

Part 4 Other outgoings

NATIONAL INSURANCE:

Do you hold an Exemption Certificate?

YES NO

If 'YES', please send us proof

If 'NO', please provide evidence of your contributions

PENSION CONTRIBUTIONS:

Do you contribute to a personal pension scheme?

YES NO

If 'YES', how much do you pay?

£ per (week/month etc)

(Please send us proof of payments you have made and your membership of the scheme, for all pensions to which you contribute.)

Part 5 Profit/Loss

Please provide the total profit/loss for this accounting period

£ profit/loss

Part 6 Declaration

Please read this declaration carefully

WARNING

It is an offence to give false information

This information is in support of my claim for Housing Benefit/Council Tax Reduction

- I declare that the information given on this form is true and complete to the best of my knowledge.
- I will inform the North Yorkshire Council in writing immediately should my/our income or circumstances change. I understand that failure to declare a change in circumstances is a criminal offence and I may be prosecuted (Theft Act 1968, Social Security Acts or Fraud Act 2006).
- I understand that a delay in telling you of any change in circumstances may mean that I have to repay any benefit which has been overpaid.

Data Protection Statement

The Council processes your personal information in accordance with the UK General Data Protection Regulation (GDPR) and the Data Protection Act 2018. We may use your personal information in a number of ways, but only for the purposes for which it was given. We may pass on your personal information to law enforcement and counter fraud agencies who may use your personal data for the purposes of crime prevention and/or detection.

For further information on how we process your personal information, please refer to our Privacy Notice: www.northyorks.gov.uk/privacy

I have read and understood the above declaration and

I declare that the information I have given on this form is correct and complete

Signature of person
claiming

Date

/ /

If someone else has completed this form for you, please ensure they complete this section

I declare that the information I have given on this form is correct and complete to the best of my knowledge

Signature

Address

Postcode

Title

COMPANY
STAMP

Housing Benefit and Council Tax Reduction



Self-employed Income Form

Benefits Office
P.O. Box 148
Town Hall
St Nicholas Street
Scarborough
YO11 2ZH
Telephone: 0300 131 2 131

Ref. No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Issued:

By:

Last name

Other names

Title Mr, Mrs, Ms or other

Address

Postcode

Telephone number

Thank you for your claim for Housing Benefit/Local Support for Council Tax. I need more information to work out your income from self-employment.

Please answer all the questions by either completing the appropriate details or by writing N/A if the details are not applicable. DO NOT leave any questions blank. You may wish to ask your accountant for help to fill in this form.

Where I have asked for proof, you no longer have to provide original documents to support your application, instead you can provide copies. You can email copies of your documents directly to us at benefits.office.sca@northyorks.gov.uk

From January 2018, the Benefits Office will be unable to return any original documents to you. Any original documents received after this date will be retained for two months and then destroyed.

Complete and return this form to:

Benefits Office,
PO Box 148,
Town Hall,
St Nicholas Street,
Scarborough YO11 2ZH

