

Housing Benefit/Council Tax Reduction Certificate of Child Care Costs



Case Ref:-

Please ask your childminder or nursery to complete Part B.

Part A – Customer

Name

Address

Part B – To be completed by childminder or nursery

Name of childminder
or nursery.

Address
.....
.....

Registration Number

Childs Name	Amount of weekly or monthly charge net of vouchers. Please state which	Date commenced

Approximate number of weeks in the year this service is provided for the above number of children.

To find out more about how we use your personal data please visit <https://www.milton-keynes.gov.uk/benefits-council-tax/housing-benefit-council-tax-reduction-discretionary-awards-privacy-notice>

Signature of Childminder

Name of Signatory

Date:

**Benefits Service, Milton Keynes Council
Civic Offices, 1 Saxon Gate East
Central Milton Keynes
MK9 3HQ**

**Tel 01908 253100
Fax 01908 253025**