

Date issued: \_\_\_\_\_

Date received: \_\_\_\_\_

Please complete all relevant sections and return *immediately* to Housing Benefit.

HB Reference Number: \_\_\_\_\_

### About this form

Please *fill in* this form if:

- You, or your partner\*, is self-employed

Do *not fill in* this form if

- You, or your partner\*, only work for an employer and undertake no self-employed work

If you have *more than one business* please complete a form for each business.

Please complete all relevant sections, answering each question with as much information as you can about money you have received and money you have paid out because of your self-employed work.

We need information for a period of 12 complete calendar months. If you have been self-employed for less than this time please read the notes Part 4 (page 3).

We cannot accept your tax return as proof of your self-employed income. HMRC has different rules relating to allowable expenses.

#### *Directors of a Limited Company*

A Director of a Limited Company is an 'office holder' in the company. Any monies received in that capacity are treated as *employed earner's earnings* and *not self-employment*. You do not need to complete this form but you do need to tell us that you are a Director and provide the latest Business Accounts, bank statements and confirmation of your weekly income. If business accounts are not available you must provide a written explanation for this.

\*By *partner* we mean someone you are married to or are in a civil partnership with or someone you are living with as if you were married or in a civil partnership.

## Part 1: About You

Surname: \_\_\_\_\_ Title: \_\_\_\_\_

First Name(s): \_\_\_\_\_

NI Number: 

--	--	--	--	--	--	--	--	--

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

PLEASE SIGN THE DECLARATION (Part 9; Page 8)

## Part 2: About your self-employment

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Does your business operate from your home Yes  No

- If yes, how many rooms are there in your home \_\_\_\_\_ (please exclude bathroom and kitchen)
- How many do you use for work \_\_\_\_\_

What is your self-employment \_\_\_\_\_

On what date did you start self-employment \_\_\_\_\_

How many **hours** do you work each week \_\_\_\_\_

How many **days** do you work each week \_\_\_\_\_

How many people work for you \_\_\_\_\_

Do you pay your partner\* a wage? Yes  No

\*By partner we mean someone you are married to or are in a civil partnership with or someone you are living with as if you were married or in a civil partnership.

### Complete the following if you are in the **Fishing Industry**

For a **Share Fisherman** only

Are you the boat owner? Yes  No  (if **YES** go to Part 3)

Are you a crew member on **sea** only Yes  No

Are you a crew member on **land** only Yes  No

For **Crew Members** only

Boat Owner's name: \_\_\_\_\_

Contact Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

## Part 3: About state benefits you have received

Have you received any state benefits in the past 12 months? Yes  No

If yes, please give details below of the benefit and relevant dates (see Page 8 for a list of benefits)

Name of Benefit	Previously in Payment	Currently in Payment	Applied for

PLEASE SIGN THE DECLARATION (Part 9; Page 8)


**Part 4: About income and expenses from self-employed work**

If you are in the process of setting up a business you should provide estimated income and expenses. In this case we will usually assess entitlement for a short period (eg 13-weeks). You should keep an accurate record of income and expenses which can be provided for the next assessment.

If you have been trading as self-employed the assessment period (during which you have been self-employed) is whatever period will give the most accurate assessment.

**If you have been working as a self-employed person for 12 complete calendar months or more:**

- Please fill in the columns headed Actual Income and Actual Expenses for the last 12 complete calendar months before the date you have written on the front of this form.

For example, if you were completing the form in January 2019, the 12 complete calendar months would be 01/01/2018 to 31/12/2018 (actual).

**If you have been working as a self-employed person for less than 12 calendar months:**

- Please fill in the columns headed Actual Income and Actual Expenses for as many calendar months after you began self-employment to the last day of the last complete calendar month before the date you have written on the front of this form.

Please fill in the columns headed Estimated Income and Estimated Expenses as accurately as possible for as many months as necessary to make up the 12 calendar months.

For example, if you were completing the form any time in January 2019 and you started self-employment any time in October 2018 the 12 complete calendar months would be 01/11/2018 - 31/12/2018 (actual) and 01/01/2018- 31/10/2018 (estimated).

**If you have been working as a self-employed person for less than 1 complete calendar month:**

- Please fill in the columns headed Estimated Income and Estimated Expenses as accurately as possible for the 12 complete calendar months from the first day of the first complete calendar Month after you started self-employment.

From what dates are you giving us details of the total income and expenses?

	From	To
Actual income and expenses	/ /	/ /
Estimated income and expenses	/ /	/ /

**Please note:** we may review this information during the year.

## Part 5: Income from self-employment

### VAT Registration

Are you registered for VAT? Yes  No

If YES please supply copies of all 3 monthly returns that you have submitted (over the period input at Section 4 - above) to HMRC showing:

1. Amounts of VAT collected by you from your customers; *and*
2. Amounts of VAT paid by you to your supplier(s)

How much VAT (if any) have you paid to HMRC £

How much VAT (if any) have you received back from HMRC £

Please give details of all income relevant to your self-employment for the 12 complete calendar months as entered in Part 4. **If you are VAT registered all income totals should exclude VAT.**

Type of Income	Actual Income	Estimated Income	For Official Use
Actual money received for sale of goods, produce and work done	£	£	£
Rent received for business activities	£	£	£
Goods from the business for your own use (cost value)	£	£	£
Interest on investments	£	£	£
Other Income (please give details)	£	£	£
<b>TOTAL</b>	£	£	£

### Evidence

To support the information above you **may** be asked to provide evidence of income for the 'assessment' period. Evidence might include:

- Bank statements for the business
- Personal bank account statements (showing items relevant to the business)

We will contact you with details of the evidence we need.

## Part 6: Expenses because of self-employment

Please give details of all expenses *relevant* to your self-employment for the 12 complete calendar months you have written in Part 5.

- Give the total amount of expenses for **business use only**.
- Please **deduct any 'personal' use** *before* completing this form
- If you are **VAT registered** all expenses totals should **exclude VAT**.

Expenses which are *not allowed* include: sums used in setting up or expanding the business, depreciation of capital assets, capital repayments on business loans and business entertainment.

**Please note:** We may ask you to provide *business accounts* in relation to your self-employed work.

Type of Expense	Actual Expense	Estimated Expense	For Official Use
Purchase of stock for resale	£	£	£
Stock Insurance	£	£	£
Goods and materials	£	£	£
Replacement small tools	£	£	£
Vehicle running expenses*	£	£	£
Travel	£	£	£
Accountancy <sup>#</sup>	£	£	£
Legal Services	£	£	£
Rent for business premises	£	£	£
Business rates	£	£	£
Mortgage Interest	£	£	£
Property Insurance	£	£	£
Gas, electricity and other fuel costs (not vehicle)	£	£	£
Repairs, maintenance and cleaning (not vehicle)	£	£	£
Telephone / Internet	£	£	£
Stationery, printing and post	£	£	£
Advertising	£	£	£
Staff wages including NI contributions	£	£	£

PLEASE SIGN THE DECLARATION (Part 9; Page 8)

Other insurance for business purposes (not NI contributions)	£	£	£
Bank charges	£	£	£
Total loan or HP interest for new or additional items only	£	£	£
Interest on business loans	£	£	£
Proven bad debts only	£	£	£
Debt recovery expense	£	£	£
Other business related expenses – please detail below			
	£	£	£
	£	£	£
	£	£	£

\* Vehicle running expenses include fuel, road tax, insurance, cleaning and repairs

# If you are claiming accountant's fees we may request Profit and Loss accounts

## Part 7: Other self-employment information

Do you pay money towards a private pension?

Yes  No

- If yes, how much

£ \_\_\_\_\_ weekly / monthly / 4-weekly~

Do you receive tax relief on your pension

Yes  No

- If yes, how much

£ \_\_\_\_\_ weekly / monthly / 4-weekly~

*We need to see proof of your private pension, please supply document(s).*

~delete as applicable

## Personal Data

The Housing Executive protects your personal information in accordance with General Data Protection Regulation and Data Protection Act 2018. You have a right to know how we collect and use your personal information. These details can be found in our Privacy Notice on our website [www.nihe.gov.uk/privacy\\_notice](http://www.nihe.gov.uk/privacy_notice) or we can post or email a copy to you.

## Part 8: Help completing this form

If anyone helped you complete this form please give their details below

Name	
Organisation	
Position	
Address	
Postcode	
Telephone	
Please tell us why they helped you complete this form	

### Your Information

#### What we do with your information

You have applied to the Housing Executive to claim Housing Benefit. The Housing Executive in processing your application is exercising its statutory powers using the lawful basis of public task. The Housing Executive requires the information as it is necessary for the purpose of deciding your Housing Benefit entitlement (if any), under the law.

#### Sharing your information with others

We will share your information to process your claim for Housing Benefit and any other claim for Social Security benefits. Your information may also be shared with government departments for use in the prevention, detection, investigation or prosecution of offences relating to Social Security or tax. Your information may also be shared for other functions of the Housing Executive under statute, including the recovery of rent arrears. Your information is only shared where this is necessary to comply with our legal obligations or as permitted by General Data Protection Regulation or the Data Protection Act 2018.

### What Next

Please sign and return the completed form with relevant evidence to your nearest Housing Benefit office.

## Part 9: Declaration

I declare that to the best of my knowledge and belief that the information I have given on this form is correct, true and complete and I wish my Housing Benefit to continue.

I understand that if I give information that is incorrect or false or incomplete or if I do not report a change of circumstances, that action, including court action may be taken against me. I further understand that if I am paid too much housing benefit that I may have to repay this.

I agree to report any further changes in my circumstances that will affect my award of housing benefit.

**Claimant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If someone else completed this change of circumstances form for you they must sign here:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PLEASE SIGN THE DECLARATION (Part 9; Page 8)

## Further Information / Independent Advice

- Housing Executive: 03448 920 902 | Textphone\* 18001 03448 920 902 | [www.nihe.gov.uk](http://www.nihe.gov.uk)
- Advice NI: 0800 028 1881 | Housing Rights: 028 9024 5640 | Law Centre NI: 028 9024 4401

\* **Next Generation Text** for use by those who are deaf, hearing or speech impaired. A textphone or App is needed.

Housing Benefit office	Council Area(s) covered	E-MAIL ADDRESS
Strangford House 28 Court Street NEWTOWNARDS BT23 7NX	Ards and North Down Lisburn and Castlereagh City Newry, Mourne & Down (Downpatrick)	Southeast.housingbenefit@nihe.gov.uk
Twickenham House Mount Street BALLYMENA BT43 6BP	Antrim & Newtownabbey Mid & East Antrim Causeway (Ballymoney / Coleraine / Moyle)	Northeast.housingbenefit@nihe.gov.uk
Housing Centre (4 <sup>th</sup> Floor) Adelaide Street Belfast BT2 8PB	Belfast City Council	Belfasthb@nihe.gov.uk
McAllister House Woodside Avenue OMAGH BT79 7BP	Mid-Ulster (Dungannon / Cookstown) Fermanagh & Omagh	Omagh.housingbenefit@nihe.gov.uk
Marlborough House Central Way CRAIGAVON BT64 1AJ	Armagh, Banbridge, Craigavon, Newry, Mourne & Down (Newry / Mourne)	Southarea.hb@nihe.gov.uk
Richmond Chambers The Diamond LONDONDERRY BT48 6QP	Derry City and Strabane Causeway (Limavady) Mid-Ulster (Magherafelt)	Westarea.housingbenefit@nihe.gov.uk

## List of Benefits (please note this is *not* exhaustive)

- Attendance Allowance
- Bereavement Support Payment
- Carers Allowance
- Child Tax Credit
- Disability Living Allowance (Mobility Component)
- Disability Living Allowance (Care Component)
- Employment Support Allowance (Income Related)
- Employment Support Allowance (Contribution Related)
- Incapacity Benefit
- Income Support
- Industrial Injuries Death Benefit
- Industrial Injuries Disablement Benefit
- Jobseekers Allowance (Contribution Based)
- Jobseekers Allowance (Income Based)
- Maternity Allowance
- Pension Credit (Guaranteed Credit)
- Pension Credit (Savings Credit)
- Personal Independence Payment (PIP)
- Severe Disablement Allowance
- State Retirement Pension
- Universal Credit
- War Disablement Pension
- War Widows Pension
- Widows Parents Allowance
- Widows Pension
- Working Tax Credit