PLEASE COMPLETE USING INK AND CAPITAL LETTERS

Name

Address

Memo

Date issued

Ref No. _____

Housing Benefit/Council Tax Reduction
SELF EMPLOYED FORM

IMPORTANT INFORMATION

Thank you for your claim for Housing Benefit/Council Tax Reduction. I need more information to work out your income from self-employment.

Please answer all the questions by either completing the appropriate details or by writing N/A if the details are not applicable. DO NOT leave any questions blank. You may wish to ask your accountant for help to fill on this form.

Where I have asked for proof I need to see original documents. Photocopies will not be acceptable. If you do not wish to post your original documents you may call in to Barrhead Council Offices or Council Headquarters Eastwood Park to have your original documents verified and photo copied.

You must return this form and any documentary evidence within 14 days or you may lose benefit/reduction.

Please return to:-

Corporate and Community Services
Barrhead Council Offices
211 Main Street
Barrhead
G78 1SY

Corporate and Community Services
Council Headquarters
Eastwood Park
Rouken Glen Road
Giffnock
G46 6UG

To contact us by phone: **0141 577 3002**

To contact us by E-Mail: benefits@eastrenfrewshire.gov.uk

PART 1 about your business

NAME AND ADDRESS OF YOUR BUSINESS

Type of business?

When did you first become self employed? (Please give date) / /

Do you have an interest in more than one business? Yes ☐ No ☐

If 'Yes', please give brief details

Please state the average number of hours worked each week

Are you a Director of this business? Yes ☐ No ☐

If 'Yes', please send us proof of your Director's pay

(GO TO PART 5, SIGN AND RETURN THIS FORM WITHOUT DELAY)

Are you a Director of any other business? Yes ☐ No ☐

Is your business a partnership? Yes ☐ No ☐

If 'Yes', please provide your partnership agreement.

If 'Yes', what percentage of the total profit or loss is yours? %

Is your partner, husband or wife in partnership of your business? Yes ☐ No ☐

If 'Yes', what percentage of the total profit or loss is theirs? %

Is your partner, husband or wife on the payroll of the business? Yes ☐ No ☐

If 'Yes', what are their earnings? £_____per _____(week/month etc)

PART 2 about business income

Do you have your latest Schedule D tax assessment? Yes ☐ No ☐

If 'Yes', send the original assessment with this form

If 'No', give the reasons why and the date you expect to have your assessment

REASON

Date expected / /

Do you have any prepared accounts for the last financial year? Yes ☐ No ☐

If 'No' give the reasons why and the date you expect to have your accounts

REASON

Date expected / /

PART 3 income and spending

PERIOD COVERED

This should be your last financial year OR if you have not been trading for a year it should be the date your business started to the current date.

From / / To / /

INCOME (Please give figures for the period stated above)

SALES/TAKINGS/INCOME (including tips and/or commission)	£
BUSINESS START UP ALLOWANCE	£
VAT REFUNDED	£

ANY OTHER INCOME (please give details)

	£
	£

STOCK

OPENING STOCK	£
CLOSING STOCK	£

EXPENDITURE - Please give the outgoings of your business during the period stated above. Please do not include depreciation

EXPENSES	TOTAL SPENT	AMOUNT INCLUDED FOR PRIVATE USE
VAT PAID OUT	£	£
COST OF SALES (PURCHASES)	£	£
DRAWINGS	£	£
WAGES PAID OUT - TO SELF	£	£
- TO PARTNER, HUSBAND OR WIFE	£	£
- TO OTHERS	£	£
RENT FOR BUSINESS PREMISES	£	£
BUSINESS RATES	£	£
HEATING AND LIGHTING	£	£
CLEANING	£	£
TELEPHONE	£	£
BUSINESS INSURANCE (please state what is covered)	£	£
ADVERTISING	£	£
PRINTING AND STATIONERY	£	£
POSTAGE	£	£
ACCOUNTANT'S CHARGE	£	£
BANK CHARGES	£	£
INTEREST PAYMENTS ON BUSINESS LOAN (please enclose a copy of the loan agreement)	£	£
REPAIR/REPLACEMENT OF A BUSINESS ASSET (do not include motoring) Was this covered by Insurance? Yes ☐ No ☐	£	£
LEASING CHARGES (do not include car) please state what is leased	£	£
MOTORING EXPENSES PETROL	£	£
ROAD TAX	£	£
INSURANCE	£	£
CAR LEASE	£	£
REPAIRS/RENEWAL	£	£
RADIO RENTAL LICENCE	£	£
WHO OWNS THE VEHICLE(S)? SELF/BUSINESS IF COMPANY VEHICLE, DO YOU HAVE USE OF IT OUTSIDE THE BUSINESS? Yes ☐ No ☐	£	£
BAD DEBTS (please specify)	£	£
OTHER EXPENSES (please specify)	£	£
YOU MUST PROVIDE PROOF FOR ALL THE EXPENSE LISTED		

Is it reasonable to assume that the trading figures for the next six months will be similar to those quoted above?

YES ☐ NO ☐ If 'NO', explain likely differences:

PART 4 other outgoings

OTHER OUTGOINGS

NATIONAL INSURANCE: Do you hold an Exemption Certificate? Yes ☐ No ☐

If 'YES', please send us proof

If 'NO', please provide evidence of your contributions

PENSION CONTRIBUTIONS: Do you contribute to a personal pension scheme? Yes ☐ No ☐

If 'YES', how much do you pay? £

Do you pay: Weekly: ☐ Monthly: ☐ Yearly: ☐

(Please send us proof of payments you have made and your membership of the scheme, for all pensions to which you contribute.)

PART 5 declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, they must sign this declaration as well.

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

I understand that:

- If I give information that is incorrect or incomplete, you may take legal action against me. This may include court action.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Reduction, or both. Where appropriate you will use the information for educational benefits, for Scottish Welfare Fund applications, and for the pupose of charging for social care services. You may check the information with other sources as allowed by law.
- 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 some information to other organisations, such as government departments, Local Authorities and private sector companies such as banks and organisations that may lend me money, if the law allows this.

I know that I must let the Benefit Service know IMMEDIATELY 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 **Date** / /

Partner's signature **Date** / /

If this form has been filled in by someone other than the person claiming:

Please tell us why you are filling in this form for the person claiming.

As far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

Name of person who filled in the form

Signature of the person

Relationship to the person claiming

Date / /

Benefit Fraud is estimated to cost the British public around £2 billion every year. If you know anyone who is stealing from the benefit system, phone our confidential hotline or see our web page. We can save the money for those who need benefits. 0800 0130729 www.eastrenfrewshire.gov.uk/benefitfraud