

# Claim for Child Care Earnings Disregard

Claim reference

Issued

Your name

Your address

(including postcode)

Telephone

Email

## First child

Name

Date of birth

How much do you pay each week during school term time?

£

How much do you pay each week during school holidays?

£

## Second child

Name

Date of birth

How much do you pay each week during school term time?

£

How much do you pay each week during school holidays?

£

## Third child

Name

Date of birth

How much do you pay each week during school term time?

£

How much do you pay each week during school holidays?

£



The personal information you supply on this form will be used for the processing of Housing Benefit and Council Tax Support and will be used in accordance with the Data Protection Act 1998. For more information go to [www.eastherts.gov.uk/dataprotection](http://www.eastherts.gov.uk/dataprotection) or contact the Council's Information Management team by email on [foi@eastherts.gov.uk](mailto:foi@eastherts.gov.uk) or by telephone on 01279 655261.



## First Registered Childcare Provider

**Name**

**Your address**

(including postcode)

**Telephone**

**Registration Number**

**Registered with?**

## Second Registered Childcare Provider

**Name**

**Your address**

(including postcode)

**Telephone**

**Registration Number**

**Registered with?**

Please enclose a letter from each person providing child care confirming the amount paid per week for each child.

Please read this section carefully before you sign it.

The information I have given on this form is correct. I have left nothing out. I agree that the Council can check the information if they need to. I will tell the Benefits Section, in writing, as soon as there is any change in my circumstances that could affect my Housing Benefit or Council Tax Support.

**Your Signature**

**Date**

## **WARNING:**

**IF YOU GIVE FALSE INFORMATION, OR YOU DO NOT TELL US ABOUT ANY CHANGE IN YOUR CIRCUMSTANCES, YOU COULD BE PROSECUTED.**

If you have not replied within 28 days of this letter, I will assume that you do not wish to apply, and any subsequent application you will only commence from the Monday following the date of receipt.

Please note, if you have returned the relevant information and have not received details of your entitlement to benefit within four weeks of sending your reply, please contact my office as it is possible that your details were not received.

Please complete, print and return this form as soon as possible to:

The Benefits Service, Council Offices, Wallfields, Pegs Lane, Hertford SG13 8EQ  
Alternatively click the send button below. This will open your email application and attach as a new message.