



Filling in this form

Use this form to apply for Home Responsibilities Protection (HRP) for tax years from 6 April 1978 to 5 April 2010. Please read the CF411(Notes) that came with this form before you fill it in. Keep the notes in a safe place in case you need to refer to them later. Please use capital letters and answer all parts and questions that apply to you.

Your details

Surname

First names

Title Mr/Mrs/Miss/Ms or other title

Date of birth DD MM YYYY

Address

Postcode

Daytime phone number including area code

National Insurance number

The tax years you want to apply for HRP

For which tax years do you want to apply for HRP? You can only apply for HRP for full tax years between 6 April 1978 and 5 April 2010. A tax year starts on 6 April one year and ends on 5 April the next year

From DD MM YYYY

To DD MM YYYY

Did you work for an employer in these tax years?

Have you lived abroad at any time during the tax years you are applying for HRP?

No Go to the Child Benefit section

Yes Please give us the dates that you left and returned to this country and the reason for your trip abroad in the box below. For example serving in HM Forces.

If you worked for an employer while you were abroad please give the name of the employer you worked for.

Child Benefit

Were you awarded Child Benefit for at least one child under the age of 16 in the tax years that you want to apply for HRP?

No Go to the Safeguarding entitlement to HRP section

Yes What was the Child Benefit number?

Are you still getting Child Benefit?

Yes Go to the next question

No When did the Child Benefit stop? DD MM YYYY

People you looked after continued

Were you getting Income Support to look after them?

No Go to the **Foster caring** section

Yes What is the name and address of the office that dealt with your application for Income Support?

Was the person you looked after getting any of the benefits listed below? *Please tick the relevant box.*

Disability Living Allowance care component at the middle or highest rate No Yes

Attendance Allowance No Yes

Constant Attendance Allowance No Yes

Please state the reference number of the benefit the person you looked after was getting. *You will find it on any letters about Disability Living Allowance, Attendance Allowance or Constant Attendance Allowance.*

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In the tax years that you want to apply for HRP was there a period of time when you spent less than 35 hours a week looking after them?

No Go to the **Foster caring** section

Yes Please give us the dates below.

From DD MM YYYY

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To DD MM YYYY

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From DD MM YYYY

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To DD MM YYYY

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If you need more space please give details in the 'Additional information' box on page 4.

Foster caring

Were you an approved foster carer for the period you want to apply for HRP? *You can only apply for HRP for tax years from 6 April 2003 to 5 April 2010.*

No Go to section **What to do next**

Yes Please enclose the letter of confirmation from the local authority or fostering agency confirming you were an approved foster carer for the period you are applying for HRP. **Your application cannot be considered without this letter.**

Please give the date you became an approved foster carer
DD MM YYYY

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Are you still an approved foster carer?

Yes

No From what date did you stop being an approved foster carer?

From DD MM YYYY

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If you need more space please give details in the 'Additional information' box on page 4.

What to do next

When you have completed this form, send it with your letter of confirmation, where appropriate, to:

HM Revenue & Customs
National Insurance Contributions Office
Individuals Caseworker
Newcastle upon Tyne
NE98 1ZZ

Additional information

Use this as the extra space you may need to answer the questions on this form.