HM Revenue & Customs

CF411 Application form for Home Responsibilities Protection (HRP)

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*

0 6 0 4

To *DD MM YYYY*

0 5 0 4

Did you work for an employer in these tax years?

No ☐ Yes ☐

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?

C H B

Are you still getting Child Benefit?

Yes ☐ Go to the next question

No ☐ When did the Child Benefit stop? *DD MM YYYY*

Child Benefit continued

Please give details of the children you were awarded Child Benefit for.

Child's full name

Their date of birth *DD MM YYYY*

Their National Insurance number (if over 16)

Child's full name

Date of birth *DD MM YYYY*

National Insurance number (if over age 16)

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

Safeguarding entitlement to HRP

Do you want to transfer HRP from the Child Benefit claimant's National Insurance account to your own National Insurance account? *This only applies if you reach State Pension age on or after 6 April 2008.*

No Go to the **People you looked after** section

Yes For what period do you want to transfer the HRP?

from *DD MM YYYY*

to *DD MM YYYY*

Full name of the person who claimed the Child Benefit?

What is their date of birth *DD MM YYYY?*

What is their National Insurance number?

What was their Child Benefit number?

C H B

Were you living with the Child Benefit claimant during this period?

No Yes

Were you sharing the care for a child under the age of 16 for this period?

No Yes

Would you have claimed Child Benefit if your spouse, partner or civil partner had not already made a claim?

No Yes

People you looked after

Did you look after a sick or disabled person for 35 hours or more per week (including a child over six) in the tax years that you want to apply for HRP?

No Go to the section **Foster caring** section

Yes Please tell us about the person you looked after

Surname

First names

Title Mr/Mrs/Miss/Ms or other title

Date of birth *DD MM YYYY*

Please give their National Insurance number (if over age 16)

When you looked after them did they have a different address from you?

No Go to the next question

Yes Please tell us their address below

Postcode

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.*

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*

To *DD MM YYYY*

From *DD MM YYYY*

To *DD MM YYYY*

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*

Are you still an approved foster carer?

Yes ☐

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

From *DD MM YYYY*

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.

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