



The Government Standard

NAME

ADDRESS

REFERENCE

TELEPHONE

Once completed by you and your childcare provider please upload a scanned copy or digital image (photo) to:

www.middlesbrough.gov.uk/bensupload

Please make sure this form is signed and stamped by your childcare provider.

HOUSING BENEFIT & COUNCIL TAX REDUCTION WHEN PAYING FOR CHILDCARE.

Dear Claimant

Housing Benefit & Council Tax Reduction Extra help for those who are working and paying for childcare.

You have told us on your claim form you are paying for childcare. You may now be able to get extra housing benefit and council tax reduction

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. If this applies to you, you can get upto £175.00 of your weekly earnings ignored (up to £300.00 per week for those with two or more children who meet the conditions). This means your benefit will increase.

YOU QUALIFY IF :

- You are a couple and both work at least 16 hours each week; or
- You are a couple and one works at least 16 hours each week and the other is disabled or sick;
- You are a single parent working at least 16 hours each week.

A registered childminder or registered organisation, such as a nursery, must provide the childcare. It also applies to children who receive childcare from after school clubs and holiday playschemes run by Local Authorities or if a child is cared for in their own home by someone other than a relative.

Yours sincerely

Sue Blakey
Revenues and Benefits Manager

CHILDREN WHO LIVE WITH YOU

Please fill in the following for each child that you pay childcare for.

| | |
|---|---|
| Child's full name | |
| Registered child care providers name and address | |
| Telephone number of provider | |
| Registration Number | |
| Weekly Charge (term time) | £ |
| Weekly Charge (School Holidays) Number of weeks at this rate | £ |
| Date started paying child care costs | |
| Please give details of any future changes/ or recent changes | |
| Date of last increase/decrease and rates changed from | |

| | |
|---|---|
| Child's full name | |
| Registered child care providers name and address | |
| Telephone number of provider | |
| Registration Number | |
| Weekly Charge (term time) | £ |
| Weekly Charge (School Holidays) Number of weeks at this rate | £ |
| Date started paying child care costs | |
| Please give details of any future changes/ or recent changes | |
| Date of last increase/decrease and rates changed from | |

If childcare fluctuates on a regular basis please provide a breakdown of the charges for the last 6 months

CLAIMANTS DECLARATION: I have carefully checked the information on this form and declare it is true and complete to the best of my knowledge. I know I must notify the council in writing straight away of any changes that happen.

Claimants Signature

Date

| | | |
|--|-----------|-------------------------------|
| CHILDCARE PROVIDERS DECLARATION: | | |
| I confirm the above information is true and complete | | |
| Name..... (Please Print) | | |
| Signature..... | Date..... | Official Stamp (If available) |