## Housing Benefit, Council Tax Benefit and Second Adult Rebate Self Employed Earnings Information



## Section 1 - About you

Cla	im Number					
Full	name					
	ne address					
ПОП	ie address					
Post	code					
Tele	phone numbers:	Business		Hor	me	
S	Section 2	- About	t the business			
Nan	ne of business					
Bus	iness address					
Post	code					
1.	State the type o	f business				
2.	Give the date th	is business s	started			
3.	Give the start da	te of current	t financial year			
4.	Give the average number of hours worked per week					
5.	Is your business	a partnersh	ip?	Yes	No	
	If " <b>Yes</b> " what peand provide the		profit or loss is yours agreement		%	
7.	Is your husband, partner, a partne		artner or common-law iness?	Yes	No	
8.	If " <b>Yes</b> " what pe	ercentage of	profit or loss is theirs?		%	
9.	Is your husband, partner employe		artner or common-law siness?	Yes	No	
10.	D. If "Yes" state their gross weekly earnings.					
11.	Are their any ot	ner people o	n the payroll of the company	y? Yes	No	
12.	Do you use part	of your hor	me for business purposes?	Yes	No	
13.			sed for business and le house is this for?			%

14. Do you have prepared accounts (audited or otherwise) for the last business financial year?	No
If "Yes" you should complete Sections 4 and 5 only and return this form	along with your accounts.
15. If "No" why you do not currently have accounts? When you expect to have accounts available?	
If you do <b>not</b> have prepared accounts or have not been trading for a full y <b>3, 4 and 5</b> of this form fully.	year, you must now complete <b>Sections</b>
Section 3 - Details of business income a	nd expenditure
Give the period covered: From	To (
This should be your last business financial year or if you have not been tradi business started to the current date. Please note we may ask you to proshown. We will contact you if we need this.	
■ Where relevant state the business <b>income</b> for the period shown above.	If none, write none.
VAT refunded	£
Business Start up Allowance	£
Closing Stock Value	£
Cost of Sales (Stock)	£
VAT Paid Out	£
Opening Stock Value	£
Total Income	£
■ Where relevant state the business <b>expenses</b> for the period shown above	<b>9</b> .
You must only include amounts that relate <b>solely</b> to the business, for examp well as business use, you must state the amount incurred for business use obill this relates to.	
Drawings (cash or goods)	£
Wages paid out: To self	£
To husband, wife, civil partner or common-law partner	£
To others	£
Rent on business premises or on the proportion of your home attributed to business use	£
Business Rates	£
Heating and Lighting	£
Cleaning	£
Telephone	£
Business Insurance	£

## Expenses continued Advertising £ Printing and Stationery £ Postages £ Accountant's fee £ Bank charges £ Depreciation £ Interest payments on business loan Cost of repair or replacement of business asset £ (Do **not** include motoring costs here. See below for these) Was the above cost covered by insurance? Yes No Leasing Charges £ Details of leased items **Business entertainment** £ £ **Bad Debts** Give details £ Motoring Expenses Car Lease £ Road Tax £ Fuel £ Repairs £ Insurance Who owns the vehicle? Self **Business** No If "Business", do you use the vehicle other than for business use? Yes Other expenses £ (Please provide details of these on a separate sheet of paper) Do you expect the income and expenditure figures to remain similar for the next 6 months? Yes No If "No" explain the likely differences.

**Total Expenditure** 

## Section 4 - Other expenditure

National Insurance Contributions									
Do you hold an exemption certificate?	Yes	No							
If "No" state how much you contribute and provide evidence of your contributions.	£		each						
Personal or Stakeholder Pension Contributions									
Do you contribute to a personal pension scheme?	Yes	No							
If "Yes" state how much you contribute and provide evidence of the contract and your contributions for the last two months.	£		each						
Section 5 - Declaration									
Please read this declaration carefully before you sign and date it.									
Warning: It is an offence to <b>give false information</b> . If someone has completed this form on your behalf, you <b>must</b> make sure that it has been read back to you in full and you understand everything before you sign the declaration. In the case of a <b>couple</b> , <b>only the claimant must sign</b> the form below.									
I declare that the information I have given on this form is correct and complete.									
I authorise the Council to check the information I have given and make any necessary enquiries to verify the information on this form and retain a copy.									
I understand that the information that I have given on this form may be held electronically and may be shared with other Council Services and relevant agencies, or used when considering a discretionary housing payment.									
I understand that if I give information that is <b>wrong or not complete</b> or <b>fail</b> to report a change which may affect my benefit I may <b>be prosecuted</b> .									
Claimant's signature		Date (							
This section must be completed if the claim form has be This includes voluntary organisations, an appointee, rel									
Please print the name of the person who completed the fo	orm								
Their address									
Their telephone number E-mail address									
Relationship to claimant or partner if any									
Please give the reason why the claimant was unable to complete the form									
I declare that I have filled in this form for the person(s) named above in accordance with their instructions and have read this back to them in full before they signed the declaration.									
Signature or person completing form		Date							

Any information that you supply will be used only to process your claim and will be maintained in accordance with the Data Protection Act. We may pass the information to other agencies or organisations such as the Department for Works and Pensions or the Inland Revenue as allowed by law.