



CONFIDENTIAL



Epping Forest District Council

PO Box 5455
Benefits Division
Epping
CM16 4DS

Phone : 01992 564000

Office hours

09.00 - 17.00 Monday to Thursday
09.00 - 16.45 Friday

Name

Address

Postcode

SELF-EMPLOYED FORM

YOU MUST FILL IN THIS FORM IF YOU ARE
SELF-EMPLOYED

IMPORTANT

PLEASE READ THE FOLLOWING INFORMATION

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 provide documentary proof to support your claim. If this is not available, you should contact us on 01992 564000 and we will advise you what to do next.
4. As this Council has implemented the Benefits Verification Framework, **original** documents must be provided. Photocopies **will not** be acceptable.
5. If there is an unreasonable delay in giving us your documents, your claim may be effective from a later date, resulting in a loss of benefit.

Part 1

Your Surname

Your First names

Your Address

Postcode

Part 2

Name and
Address of
your Business

What is the nature of your work?

When did you become self employed? (Please give date)/...../.....
(day) (month) (year)

How many hours do you work each week?.....

Are you a director of this company?

Yes No

If 'yes', please send us proof of your Director's pay. (**GO TO SECTION 6, SIGN AND RETURN THIS FORM WITHOUT DELAY**)

Is your business a partnership?

Yes No

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

Is your husband or wife a partner in the business?

Yes No

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

If 'no', are they on the payroll of the business?

Yes No

If 'yes', what are his or her earnings? £ per(week/month etc)

Part 3

Do you have any prepared accounts (audited or otherwise) for the last financial year? Yes No

If 'yes', send a copy of this form (**GO TO SECTION 5**)

If 'no', give the reasons why, and the date you expect to have them.

Reason

Date expected/...../.....
(day) (month) (year)

Do you have your latest schedule D tax assessment?

Yes No

If 'yes', send a copy of this form (**GO TO SECTION 5**)

If 'no', give the reasons why, and the date you expect to have it.

Reason

Date expected/...../.....
(day) (month) (year)

IF YOU DO NOT HAVE ANY PREPARED ACCOUNTS OR YOU HAVE NOT BEEN TRADING FOR A FULL YEAR, PLEASE FILL IN PART 4 OF THIS FORM.

Part 4

What is your estimated weekly profit after deductions?

£

How much do you draw for personal expenses each week?

£

State exact period covered. From/...../..... to/...../.....
(day) (month) (year) (day) (month) (year)

(This should be your last financial year OR if you have not been trading for 1 year, it should be the date your self-employment started to the current date)

INCOME (please give figures for the period stated above)

Sales, takings, work done,	£
Commission, interest.	£
Other (please specify)	£

Do you receive a grant for your business? Yes No

If 'yes', please send us proof.

EXPENDITURE - Please give the outgoings of your business during the period stated above. Please **DO NOT** include : depreciation, HP, money spent to set up or expend the business or any loss you may have made before you made your claim. Please state the period the expenses cover if it is not for the same period as shown above. For example, your gas bill may be a quarterly payment.

Expense	Total spent	Amount for private use	Dates
Purchase of goods for resale			
Gross wages paid to employees			
Rent or mortgage interest (business premises)			
Business water rates			
Heating and lighting (business only)			
Insurance (excluding vehicle insurance)			
Postage			
Telephone			
Printing, stationery and advertising			
Repairs and maintenance (excluding vehicles)			
Motor expenses : Petrol			
Road Tax			
Insurance			
Repairs and renewal			
Other expenses (please specify)			

PLEASE SEND US PROOF OF ALL FIGURES DECLARED

Part 5

National Insurance : Do you hold an exemption certificate? Yes No

If 'yes', please send us proof.

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.)

Part 6

DECLARATION

PLEASE READ THIS CAREFULLY BEFORE YOU SIGN THE FORM

- I/we declare that the information given on this form is true and complete as far as I/we know.
- I/we have no other income as self-employed person(s) other than that declared.
- I/we understand that Epping Forest District Council has a duty to protect the public funds it administers, and may use the information I/we have given on this form to prevent and detect fraud. The council may also share this information with other organisations administering public funds, for these purposes.
- I/we understand that I/we must tell the council at once of any changes of circumstances which may affect this claim.
- I/we understand that any false declaration I/we give can result in prosecution.

Signature of Claimant

Signature of Spouse

Date

Date

Part 7

DECLARATION SUPPLEMENT

PLEASE COMPLETE IF THIS FORM HAS BEEN FILLED IN BY SOMEONE ON YOUR BEHALF

This form has been completed for me at my request. I have read the form and agree that all the information is correct.

Signature of Claimant

Date

Name and address of person completing the form

Signature of person completing the form

Date

**HAVE YOU ENCLOSED ALL THE PROOF WE HAVE ASKED FOR?
HAVE YOU ANSWERED ALL THE QUESTIONS?
IF NOT, THERE MAY BE A DELAY IN WORKING OUT YOUR CLAIM.**