

Request for Self Employed Income Details

Your name

Your address

(including postcode)

Telephone

Claim number

Name of business

Type of business

(i.e. hairdresser, decorator etc)

Date started trading

Business Address

(including postcode if different
from above)

Do you use an accountant?

If Yes, please state when your next profit and loss account will be available, or
send the latest accounts instead of completing this form

No

Yes

I am enclosing my latest profit and loss accounts

My next accounts will be available

I am completing the attached form with my income/expenditure details

New Businesses

If you are starting trading please use this box to indicate your expected
net weekly income and sign the declaration at the end of this form

£

Income and Expenditure for Period from

to

£

p

Gross Income

(include sales, takings and wages received)

Business start up allowances

Total Gross Income



The personal information you supply on this form will be used for the processing of Housing Benefit and Council Tax Support and will be used in accordance with the Data Protection Act 1998. For more information go to www.eastherts.gov.uk/dataprotection or contact the Council's Information Management team by email on foi@eastherts.gov.uk or by telephone on 01279 655261.



Expenses

(please include only expenses incurred through your business, deducting any percentage for personal use)

£

p

Wages paid to others

Business Rent

Business Rates

Stock purchases

Car expenses

Fuel

Repairs

Tax

Insurance

Other (please specify)

Advertising

Telephone

Postage/stationery

Legal/Accountancy

Bank charges

Interest charges on Loans

Insurance

Subscriptions to Trade/Professional Bodies

Repairs or replacement of Business Asset

(i.e. computers, printers, vehicles etc - please specify)

Other (please specify)

Total

Do you expect the above figures to be similar over the next 6 months?

If No, please state if you expect an increase or decrease and explain why

No

Yes

Your declaration

I confirm the above is a true reflection of my income.

I understand that I must advise my local council of any changes in my income, and if I fail to do so I may lose benefit or be responsible to pay back any overpayment

Signature

Date

Name of person who filled in the form

Please complete, print and return this form as soon as possible to:

The Benefits Service, Council Offices, Wallfields, Pegs Lane, Hertford SG13 8EQ
Alternatively click the send button below. This will open your email application and attach as a new message.