

Benefit Section, County Hall, Morpeth,

Northumberland, NE61 2EF Telephone: 0345 600 6400

Email:benefits@northumberland.gov.uk Website: www.northumberland.gov.uk

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# Housing Benefit & Council Tax Support Self-Employed Income Form

PART 1 – ABOUT	YOU		
Claim Ref			
Name			
Home Address			
Post Code			
NI Number		Date of Birth	
PART 2 – ABOUT	YOUR BUSINESS		
(A)			
Business Name			
Business Address			
Post Code			
Type of Business			
Daytime Phone No			

PART 2 – ABOUT Y	<b>OUR BUSINESS</b> (continued)		
(B)			
Date business commenced		Is this a new business?	YES / NO
Start date of current fin	nancial/trading year		
Average number of ho	ours worked per week		
(C)			
Is your business a par	tnership?		YES / NO
If yes, what percentag (Please provide partne	e of the total profit / loss is yours' ership agreement)	?	%
Partner Name			
Address			
Post Code			
(D)			
Does your spouse, or have a share in the bu	the person you live with as if you siness?	were married to them,	YES / NO
If yes, what percentag	e of the total profit / loss is theirs	?	%
Is your spouse or the payroll of the business	person you live with as if you wer	e married to them, on the	YES / NO
, ,			£ every
If yes, what are his / h Are there any other pe	er earnings? cople on the payroll of the busine:	ss?	YES / NO
If yes, how many othe	r people are there?		1207110
	oll summary of each employee		
(E)	on summary or each employee		
	ur own home for business purpos	es?	YES / NO
	details of any rooms in your home		
home utility bills (pleas	se provide proof of utility costs)		

PART 3 – ABOUT THE BUSINESS INCOME		
What is your Inland Revenue Tax Reference No?		
Do you have your latest Self-Assessment Tax Return	? (Please return it with form)	YES / NO
If not, please tell us why not and the date you expect	to get it.	

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

YES / NO

If YES, please return an original set of the accounts with this form or return them when they are available. If you are not returning them with this form please provide an approximate date of when they will be prepared:

If NO, please state the reason why and the date you expect to have them.

#### PART 4 – ABOUT INCOME AND EXPENDITURE

#### (A)

State exact period the self- employed income covers	From		То	
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This should be your last trading year or a period as directed in the letter enclosed with this form

#### (B)

Did you have any periods between the dates stated in part 4(a) when you were unable to trade:

Yes/No

If Yes, please give details below of any periods you were unable to trade and why:

From	То	Reason

(C) - Money coming in for period stated				
(a) Test and Trace Payments (for self isolating)				
Did you receive any test and trace payments because you had to self isolate Ye	s/No			
If Yes, how many payments did you receive :				
(b ) Business Grants from Northumberland County Council				
Did you receive any business grants from Northumberland County Council Yes	/No			
If Yes, how many grants did you receive and what was the total grant monies re	ceived:			
Number of grants Total value of grant(s) received				
Please enter the total of any grants/payments in the box below.				
(c)				
Sales, takings or income ( <b>excluding</b> any self employed grant payments from Northumberland County Council and test and trace payments)	£			
Plus Total of grants received from Northumberland County Council	£	+		
Plus Total of test and trace payments received £				
Plus Tips or gratuities £				
Plus VAT refunded £ .				
Plus Value of stock for resale at the 'To' date detailed in (A) above	£	+		
Equals TOTAL INCOME	£	=		
Less Value of stock for resale at the 'From' date detailed in (A) above	£	-		
Equals GROSS PROFIT	£	=		

## (D) – Business Expenses for period stated

als used to set up the customers iness)	£	YES / NO		
customers				
	£			
iness)				
	£			
To self	£			
To partner	£			
To others	£			
iding your home	£			
	£			
nly)	£			
	£			
	£			
Telephone/mobile phone				
	£			
	£			
	£			
	£			
	£			
only)	£			
se send proof)	£			
	£			
surance?		YES / NO		
Replacement of business asset				
d by insurance?		YES / NO		
Was the replacement of the asset covered by insurance?  Leasing Charges state what is leased and send a copy of the agreement(s):				
ase and send a copy of the	£			
	To self  To partner  To others  uding your home  Inly)  Inly)  Inly)  Inly)  Inly)  Inly)  Inly  Inly	Fo self Fo partner  Fo others  £  If o others  £  If o other		

## (E) – Motoring Expenses for period stated

## MOTORING EXPENSES WILL ONLY BE CONSIDERED WHEN PROOF IS PROVIDED WHERE REQUIRED

Do you use the vehicle for personal use	YES / NO				
If yes, what percentage is for personal us	%				
When assessing your income for Housing Benefit from your workplace is not an allowable business exout we	xpense. Where	11 7			
Type of vehicle used for business i.e. car, van, taxi					
Petrol or diesel used		£			
Repairs (please send receipts/invoices for work complete	ed)	£			
Road Tax		£			
MOT		£			
Business car insurance (please send policy documents)		£			
Car Lease for business vehicle (please send copy of agr	reement)	£			
Hire Purchase of business vehicle (please send copy of	agreement)	£			
(F) – Other Business Expenses for period stated	I				
Other Expenses	£				
Please give details:					
You may be required to provide proof of any expenses it	ems listed. The	Benefit Section will contact you direct.			
Is it reasonable to assume that the trading figures for the next six months will be similar to those given above?		YES / NO			
If NO, please explain the likely differences:					

#### PART 5 – ABOUT OTHER OUTGOINGS

#### **Personal Pension Contributions**

How much do you pay into a personal pension scheme	£	every		
You must provide proof of the scheme to which you belong and of the payments made				

#### **Voluntary National Insurance Contributions**

Do you pay National Insurance Contributions	YES / NO
voluntarily, regardless of your self-employed income?	TES / INO

#### **PART 6 – DECLARATION**

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

#### I understand the following:

- If I give you information that is incorrect or incomplete, you may take action against me. This may include court action.
- You will use the information I have provided to process my claim for Housing Benefit and / or Council Tax Support. You may check the information with other sources within the Council and other Councils.
- You may use the 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 organizations, if the law allows this.

I KNOW I must inform the Benefit Section about any change in my circumstances as soon as the change occurs.

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

Signa	lure of person claim		 	Date	' <del></del>	<del></del>
_		 	 			

#### Forms filled in by someone other than the person claiming (if applicable)

Name of person who filled in the form	
Signature of the person	
Relationship to the person claiming	

Please note our customer information centres are currently closed at the moment and there are no available public postal points at any of our information centres.

Completed and signed forms should be emailed to <u>benefits@northumberland.gov.uk</u>, please include your name and address in the subject line of the email

#### **CONTACT DETAILS**

If you have any queries or questions regarding this form please do not hesitate to contact the benefit section by emailing <a href="mailto:benefits@northumberland.gov.uk">benefits@northumberland.gov.uk</a> or :**Telephone: 0345 600 6400**