|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Housing Benefit/Council Tax Reduction** **Self Employed Income - Information Form**

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 |  |  |  |  |  | http://intranet.argyll-bute.gov.uk/PublishingImages/colourlogo.jpg |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Claim Number  |   |
|
|  |  |  |  |  |  |  |
| **Section 1. About Yourself** |  |  |  |  |
|  |  |  |  |  |  |  |
| Title |   |  | Address |   |
| First Name |   |  |   |
| Last Name |   |  |   |
|  |  |  |  |   |
|  |  |  | Postcode |   |
| Home/Mobile Telephone |   |
| Email Address |  |   |
|   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |
| **Section 2. About Your Business** |  |  |  |  |
|  |  |  |  |  |  |  |
| Name of Business |   |
| Business Address |   |
| (If your Business is run from your Home Address please indicate this) |   |
|   |
|  |  |  |  |  |  |  |
| Type of Business |   |
|
| Date Business Commenced |   |
| Start Date of Current Financial Year |   |
| Hours worked per week |   |
|
| Is your Business a Partnership? | Yes/No |
| If Yes, what % of the total profit/loss is yours? Please provide your Partnership Agreement  | % |
|
|  |  |  |  |  |  |  |
| Is your Spouse/Partner a partner in the Business? | Yes/No |
| If Yes, what % of the total profit/loss is theirs? Please Provide the Partnership Agreement | % |
|

|  |  |
| --- | --- |
| Is your Spouse/partner on the payroll of the business? | Yes/No |
| If Yes what are His/Her earnings? | £ Weekly/Fortnightly/Monthly (please delete as appropriate) |
|
|  |  |  |  |  |  |  |  |  |
| Is there anyone else on the Payroll of the Business? | Yes/No |
| If Yes, please give details: |  |   |
|  |  |
|   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
| **Section 3. About the Business Income** |  |  |  |
|  |  |  |  |  |  |  |  |
| Do you have any prepared accounts for the last financial year? | Yes/No |
|
| If Yes, Please return an original set of accounts with this form and |  |  |
| Go to **Section 5** |  |  |  |  |  |  |
| If No, Please state whether you will be producing accounts, and when they will available |   |
|
| If you do not have any prepared accounts, please complete **Section 4** |
|   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
| **Section 4 - Income and Expenditure** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Please complete this Section if you do not have prepared accounts for the last financial year, or if you have not been trading for a full year. |
|
|  |  |  |  |  |  |  |  |  |
| State Exact Period Covered |  | From: | To: |
|  |
| This period should be your last financial year, OR If you have not been trading for a full year; it should be from the date your Business started to date. |
| **Income** |  |  |  |  |  |  |  |
| Income/Sales/Takings/Gross Earnings | £ |
|
| Income from any other source | £ |
| Please give detail: |
|
|  |  |  |  |   |
| Total Business Income | £ |
|
|  |  |  |  |  |  |  |  |  |
| **Expenses**  |  |  |  |  |  |  |  |
| Please only include the Business element of expenses for Telephone, Heating, Lighting and Motoring. |
|
| **Expense**  | **Amount Declared as a Business Expense** | **Frequency** |
|
| Wages paid to Others |   |   |
|
| Rent of Business Premises |   |   |
|
| Use of House for Business |   |   |
|
| Business Rates |   |   |
|
| Business Insurance - Employer Liability |   |   |
|
| Business Insurance - Other (please give detail) |   |   |
|
| Business Heating & Lighting |   |   |
|
| Business Telephone |   |   |
|
| Advertising |   |   |
|
| Printing & Stationery |   |   |
|
| Postage/Carriage Costs |   |   |
|
| Protective Clothing/Cleaning costs |   |   |
| Bank Charges |   |   |
| Accounting Fees |   |   |
|
| Capital Loan Repayments (used to repair/replace Assets) |   |   |
|
| Interest Payments on Business Loans |   |   |
|
| HP/Leasing Costs (please give detail) |   |   |
|
| Subscriptions to Professional Bodies |   |   |
|
| **Expenses Continued** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Expense**  | **Amount Declared as a Business Expense** | **Frequency** |
|
| Transport Costs (not Commuting) |   |   |
|
| Business Repairs |   |   |
|
| Purchase of Stock/Materials |   |   |
|
| **Business Motoring Expenses**  | Self/Business |
| Who owns the vehicle(s) (Please delete as appropriate) |
| Car Lease |   |   |
|
| Road Tax |   |   |
|
| Fuel - Petrol/Diesel |   |   |
|
| Insurance |   |   |
|
| Vehicle Repairs |   |   |
|
| **Total Expenses** | **£** |   |
|
|  |  |  |  |  |  |  |  |  |
| Is it reasonable to assume that Income/Expenses will remain the same for the next 6 months? | Yes/No |
|
| If No, Please Explain likely differences: |
|
|  |  |  |  |  |  |  |  |  |
| **Please Note - you may be required to provide proof of any expenses listed. A member of Staff will contact you if necessary.** |
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| **Section 5. Other Outgoings** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **National Insurance**: Do you hold an Exemption Certificate? | Yes/No |
| **If Yes**, Please return the original certificate with this form |  |  |  |
| **If No**, Please provide evidence of your contributions |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Pension Contributions** |  |  |  |  |  |  |
| Do you contribute to a Personal Pension Scheme? |  | Yes/No |
| **If Yes**, Please provide evidence of the scheme and your contributions |  |
|   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
| **Section 6. Declaration** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Please read this declaration carefully before you sign and date it.** |  |
|  |  |  |  |  |  |  |  |  |
| **-** | **I declare** that the information I have given on this form is correct and complete and I have declared all of my Business Income. |
|
| **-** | **I give** you permission to make any enquiries to check the information on this form with the information I have given to other Sections within the Council, Benefit Authorities and the Home Office, as allowed by law. |
|
|
| **-** | **I must** let you know immediately of any changes in circumstances which may affect the claim. |
|
| **-** | **I understand** that if I give any information that is not correct or complete, or do not tell you about any changes that might affect my Benefit, I may be prosecuted. |
|
|
| **-** | The Council is under an obligation to manage public funds properly. Accordingly, I understand that information I provide will be used to ensure appropriate payment of Housing Benefit/Council Tax Reduction. |
|
|
|  |  |  |  |  |  |  |  |  |
| Signature of person claiming |   |
|
|
|  |  |  |  |  |  |  |  |  |
| Date |   |
|
|  |  |  |  |  |  |  |  |  |
|   |   |   |   |   |   |   |   |   |