

Housing Benefit and Council Tax Support SELF EMPLOYED FORM

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If you are self employed, please fill in this form to allow us to assess your entitlement. For assistance, please contact: the Benefits department by phone, email, or post, using the contact details below.



Benefits Section
Blaby District Council
Desford Road
Narborough
Leicester
LE19 2EP

Tel: (0116) 2727510
Fax: (0116) 2727591
Email: Benefits.team@blaby.gov.uk
Website: www.blaby.gov.uk

Date issued / /

Claim number

IMPORTANT: It is important that we have an accurate assessment of your self employed earnings. Please complete this form and return it to the benefits department as soon as possible.

A: Claimant details

1) Title

Mr Mrs Miss Ms

2) First name and middle name

3) Last name

4) Your address

B: About the business

1) Business name

2) Type of business

3) Date business commenced

/ /

4) Start date of current financial year

/ /

5) Average number of hours worked per week

6) Business address

7) Do you (or your partner) get a business start-up allowance?

If 'Yes', please provide documents.

8) Are you a sole trader?

If 'No', please give details of the partnership and your share of the business.

B: About the business (continued)

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1) Do you have prepared accounts (audited or otherwise) for the last financial year?

If 'Yes' please go to part D and provide the accounts to the benefit department.

If 'No' please give the reason you do not have prepared accounts, and the date you expect to have them, and then complete part C.

C: Income and expenditure

1) Period covered.

From

/ /

To

/ /

If you have been trading for more than a year, this should be your last financial year. If not, this should be from the date you started trading until the current date.

2) Sales, takings, and income.

£

3) VAT refunded.

£

4) Enterprise allowance.

£

5) Closing stock.

£

6) Purchases/ materials.

£

7) VAT paid out.

£

8) Opening stock.

£

9) Other (please specify).

£

10) Other (please specify).

£

We can only take expenses into account if they relate solely to the business and the period covered in Part C question 1. For questions 11 to 43 please state the percentage of the total amount that is used for the business, and the percentage for personal use where appropriate. In the example below a quarter of the telephone bill is solely for business use.

Example: Telephone bills

Amount	Business	Personal
£100	25%	75%

11) Drawings (Cash or stock).

£

12) Wages paid out to a spouse or partner.

£

13) Wages paid out to any other employee.

£

14) Rent.

£

%

%

15) Business rates.

£

16) Business insurance.

£

17) Heating and lighting.

£

%

%

	Amount	Business	Personal
18) Water costs.	£	%	%
19) Cleaning.	£	%	%
20) Telephone.	£	%	%
21) Protective clothing.	£	%	%
22) Advertising.	£		
23) Printing and stationery.	£	%	%
24) Postage.	£	%	%
25) Subscriptions.	£	%	%
26) Accountancy charges.	£	%	%
27) Bank charges.	£	%	%
28) Business entertainment.	£		
29) Bad debts (please specify).	£	%	%
30) Interest payments on a business loan (proof of loan required).	£		
31) Hire/ leasing charges (not including car hire—please state what is hired/ leased in part D).	£		
32) Repair/ replacement of a business asset (not including motoring assets).	£		
32a) Was this covered by insurance?			
33) Car lease.	£	%	%
34) Petrol/ diesel.	£	%	%
35) Business mileage.			
36) Vehicle repairs.	£	%	%
37) Road tax (per year).	£	%	%
38) Vehicle insurance (per year).	£	%	%
39) Are the vehicles owned by you or your business?			
40) Any other expenses (please specify). _____	£	%	%
41) Any other expenses (please specify). _____	£	%	%
42) Any other expenses (please specify). _____	£	%	%
43) Any other expenses (please specify). _____	£	%	%

C: Income and expenditure (continued)

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44) Do you have any rooms set aside solely for business use?

45) Do you hold a National Insurance exemption certificate?

46) Would it be reasonable to assume that the trading figures for the next 6 months will be similar to those provided above?

We may need to see proof of some or all of the expense items listed. If this is the case we will contact you.

D: Further information

Please use this section to tell us any other information you feel may be of use in the assessment of your self employed earnings.

E: Declaration

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

If I knowingly give 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 Benefit and Council Tax Support. You may check some of the information with other sources within the Council, rent officers, and other councils. You may use any other 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 that I must let Blaby District Council benefits department know about any changes in my circumstances which might affect my claim.

I have read and understood the declaration above.

Signature of claimant

Date