

HOUSING BENEFIT AND COUNCIL TAX REDUCTION



Proof of Child Care Costs

To be completed by claimant

Name

Address

To be completed by child carer

Please enter details of the child care you provide.

Your Name

Address

Your Carer Registration Number

Child's Name	Start Date	End Date	Amount Charged	How Often	No. of Hours
			£		
			£		
			£		
			£		

I confirm the above information is true and complete.

Signed (Child Carer)

Date

I confirm this is a true representation of my Child Care Costs.

Signed (Claimant)

Date