

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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Issued		-
Received		-

Housing Benefit & Council Tax Support Self-Employed Income Form

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

PART 2 – ABOUT	OUR BUSINESS (continued	l)	
(B)			
Date business commenced		Is this a new business?	YES / NO
Start date of current fi	nancial/trading year		
Average number of ho	ours worked per week		
(C)			
Is your business a par	rtnership?		YES / NO
If yes, what percentage (Please provide partners)	ge of the total profit / loss is your ership agreement)	s?	%
Partner Name			
Address			
Post Code			
(D)			
Does your spouse, or the person you live with as if you were married to them, have a share in the business?		ou were married to them,	YES / NO
If yes, what percentag	ge of the total profit / loss is their	rs?	%
Is your spouse or the person you live with as if you were married to them, on the payroll of the business?		YES / NO	
		£ every	
If yes, what are his / her earnings? Are there any other people on the payroll of the business?		YES / NO	
If yes, how many other people are there?			
Please provide a payr	roll summary of each employee		
(E)	, , , , , , , , , , , , , , , , , , , ,		
Do you use part of your own home for business purposes?			YES / NO
	details of any rooms in your horse provide proof of utility costs)	me which are used <u>only for th</u>	ne business and the cost of your
Thome duity bills (pica	se provide proof of duffly costs,		

PART 3 – ABOUT THE BUSINESS INCOME					
What is your Inland Rev	/enue Tax	Reference No	?		
Do you have your latest	Self-Ass	essment Tax R	eturn	? (Please return it with form)	YES / NO
If not, please tell us why	not and	the date you ex	pect	to get it.	
Do you have any prepa	red accou	ints (audited or	othe	rwise) for the last financial yea	ar YES / NO
				vith this form or return them wan approximate date of when to	
If NO , please state the	reason wh	ny and the date	you	expect to have them.	
PART 4 – ABOUT IN	COME A	ND EXPEND	TUR	E	
(A)					
State exact period the s		From		То	
This should be your last trading year or a period as directed in the letter enclosed with this form					
(B)					
Did you have any per	iods betw	veen the dates	s sta	ted in part 4(a) when you w	ere unable to trade:
Yes/No					
If Yes, please give de	tails belo	w of any perio	ods y	ou were unable to trade ar	d why:
From	То		Rea	ason	

(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	es/No				
If Yes, how many payments did you receive :	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	s/No				
If Yes, how many grants did you receive and what was the total grant monies re	eceived:				
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 (excluding 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

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Is the business new?			YES / NO
If yes, detail the cost of equipment business	£	1207 NO	
Cost of stock/goods purchased to	£		
Drawings (cash and stock taken from	om business)	£	
Wages Paid out	To self	£	
	To partner	£	
	To others	£	
Rent for business premises only, n (please send proof)	ot including your home	£	
Business Rates		£	
Gas and Electricity (business prem	nises only)	£	
Water Rates (business premises o	nly)	£	
Cleaning		£	
Telephone/mobile phone		£	What percentage of the calls are for personal use?
Business Insurance (please send p	proof)	£	
Advertising / Essential Publications	3	£	
Printing & Stationery		£	
Postage		£	
Accountants Charge		£	
Bank Charges (business bank acc	ounts only)	£	
Interest payments on business loa	n (please send proof)	£	
Repair of business assets	£		
Was the repair of the asset covere		YES / NO	
Replacement of business asset	£		
Was the replacement of the asset		YES / NO	
Leasing Charges state what is leas agreement(s):	£		
Hire Purchase state what is on hire agreement(s):	e £		

(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	• •	
Type of vehicle used for business i.e. car, van, taxi			
Petrol or diesel used		£	
Repairs (please send receipts/invoices for work complet	ed)	£	
Road Tax		£	
MOT		£	
Business car insurance (please send policy documents)		£	
Car Lease for business vehicle (please send copy of agr	eement)	£	
Hire Purchase of business vehicle (please send copy of	agreement)	£	
(F) – Other Business Expenses for period stated			
Other Expenses	£		
Please give details:			
You may be required to provide proof of any expenses items 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 pa	ayments made

Voluntary National Insurance Contributions

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

Signature of person claiming	Date
Forms filled in by someone other than the pers	son claiming (if applicable)
Name of person who filled in the form	

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 returned by post where possible to the Benefit Section, Wansbeck Square, Ashington Northumberland NE63 9XL or emailed to benefits@northumberland.gov.uk, 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 benefits@northumberland.gov.uk or :**Telephone:** 0345 600 6400