

Office use only	
Date to customer:	
Date received at designated office:	
Claim number:	

HOUSING AND COUNCIL TAX BENEFIT SELF-EMPLOYED INCOME FORM

How will you calculate my benefit?

As you are self-employed, we need extra information from you to work out your weekly earnings (after tax) from your business and add this to any other income you and your family receive.

To work out your earnings for benefit purposes, we need to work out your profit before taxation. We will then take away any amounts you have had to spend to run your business.

We will base your earnings over a specified trading period. This will reflect the flow of cash into and out of the business.

Are you registered with HMRC? No

Yes

If Yes, what is your registration

Inland Revenue tax assessment

PLEASE NOTE, it is not acceptable for you to provide your tax return with this form. This is because housing benefit rules are different from tax rules so we cannot use your tax assessment. Similarly, we cannot base your income on the amount used on a working tax credit assessment.

Section 1a – About you

Name

Address

Postcode

Telephone Number

Email

Section 1b – About your business

Name

Address

Postcode

Section 1b – About your business (cont.)

What is the nature of your business?

Date business commenced?

Are you a director of the company or business?

No

Yes

If YES, please do not complete this form; please provide proof of earnings.

Are you a sub-contractor?

No

Yes

If YES, please do not complete this form. Please provide your last three months invoices or CIS vouchers.

Section 1c - About you

Average hours worked per week

Start date of your current financial year

Is your business a partnership?

No

Yes

Is your spouse/partner a partner in the business?

No

Yes

If YES, please give the percentage split of your business

Is your spouse/partner on the payroll of the

No

Yes

If YES, what are his/her earnings?

every

Section 1d - Business start up scheme

If you have received any money from a business start up scheme, please state the name of the scheme, the amount you received and the period that you were on it.

Name of Scheme

Amount

From

Until

Section 1e – About you

If you have received any of the following benefits during the accounting period, please ✓ and state the period(s)

Benefit	✓	From	Until
Job Seekers Allowance (contribution based)			
Job Seekers Allowance (income based)			
Income Support			
Employment & Support Allowance			

Section 2a – Statement of accounts

This section needs completing ONLY if no audited accounts are available

Money coming into the business

Trading period From
To

When completing this form ensure the figures you give are for the accounting period shown above which must be for the business as a whole even if you have a partner or partners.

Sales, taking & receipts £

Give the gross amount of sales, takings & receipts including money that is owed to the business.

Sales £

Takings £

Receipts £

Are you VAT registered? No

Yes

If you are VAT registered, how much of the above is VAT received? £

If YES, please confirm your VAT number

Is there any other income in the business? (please tell us what it is) – include any other income which comes into the business which you have not already listed (such as tips and commission.) DO NOT include income from any other business or job.

Section 2b – Money going out of the business

Expenses	Total spent	Amount for private use	Amount for business use	Estimated expense (only complete this column if you are a new business)
Accountants charge				
Advertising				
Bank charges				
Business cleaning				
Business entertainment and hospitality				
Business insurance/public liability				
Business postage				
Business purchases				
Business rates				
Drawings				
Heating and lighting				
Hire and leasing charges				
Insurance				
Loan repayments – capital payments				
Loan repayments – interest payments – please enclose a copy of the loan agreement				
Materials				
Motoring expenses: Petrol				
Car Lease				
Insurance				
Road Tax				
MOT				
Repairs				

Expenses	Total spent	Amount for private use	Amount for business use	Estimated expense (only complete this column if you are a new business)
Stationery				
Bad debts – please give details (only include debts which cannot be recovered)				
Purchase of capital item i.e. items purchases				
Rent paid/mortgage interest (business)				
Repairs & renewals				
Telephone: Landline				
Mobile				
Internet				
Wages to others				
Any other expenses – give details				
Total expenses	£	£	£	£

YOU CANNOT INCLUDE ITEMS THAT HAVE, OR WILL BE REPLACED BY INSURANCE CLAIMS YOU MAY BE REQUIRED TO PROVIDE PROOF OF ANY OF THE EXPENSE ITEMS LISTED

Section 3 – National Insurance

Do you hold an exemption certificate?

No

Yes

If NO, please provide proof of your contributions

What are your contributions?

£

Weekly*

Monthly*

Annually*

Section 4 – Further information

Please provide any additional information that you think may be of use to the council to make an accurate assessment.

You may wish to confirm if the amount of money coming into your business changes at different times of the year (e.g. seasonal changes).

Section 5 – Declaration

Please read this declaration carefully before you sign and date it.

I understand the following:

- If I give you information that is incorrect or incomplete, you may take action against me.
- You will use the information I have provided to process my claim for housing and council tax benefit. You may check the information with other sources within the council, rent offices, and other councils.
- You may use the information I have provided in connection with this and any other claim for Social Security benefits that I have made or may make.
- You may give some information to other government organisations, if the law allows this.
- I know I must let the council know about any changes in my circumstances, which may affect my claim.

I declare the information I have given on this form is correct and complete.

Signature of person claiming

Date

Form filled in by someone other than the person claiming

No

Yes

Please tell us why you are filling this form in for someone else

Name of the person who filled in the form

Signature of this person

Relationship to person claiming