

Complete this form if you or your partner are self-employed. If you are both self-employed (in different businesses) you should both complete a separate form. Please use black ink.

Section 1 : About Yourself

Benefit Ref (If you have one – it is usually shown on any letter sent to you):

Your Title: First Names: Surname:.....

Address:..... Email Address:.....
.....
.....

Postcode:..... Daytime Telephone No:

Section 2: About Your Business

Name of Business: Nature of Business:

Address:
.....
.....

Postcode: Telephone No:

Date business started: / /..... Start date of this financial year: / /.....

Is your business a partnership? Yes No

If yes, please provide a copy of your partnership agreement

If yes, what % of the total profit/loss is yours? %

How many hours a week do you work?

Is your husband/wife, or person you live with, a partner in the business? Yes No

If yes, what % of the total profit/loss is theirs?%

If no, are they on the payroll? Yes No If yes, what are their weekly earnings? £.....

Are there any other people on the payroll of the business? Yes No

Do you use part of your home for business purposes? Yes No

Do you get a Business Allowance or Government Grant? Yes No

Are you receiving Self-Employment Credits? Yes No

Section 3: About the accounts of the business (audited or otherwise)

Have you any audited accounts for the last financial year? Yes No

If yes, please return a copy with this form and go to **Section 5**

If no, state the reason why and the date you expect to have them, then go to **Section 4**

.....
.....
.....
.....

Section 4: About the income and expenditure of the business

(Complete this section if you do not have audited accounts for the last financial year or if you have not been trading for a whole year).

The period covered by the figures: / / to / /

This must be your last financial year or, if you have not been trading for a year, the date your business started until the current date.

Income

Sales takings and income received (including tips & commission)

	Sales / Takings / Income	£
Add	VAT refunded	£
Add	Enterprise Allowance	£
Add	Interest on investments	£
Add	Closing stock	£
Take away	Cost of sales	£
Take away	VAT paid out	£
Take away	Opening stock	£
	Gross profit	£

Expenditure

List amounts that relate **solely to the business** eg: telephone calls – deduct the amount for private use and enter the amount for business only.

Please note: We may write and ask you to provide proof of any items listed below.

Drawings (Cash or Stock)	£
Wages paid out to you	£
Wages paid out to wife/husband/partner	£
Wages paid out to others	£
Rent (business premises or portion of your home used for business)	£
Business Rates	£
Heating and Lighting	£
Cleaning	£
Telephone	£
Business Insurance (please state what is covered)	£
Printing, Stationery & Postage	£
Accountants Charges	£
Bank Charges	£
Interest Payments on Business Loan (enclose copy of loan agreement)	£
Repair/replacement of Business Asset (do not include motoring)	£
Was this covered by insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Leasing charges (state what is leased)	£
Business Entertainment	£
Bad Debts (give details)	£
Other expenses (give details)	£

Motoring expenses:

Car Lease	£
Road Tax	£
Petrol/Diesel	£
Repairs	£
Insurance	£

Who owns the vehicle(s)?

Self Business

If Self, what percentage is for business use? %

If Business, do you use vehicle other than for business? Yes % for business use % No

Will the trading figures for the next six months will be similar to those given above? Yes No

If **no**, please explain the likely differences:

.....

Section 5: Other outgoings

National Insurance – Do you hold an exemption certificate?

Yes No

If **no**, please state how much your contributions are
(please provide evidence)

£ every week / month / year *
* please delete as appropriate

Personal Pension Contributions

Do you contribute to a Personal Pension Scheme?

Yes No

If **yes**, please state how much you pay

£ every week / month / year *
* please delete as appropriate

Section 6: Declaration

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

Warning: If you provide false statements, information or documents to support your claim or you continue to receive benefit when you knowingly fail to tell us about any relevant change of circumstances which happens after the date you make a claim, you will be guilty of an offence and may be prosecuted under the Thefts Acts 1968 and 1978 or the Social Security Administration Act of 1992.

I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources within the Council, rent offices and other councils.
- You may use any information I have provided in connection with this and any other claim for Social Security benefits I have made or may make. You may give some information to other Government organisations, if the law allows this.
- I know I must let Benefit Services know about any changes in my circumstances that may affect my claim.
- I declare that the information I have given in this form is correct and complete.

Signature of person claiming **Date:** / /

Please return to:

**Sevenoaks District Council, Benefit Services, PO Box 102,
Argyle Road, Sevenoaks, Kent TN13 1GT , Telephone Number: 01732 227000**

Edenbridge
Old Tourist Info Office
at the Leisure Centre

Hartley
Hartley Library
Ash Road

Swanley
Swanley Library & Info Centre
London Road

Opening times:
Thurs 1.30pm – 4.00pm
Thurs morning: contact us on the above
telephone number for times

Opening times:
Wed 2.00pm – 4.00pm

Opening times:
Mon to Thurs 9.30am - 5.30pm
Fri 9.30am - 6.00pm
Sat 9.00am - 4.00pm

Why not visit our website www.sevenoaks.gov.uk