**HOUSING BENEFIT/COUNCIL TAX BENEFIT**

**SELF-EMPLOYMENT SHEET**

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| --- | --- |
| **Your Name:** | **For Office Use Only** |
| **Address:** | **Date Sent:** |
| **Origin:** |
| **Date Received:** |
|  **Home Telephone Number:** |
|  **Daytime Telephone Number:** |
| **Reference Number:** |

* **Please complete this form if you or your partner are self-employed.**
* **If you are both self-employed, but in different businesses, you should each complete a separate self-employment sheet.**
* **If you are self-employed in more than one business, please complete a separate sheet for each business.**
* **If you are a company director you should not complete this form, please provide your wage slips to show your directors remuneration.**

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| **SECTION 1 – ABOUT YOUR BUSINESS** |

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| --- | --- |
| Please give your full name: |  |
| Please give your National Insurance Number: |  |
| Please give your date of birth: |  |
| What is the title of your business: |  |
| Is your company a Limited Company | YES / NO |
| Please give the nature of your business: |  |
| What is your business address: |  |
| When did your business start: |  |
| How many hours do you normally work per week: |  |
| Is your business a partnership? | Yes No |
| If you have ticked “yes”, what percentage of the total profit/loss is yours? |  % |
| Is your partner on the payroll of the business? | Yes No |
| If you ticked “yes”, what are their earnings? | £ |
| How often are these paid? (e.g. weekly, monthly etc.) |  |
| Are there any other people on the payroll of the business? | Yes No |

|  |  |
| --- | --- |
| If you have ticked “yes”, please state how many: |  |
| Do you make any contributions to a Personal Pension scheme? | Yes No |
| If you have ticked “yes”, how much do you pay? | £ |
| How often do you have to make payments into the scheme? |  |
| Do you have any prepared accounts (audited or otherwise) for the last financial year?  | Yes No  |
| If “yes”, how many weeks do your accounts cover? |  |

|  |  |
| --- | --- |
| Does your business use any buildings or land?  | Yes No  |

 If you have ticked “yes”, please give details below:

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**If you have prepared accounts, please provide them with this form and go to section four.**

|  |  |  |
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| If you do not have prepared accounts, please give the reason why and the date you expect to have them. | Reason: | Date: |

**If you do not have any prepared accounts, or if you have not been trading for a full financial year, please complete section two and three of this form.**

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| Do you have your latest Schedule D tax assessment? | Yes No |

If you have ticked “yes”, please return a copy with this form.

If you have ticked “no”, please give the reason why and the date you expect to receive it.

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| --- | --- |
| Reason: | Date: |

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| **SECTION 2 – BUSINESS TAKINGS** |

Please give details of your business takings below for:

|  |  |
| --- | --- |
| **Period** | to |
| *Business Income* | *Amount £* |
| Sales & work done  |  |
| **Commission** |  |
| Other (please specify) |  |
| *Total* |  |

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| **SECTION 3 - EXPENDITURE** |

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| --- | --- | --- | --- |
| **Type of Expenditure** | **Actual Amount** | **Estimated Amount** | **Business Use %** |
| Drawings | **£** | **£** | **%** |
|  |
| **Type of Expenditure** | **Actual Amount** | **Estimated Amount** | **Business Use %** |
| Purchase of Stock | **£** | **£** | **%** |
| Wages paid to partner | **£** | **£** | **%** |
| Wages paid to others | **£** | **£** | **%** |
| Rent paid on business premises | **£** | **£** | **%** |
| Business Rates | **£** | **£** | **%** |
| Heating and Lighting | **£** | **£** | **%** |
| Cleaning | **£** | **£** | **%** |
| Telephone | **£** | **£** | **%** |
| Business Insurance | **£** | **£** | **%** |
| Advertising | **£** | **£** | **%** |
| Printing and Stationary | **£** | **£** | **%** |
| Postage | **£** | **£** | **%** |
| Accountants Charge | **£** | **£** | **%** |
| Bank Charges | **£** | **£** | **%** |
| Interest payments on a business loan | **£** | **£** | **%** |

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| --- | --- | --- | --- |
| **Type of Expenditure** | **Actual Amount** | **Estimated Amount** | **Business Use %** |
| Repair/replacement of a business asset(please do not include motoring) | **£** | **£** | **%** |

|  |  |
| --- | --- |
| Was this covered by Insurance? | YesNo |

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| --- | --- |
| Leasing Charges(please do not include motoring) | **£** |
| Please state what is leased |  |

|  |  |
| --- | --- |
| Business Entertainment | **£** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Motoring Expense** | **Actual Expense** | **Estimated Expense** | **Business Use %** |
| Car Lease | **£** | **£** | **%** |
| Road Tax | **£** | **£** | **%** |
| Petrol/Diesel | **£** | **£** | **%** |
| Repairs | **£** | **£** | **%** |
| Insurance | **£** | **£** | **%** |

|  |  |
| --- | --- |
| Who owns the vehicle(s)? | Self Business |
| If business, do you use other than for business? | Yes No |
| % of non business use | % |

|  |  |
| --- | --- |
| Is it reasonable to assume that the trading figures for the next six months will be similar to those given above? | Yes No |

If no, please explain the likely differences:

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| --- |
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**YOU MAY BE REQUIRED TO PROVIDE PROOF OF ANY OF THE EXPENSE ITEMS LISTED. THE HOUSING BENEFIT SECTION WILL CONTACT YOU IF NECESSARY.**

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| **SECTION 4 - DECLARATION** |

This Authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

* This information forms part of my/our claim for Housing Benefit and or Council Tax Benefit.
* I/We declare that the information I/We have given on this form is correct and complete to the best of my/our knowledge.
* I/We authorise the council to make any necessary enquiries to verify the information on this form.
* I/We authorise the council to cross check the information I/we have given with other sections within the council, Valuation Agency, other councils and Benefit Agencies.
* I/We understand that if I/we give information that is incorrect, or incomplete, or fail to report any changes which might affect my/our benefit, I/we may be prosecuted.

|  |  |  |
| --- | --- | --- |
| Your Signature |  | Date |

|  |  |  |
| --- | --- | --- |
| Your Partner’sSignature |  | Date |