

1. About this form

Please fill in this form if:

- You or your partner are self-employed

By partner we mean someone you are married to or are in a civil partnership with, or someone you are living with as if you were married or in a civil partnership.

Do not fill in this form if

- You or your partner only work for an employer and do no self employed work

If you have more than one business you must complete one form for each.

2. How to fill in this form

- Please answer all the questions on this form. Give as much information as you can about any money you have received and any money you have paid out because of your self employed work.
- We need this information for a period of 12 complete calendar months but special arrangements apply if you have been self employed for less than this time (see page 3 for details)
- Please fill in this form, even if you are not sure that it applies to you.
- If you want to ask us anything about this form or if you need help to fill it in, contact your local Housing Benefit Office by phoning us on **03448 920 902** regardless of where you live.

Your Name

Your Address

National Insurance Number  Date of Birth

Phone  Mobile

Business Address (if different)

Business Phone  E-mail

### 3. About your self employed work

What type of self-employed work do you do

On what date did you start your self-employed work

How many **hours** do you work each week

How many **days** do you work each week

How many people work for you

Do you pay your partner a wage

Yes

☐

No

☐

**By partner we mean someone you are married to or are in a civil partnership with, or someone you are living with as if you were married or in a civil partnership. We do not mean a business partner**

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#### **FOR SHARE FISHERMEN ONLY**

Are you the boat owner (if **YES go straight to Section 4 and then go straight to Section 7**)

Yes

☐

No

☐

Are you a crewmember on sea only

Yes

☐

No

☐

Are you a crewmember on land only

Yes

☐

No

☐

If **YES** to crewmember, please complete the details below (then go to Section 4 and then go straight to Section 7)

Name of Boat owner(s)

Address of Boat owner(s)

4. About income and expenses from self employed work

We need information for a period of 12 complete calendar months.

By a complete calendar month we mean the period starting on the first day of the month and ending on the last day of the month.

If you have been working as a self employed person for 12 complete calendar months or more:

Please fill in the columns headed Actual Income and Actual Expenses for the last 12 complete Calendar months before the date you have written on the front of this form. For example, if you were completing the form in January 2015, the 12 complete calendar months would be 01/01/2014 to 31/12/2014 (actual).

If you have been working as a self employed person for less than 12 calendar months

Please fill in the columns headed Actual Income and Actual Expenses for as many calendar months after you started work to the last day of the last complete calendar month before the date you have written on the front of this form. Please also fill in the columns headed Estimated Income and Estimated Expenses as accurately as possible for as many months as necessary to make up the 12 calendar months. For example, if you were completing the form any time in January 2015 and you started self employment any time in October 2014 the 12 complete calendar months would be 01/11/2014 -31/12/2014 (actual) and 01/01/2015- 31/10/2015 (estimated).

If you have been working as a self employed person for less than 1 complete calendar month:

Please fill in the columns headed Estimated Income and Estimated Expenses as accurately as possible for the 12 complete calendar months from the first day of the first complete calendar Month after you started self employment. For example, if you were completing the form any time in January 2015 and you started self employment in January 2015 the 12 complete calendar months would be 01/02/2015 – 31/01/2016 (estimated)

From what dates are you giving us details of the total income and expenses?

Actual income and expenses

From 01/\_\_\_\_/\_\_\_\_

To \_\_\_\_/\_\_\_\_/\_\_\_\_

Estimated income and expenses

From 01/\_\_\_\_/\_\_\_\_

To \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you received any state benefits in the past 12 months?

Yes

☐

No

☐

If Yes please list these benefits (below)

List of State Benefits are on Page 7 of this form

Name of Benefit	Previously in payment	Currently in payment	Applied for
	( ✓ as appropriate)		

## 5. Income from your self employed work

Please give details of all income relevant to your self employment for the 12 complete calendar months written on page 3. **If you are VAT registered all income totals should exclude VAT.**

Type of Income	Actual Income	Estimated Income	For Official Use
Money received for sale of goods, produce and work done	£	£	£
Rent Received	£	£	£
Goods from the business for your own use (cost value)	£	£	£
Interest on investments	£	£	£
Other Income (please give details)	£	£	£
<b>TOTAL</b>	£	£	£

## 6. Expenses from your self employed work

Please give details of all expenses relevant to your self employment for the 12 complete calendar months you have written on page 3.

Give the total amount of expenses including both business and private use.

**If you are VAT registered all expenses totals should exclude VAT.**

Type of Expense	Actual Expense	Estimated Expense	% Business Use	For Official Use - Amount
Purchase of stock for resale	£	£	%	£
Stock Insurance	£	£	%	£
Goods and materials	£	£	%	£
Replacement small tools	£	£	%	£
Vehicle running expenses*	£	£	%	£
Travel	£	£	%	£
Accountancy	£	£	%	£
Legal Services	£	£	%	£

\* Vehicle running expenses include fuel, road tax, insurance, cleaning and repairs

**6. Expenses from your self employed work (continued)**

Type of Expense	Actual Expense	Estimated Expense	% Business Use	For Official Use - Amount
Rent for business premises	£	£	%	£
Business rates	£	£	%	£
Mortgage Interest	£	£	%	£
Property Insurance	£	£	%	£
Gas, electricity and other fuel costs (not vehicle)	£	£	%	£
Repairs, maintenance and cleaning (not vehicle)	£	£	%	£
Telephone	£	£	%	£
Stationery, printing and post	£	£	%	£
Advertising	£	£	%	£
Staff wages including NI contributions	£	£	%	£
Other insurance for business purposes (not NI contributions)	£	£	%	£
Bank charges	£	£	%	£
Total loan or HP interest for new or additional items only	£	£	%	£
Interest on business loans	£	£	%	£
Proven bad debts only	£	£	%	£
Debt recovery expenses	£	£	%	£
Other expenses (Please give details)	£ £ £	£ £ £	%	£ £ £

Are you registered for VAT?

Yes

☐

No

☐

If **YES** please supply copies of all 3 mthly returns that you have submitted (over the period input at Section 4) to HMRC showing (1) Amounts of VAT collected by you from your customers and (2) Amounts of VAT paid by you to your supplier(s)

How much VAT (if any) have you paid to HMRC.

£

How much VAT (if any) have you received back from HMRC

£

## 7. More about your self employed work

Do you pay money towards a private pension

Yes

☐

No

☐

If yes, how much

£

mthly/wkly/4-wkly

**Please tell us about life insurance policies and endowment policies. We need to see proof of your private pension document(s).**

Do you receive tax relief on your pension

Yes

☐

No

☐

If yes, how much

£

mthly/wkly/4-wkly

Does your business operate from your home

Yes

☐

No

☐

How many rooms are there in your home

How many do you use for work

## 8. Declaration

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

- I understand that if I give information that is incorrect or incomplete you may take action against me. This may include court action.
- I agree that you will use the information I have provided to process my claim for Housing Benefit. You may check some of the information with other sources as allowed by the law.
- I know that I must let you know in writing about any change in my circumstances, which might affect my claim.
- I understand that if I do not tell you about any change of circumstances and you pay me too much benefit because of this, I may have to pay back the extra benefit
- I understand that I may be prosecuted if I do not tell you about any change of circumstances.

**Signature**

**Date**

## 9. What to do now

Please send this form back to us straight away. If you cannot fill in this form straight away, please send it back to us as soon as you can.

## 10. List of Benefits

Benefit Type
Attendance Allowance
Bereavement Allowance
Carers Allowance
Child Tax Credit
Disability Living Allowance (Mobility Component)
Disability Living Allowance (Care Component)
Employment Support Allowance (Income Related)
Employment Support Allowance (Contribution Related)
Incapacity Benefit
Income Support
Industrial Injuries Death Benefit
Industrial Injuries Disablement Benefit
Jobseekers Allowance (Contribution Based)
Jobseekers Allowance (Income Based)
Maternity Allowance
Pension Credit (Guaranteed Credit)
Pension Credit (Savings Credit)
Personal Independence Payment (PIP)
Severe Disablement Allowance
State Retirement Pension
War Disablement Pension
War Widows Pension
Widows Parents Allowance
Widows Pension
Working Tax Credit