



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 will not 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 commenced

Start date of financial year

Average number of hours worked per week

Is your business a partnership? **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 earnings ? £ per

Are there any other people 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 4**

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

They will be available on

Do you have a schedule D Tax Assessment ? **Yes or No**

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

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

It will be available on

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 section only if you do not have any prepared accounts for the last financial year or if you have not been trading for a full year

What period is covered by these figures ? From To

This must be either: *If you have been trading for a year* - your last financial year.

If you have been trading for less than a year - from the date your business started until the current date.

Sales/ Takings/ Income	£ _____	Purchases	£ _____
VAT refunded	£ _____	VAT paid out	£ _____
Enterprise Allowance	£ _____	Opening Stock	£ _____
Closing Stock	£ _____	Total Outgoings (BOX B)	£ _____
VAT collected	£ _____		
Total Income (BOX A)	£ _____		

Gross Profit (BOX A take away BOX B) £ _____

Expenses

NOTE: YOU MUST ONLY INCLUDE AMOUNTS THAT RELATE SOLELY TO THE BUSINESS.

e.g. Telephone calls - if calls are made you must work out how much was spent on business and how much on private calls. You must only write in the amount spent on business calls.

Drawings (Cash or Stock)	£ _____
Wages paid out:	
	To Self £ _____
	To Spouse or Partner £ _____
	To Others £ _____
Rent (business premises or proportion 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**

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 £

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 (£) 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.

I _____ 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
