBMITTING TO DWP:

YOUNG PERSON'S NAME

PARENT/CARER'S NAME

PARENT/CARER'S NATIONAL INSURANCE NO.

ADDRESS

I authorise DWP to give information relating to my benefits allowances

PARENT/CARER'S SIGNATURE

PLEASE NOW DETACH THIS FORM AND SEND IT TO THE DWP OFFICE RELEVANT TO YOUR BENEFITS & AREA IN WHICH THE CLAIM IS REGISTERED. GENERAL CONTACT DETAILS CAN BE FOUND IN THE EMA GUIDANCE DOCUMENT.

FOR DWP USE ONLY. Please complete details of benefits received at any time during the year **6 April 2010 to 5 April 2011.**

NAME OF ANY ADDITIONAL PERSON(S)
CLAIMED FOR IN ADDITION TO THE ABOVE

FROM DATE	TO DATE	£ per week	TYPE OF BENEFIT	TAXABLE	NON-TAXABLE
	£				
	£				
	£				
	£				
	£				

ANY OTHER RELEVANT INCOME:

FROM DATE	TO DATE	£ per week	TYPE OF BENEFIT	TAXABLE	NON-TAXABLE
	£				

SIGNATURE OF MANAGER/CLERK

PRINT NAME

DATE

DWP STAMP

DEPARTMENT FOR WORK & PENSIONS OFFICE