## **Housing Benefit and Council Tax Support**

## Childcare costs form



This form is to be used if your child (or children) are looked after by a registered childminder or attend an approved playgroup, nursery or after-school club. This extra help is available to families paying childcare for children until the first Monday in September following their 15th birthday, or 16th birthday if the child is disabled.

We can disregard up to £175 for one child, or up to £300 for two or more children, from your weekly income. You qualify if:

- You are a couple and both work at least 16 hours each week; or
- You are a couple and one of you works at least 16 hours each week and the other is incapacitated, in hospital, in prison or aged 80 or over; or
- You are a lone parent working at least 16 hours each week.

This disregard of your childcare costs does mean that you will get a higher rate of housing benefit and council tax support. If the amount you pay changes so will your benefit. You must tell us if this happens to avoid being overpaid.



Section 1 - To be filled in by the claimant							
First name							
Last name							
Address							
Addicos							
Postcode							
Contact number							
Diagon tiple the terms	of shilds are that applies to you						
	e of childcare that applies to you						
Registered childr	minder caring for your child in your home or their home						
Registered nurse	ery care for your child on nursery premises						
Registered plays	cheme						
Nursery or playso	cheme on government property						
Out of hours club	o run by a local authority						
Out of hours club	o at school						
Other (please sp	ecify)						
Name and address							
where care is provi	ded						
Phone number of p	remises						

## **Section 2 -** Please fill in the following for each child that you pay childcare for: First child Child's full name Childcare provider's full name Childcare provider's address Childcare provider's contact number Registration number Weekly charge (term time) £ Weekly charge (holidays) 3 Number of weeks at school holiday rate Date you started paying childcare costs / / Are there any times during the year that you do not pay for childcare Date of last increase or decrease of rates Weekly charge before rates changed £ Childcare provider's declaration: I declare that the information on this form is correct and complete. I understand that it is an offence to give false information to obtain benefit and to enable another person to obtain benefit. Name Signed **Date** Official business stamp (if available)

Second child								
Child's full name								
Childcare provider's full name								
Childcare provider's address								
Childcare provider's contact number								
Registration number								
Weekly charge (term time)	£		Weekly	charge	e (holiday	s)	£	
Number of weeks at school h	oliday rate							
Date you started paying childcare costs			/		/			
Are there any times during th that you do not pay for childo	•							
Date of last increase or decre	ase of rate	s	/		/			
Weekly charge before rates c	hanged		£					
Childcare provider's declarat I declare that the information on to give false information to obtai	this form is							fence
Name								
Signed			Date		/	/		
Official business stamp (if av	ailable)							
Section 3 - Declaration o	f claiment							
I declare that the information on to give false information to obtai								fence
Signed			Date		1	/		