

# Housing Benefit & Council Tax Benefit

# Self-Employed Pro-Forma

## Important – Read these notes first

- 1. This form gives us the extra information we need to work out your Housing Benefit and/or Council Tax Benefit. If you have any other source of income, please make sure that you have included all the details on your main application form.
- 2. Please read **all** the questions carefully. You may wish to ask your accountant for help.
- 3. You must answer all the questions (except where you are told to skip a section). You must write 'yes' or 'no' not just circle answers. If a number is asked for you must write a number or enter 'nil'.
- 4. You must provide documentary evidence to support your claim. If this is not available, you should contact us and we will advise you what to do next.
- 5. As this Authority has implemented the Verification Framework, original documents must be provided. Photocopies <u>will not</u> be accepted.
- 6. If there is unreasonable delay in supplying documents, your claim may be assessed from a later date, resulting in a loss of benefit.

#### Claim Reference : 128814

#### Section 1 – About yourself

Surname	First Name	
Other Names		
Address		
Postcode		]

## Section 2 – About Your Business

Name of business			
Business Address			
Postcode Type of Business			
Date business commen	ced		
Start date of financial ye	ar		
Average number of hour	rs worked per week		
Is your business a partn	ership?	Yes or No	
If yes, what percentage	of the total profit/ loss is yours ?		%
Is your husband/ wife a	partner in the business ?	Yes or No	
If yes, what percentage of the total profit/ loss is theirs ?			
Is your husband/ wife on the payroll of the business ? Yes or No			
If yes, what are their ear	nings? £	per	
Are there any other peo	ple on the payroll of your business ?	Yes or No	
Do you use part of your	own home for business purposes?	Yes or No	

If yes, please give details

## Section 3 – About the Business Income

Have you prepared accounts for the last financial year ? Yes or No

If yes, please return an original set of accounts with this form and go to section

If **no**, please tell us why and the date you expect to have them:

Do you have a schedule D Tax Assessment?

If **yes**, please return it with this form

They will be available on

If **no**, please tell us why not and write the date that you expect it to be available.

Yes or No



## Section 4 – Outgoings

#### **National Insurance**

Do you hold an exemption certificate ?	Yes or No		
If no, please provide evidence of your contributions	£	per	
Personal Pension Contributions			
Contribution to a Pension Scheme	£	per	

# You must provide proof of the scheme to which you belong and of the payments made.

If you have not prepared your accounts or have not been trading for a whole year, please complete **section 5** otherwise turn to section 6 and read the declaration carefully before signing it

# Section 5 – Income and Expenditure

Complete this sectio the last financial yea					for
What period is covered by these figures ? From To					
This must be either: <i>If y</i> year. <i>If you have been trading</i> started until the current	g for less than a				
Sales/ Takings/ Income	£	Purchases		£	
VAT refunded	£	VAT paid out		£	
Enterprise Allowance	<u>£</u>	Opening Stock		£	
Closing Stock	£	Total Outgoings (B	OX B)	£	
VAT collected	£				
Total Income (BOX A)	£				
Gross Profit (BOX A ta	ake away BOX I	<b>3)</b> £			
Expenses					
<b>NOTE: YOU MUST ONLY II</b> <b>BUSINESS.</b> e.g. Telephone calls - if calls and how much on private ca	are made you mus	t work out how much wa	is spent c	on business	3
Drawings (Cash or Stoc	:k)		£		
Wages paid out:	To Spo	To Self use or Partner To Others	£ £ £		
Rent (business premises or prop	ortion of your home rent	attributed to business)	£		
Business Rates			£		
Cleaning			£		
Telephone			£		
Business Insurance			£		
Advertising			£		
Printing and Stationery			£		
Postage			£		

Accountants Charges		
Bank Charges		
Interest Payments on Business Loans		
Repair/ Replacement of Business Assets (do not include motoring)		
Was this covered by insurance ? Yes or No.	0	
Leasing Charges	£	
What is leased ?		

#### Business Entertainment

Please give details of any bad debts:

#### Motoring Expenses

Car lease	£
Road Tax	£
Fuel	£
Repairs	£
Insurance	£

Who owns the vehicle ? Work or Self If business, do you use the vehicle for personal use ? Yes or No

Other	business	expenses
Cuici	Dusiness	CAPCHOCO

£

£

Please give details of the 'other' business expenses

# You may have to provide proof of your expenses. We will contact you if necessary.

Are the trading figures for the next six months expected to be similar to those given above ? Yes or No If no, please explain the likely differences:

## Section 6 – Declaration

Before you complete the declaration, go through this form and check that you have answered all the questions that you need to:

Check that you have written 'Yes' or 'No' in the relevant boxes and not just circled an answer.

Check that you have written a number in each box where there is a pound sign (f) or written 'Nil'.

Check that you have included your accounts, if you have them.

Check that you have included your 'notice of coding' if you have it.

Please read this declaration carefully before signing and dating it. *I understand the following:* 

- If I give answers that are wrong or if I leave information out, you may take action against me.
- If I provide supporting documents that are incorrect, altered or misleading in any way, you may take action against me.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit or both. You may check any of the information with other sources within the council, rent offices and other councils or with other sources.
- You may use any 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 the information to other government organisations,

if the law allows this.

• Any information that I give on this form, or in connection with this form,

may be exchanged with other bodies, in accordance with the law, for the prevention of fraud and abuse.

*I know I must let the council know about any changes in circumstances, which might affect my claim.* 

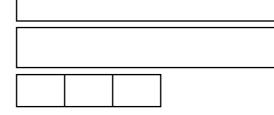
I declare the information I have given on this form is correct and complete.

Signature of person claiming

Signature of partner (if any)

Date

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*If you complete this form for someone else, you must fill in and sign the following section.* 

completed this form

with answers that were given to me by the person named on the front of the form. When I had completed the form I read their answers back to them and they confirmed that they were correct.

Signature of person completing