

Name:

Address:

Postcode:

Revenues and Benefits
 Council Offices
 South Street
 Rochford
 Essex
 SS4 1BW
 Phone: 01702 318197 or 01702 318198
 Email: revenues&benefits@rochford.gov.uk

Self-employed income form

This is not a claim form for Housing Benefit or Council Tax Support.
 This form is for you to give us the extra information we need to work out your Housing Benefit, Council Tax Support, or both.
If you are a director of a company, you do not need to fill in this form.

- Please do the following:**
- Look at the checklist on page 7 (section H) for the types of proof you will have to give us with this form.
 - **You must read and sign the declaration on page 8, (section I).**
 - Fill in this form in black ink. **Do not use pencil.**
 - Answer **all** the questions.
 - Tick the 'Yes' or 'No' boxes. **Do not put crosses in or leave the boxes blank.**

Remember

- Return your completed, signed form to us straight away.
- When you return this form to us, we may ask you for more information.
- If you have audited accounts for the last financial year, send these to us. You do not need to complete this form if you provide audited accounts for the last financial year.

When you are self-employed and you claim Council Tax Support, you may be treated as if you are earning a certain amount. This amount is called the 'minimum income floor'. For further information please refer to the Rochford District Council 'Council Tax Reduction Scheme' (S13A and Schedule 1a of the Local Government Finance Act 1992) which is available on our website.

For office use only

Date of contact	/ /	Benefit Claim Reference	
Date of issue	/ /	Council Tax Reference	
Date received	/ /		

Section A

About you

Title (Mr, Mrs, Miss, Ms)

Surname

First name (including any middle names)

Address and postcode

Phone number

Home

Business

Email address

Company website

www.

Section B

About your business

Business name, address and postcode

Do you trade on social media?

Yes

No

Type of business

Do you have your own tools/equipment for your trade?

Yes

No

What date did your business start trading?

/

/

On average, how many hours do you work each week?

Is your business a partnership?

Yes

No

**If yes, what percentage of the total profit or loss is yours?
(Please send us your partnership agreement with this form.)**

%

Please tell us the name/s of your business partners.

Section B (continued)

About your business

Is your husband, wife or partner on the payroll of the business?

Yes		No	
-----	--	----	--

If **yes**, how many hours a week do they work?

Are there any other people on the payroll?

Yes		No	
-----	--	----	--

If **yes**, please give their full names.

Do you use any part of your home for your business?

Yes		No	
-----	--	----	--

If **yes**, please tell us about this.
For example, you may use a room as an office, or a garage for storage.

Section C

Income

This section is for you to tell us about all your **business** income and expenses. You must fill in all the boxes. If any income or expense does not apply to you, please write '**none**' in the box. **Do not leave any boxes blank.**

You must tell us what period these income and expenses are for

Day	Month	Year

to

Day	Month	Year

Income

We need to know your income for the period you have written above. Please tell us:

your income from sales, takings, earnings or work you have done;

£	
---	--

any commission, interest and tips you were paid;

+	
£	

any VAT refunded to you;

+	
£	

Please tell us:

any VAT you have paid out (B)

Total (A)

£	
---	--

(B)

£	
---	--

Take away **(B)** from **Total (A)** to give your profit (before tax, national insurance and expenses)

=

£	
---	--

Expenses

We need to know your expenses for the period you have written on page 3. You must include expenses that are **for business** use only.

Your husband's, wife's or partner's wages

£

Other people's wages

£

How much your stock cost

£

Do you rent a business premises?

Yes

No

If yes, rent for your business premises

£

Business rates

£

Heating, Lighting and hot water on the business premises

£

Cleaning of the business premises

£

Landline and Internet on the business premises

£

Do you have a separate mobile phone for business use only?

Yes

No

If yes, mobile phone costs

£

Rent for any part of your home that you use for business (if you are receiving Housing Benefit we cannot include this)

£

Heating, lighting and hot water for any part of your home that you use for your business

£

Business insurance

£

Advertising

£

Printing and stationery

£

Postage

£

Accountancy fees

£

Remember your expenses must be for the period you have written on page 3. You must include expenses that are **for business** use only.

Protective clothing or products

£

Bank charges on business accounts only

£

Do you have a business loan/s?

Yes

No

If yes, interest payments on the loan/s **(please send us your loan agreement as evidence)**

£

Please explain below why you took out the loan/s

Repairing a business asset/s (for example, a computer or tools). Do not include motoring expenses. You can tell us about motoring expenses on page 6.

£

Was the repair of the asset/s covered by insurance?

Yes

No

If more than one, please list them below and provide a breakdown.

Apart from a vehicle, have you hired any equipment?

Yes

No

If yes, give the hiring charge/s **(please provide your hire agreement/s as evidence)**.

£

If more than one, please list them below and provide a breakdown.

Debts that H M Revenues and Customs have written off (that is, debts that cannot be collected because the person that owes you the money is insolvent or bankrupt). **Provide your letter from H M Revenues and Customs as evidence.**

£

Please tell us below who owes you this money.

Motoring expenses

We need details of your motoring expenses. You must include expenses that are **for business** use only.

Is your vehicle for business purposes only?

Yes		No	
-----	--	----	--

If yes, complete all of the questions below.

If no, only provide fuel costs.

You must include amounts that are **for business use only**.

	Amount	How often is it paid?
Fuel	£	
Road tax	£	
Vehicle lease	£	
Repairs	£	
Vehicle insurance	£	
M.O.T	£	

Other Expenses

We need to know any other expenses for the period you have written on page 3. You must include expenses that are **for business** use only. Use Section F if you have more than 2.

Type	Amount	From	To
	£	/ /	/ /
	£	/ /	/ /

National Insurance

Do you hold an exemption certificate for National Insurance (for example, an age-exemption certificate)?

Yes		No	
-----	--	----	--

Personal pension contributions

Do you pay into a personal pension scheme?

Yes		No	
-----	--	----	--

If yes, how much do you pay into it and how often?

£	
---	--

You must send us your exemption certificate and/or proof of personal pension payments as evidence.

Section F

Any other information

Please use this space to give us any other information that may help us process your claim.

Section G

Any changes to your business

Has there been any changes to your business that has caused your self employed income to increase or decrease? **If yes**, please give details below.

For example, a new contract, a change of or loss of contract, a change in hours worked, a new employee or loss of employee.

When did this change happen?

/ /

Section H

Checklist

Please send us the following documents (where relevant).

- Audited accounts
- Proof of the money you pay into a personal pension
- Business account statements showing bank charges
- National Insurance exemption certificate
- Partnership agreement
- Hire/Loan agreement

Please send us original documents as we cannot accept photocopies.

Data protection

We will keep the information you have given us confidential. We will store it on a computer and use it to deal with your benefit claim. We will only give your details to someone else if we are asked to by law. This is in line with the current Data Protection legislation.

Preventing fraud

We must protect the funds we manage. We may use the information you have provided on this form to prevent and detect fraud. We may also share this information with other organisations that manage public funds, to prevent and detect fraud.

Please read this declaration carefully.

- I am self-employed and the information I have given on this form is true and I have given as much information as I can.
- You can check the information I have given.
- I will write to you to tell you about any changes to my financial or family circumstances.
- I can be prosecuted if any of the information I give is untrue, or if I do not give you any information that I have and that is relevant to my claim.

When you have filled in this form, please read the form again and check that you have sent us all the proof we have asked for.

Finally, before you send the form to us, please read this declaration again and sign it and fill in the boxes below.

Your full name
(in CAPITALS)

Your signature

Date

 / /
If you need free and independent advice you can contact Citizens Advice.**Opening Times for Initial Assessments:**

**Rochford Office, Back Lane,
Rochford SS4 1AY**

Open Tuesday 10.00am–2.00pm
Open Thursday 10.00am–2.00pm

**Rayleigh Office, Civic Suite, Hockley Road,
Rayleigh SS6 8EB**

Open Monday 10.00am–2.00pm
Open Thursday 10.00am–2.00pm
Open Friday 10.00am–2.00pm

Free Phone: 0808 2787877 or 0800 1448848

If you need help filling in the form

You can phone us on 01702 318197 or 01702 318198 between 8.30am to 5.00pm, Monday to Friday.

You can come into the office from 8.30am to 12 noon Monday, Tuesday, Thursday and Friday or 12 noon to 5.00pm on Wednesday.

We are closed at the weekend. Our address is on the front of this form.

If you would like this information in large print, Braille or another language, please phone 01702 318197 / 318198.



Rochford District Council
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Rochford Essex SS4 1BW
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Website: www.rochford.gov.uk