

# Housing Benefit / Council Tax Support Initial self-employed form

**Please complete all sections**

## About you

Name			
Address			
Claim No/		NINO	

Home telephone number	
Work telephone number	
Mobile telephone number	
Email address	

## About your business

Name of your business	
Address of your business	
Website address	
Number of hours working per week	

Date business started	
Start date of your current trading year	

In order to work out your Housing Benefit and/or Council Tax Support we need to calculate your average weekly income from your trading year.

As this information will not be available until after the end of your trading year an estimate has to be made. This estimate is an agreed weekly figure based on your anticipated average profit, which includes any seasonal variations.

Your claim will be calculated on this basis and you must advise the benefit section immediately, in writing, of any significant change in your income, or any other circumstances, which may affect your claim.

## Declaration

I have read the above and I declare an estimated gross weekly figure of

for my self employment as

(please tell us the type of work that you do)

I undertake to provide accounts or a detailed assessment of my income and expenditure at the end of my trading year on  and understand that this figure will not normally be adjusted retrospectively for the period concerned.

**I declare** that the information given in this and my benefit claim form is a full statement of my income and capital, and is correct to the best of my knowledge.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this declaration to Customer Services as soon as possible.**

You can return it via email to [benefits@bathnes.gov.uk](mailto:benefits@bathnes.gov.uk), by post to Customer Services, Lewis House, Manvers Street, Bath, BA1 1JG, or by visiting one of our One Stop Shops in Bath, Keynsham or Midsomer Norton.

### For office use only:

Agreed gross weekly income: £	Tax: YES/NO	Amount: £
On EAS: YES/NO	Date started:	Claim end date:
N.I. Contributions: YES/NO	Amount: £	Claim form received:
<b>Benefit Officer:</b>		<b>Date:</b>

This form can be made available in a range of languages, large print, Braille, on tape, electronic and accessible formats from Customer Services.

Tel: 01225 47 77 77

Email: [benefits@bathnes.gov.uk](mailto:benefits@bathnes.gov.uk)