## Housing Benefit and Council Tax Benefit (sup 1)



Self-employed supplement

Please fill in this form if you are self-employed. Please print in CAPITAL letters using black ink.

A About you	
Title	Mr Mrs Miss Ms
Surname	
First names	
Address (including room number)	
Daytime phone number	
Date of birth	
B About your business	
Who is self-employed (Please give their name)	
Do you have a partner who is also self-employed?	No Yes
If ' <b>Yes</b> ', they must fill in a separate SUP 1 form.	
What kind of work do they do?	
When did the business start trading?	
What is the address and postcode of your business?	
Do you get Business Start-Up Allowance?	No 🗆 Yes 🗆
If 'Yes', how much do you get?	£
How many hours do you work each week?	
Are you a sole trader?	No Yes
If you are in partnership, please give the names of the other partner.	

## **C** About your accounts

The period to which these details relate runs		from: to:		
My total income for this period is	£			
This includes the following:		What did you use the loan for?		
• Loan	£			
• Sales	£	• Bank charges	£	
• Payments for work done	£	Accountacy fees	£	
Business Start-Up Allowance	£	Please give details.		
• Other	£			
My total spending for this period is	£			
This includes the following:				
• Renting a shop or office	£	• Advertising	£	
• Rates for the working or office	£	Essential publications	£	
<ul> <li>Interest only on your mortgage for the workshop or office</li> </ul>	£	Private pension	£	
Gas and electricity	£	• Insurance	£	
• Phone	£	• Legal fees	£	
• Cleaning	£	Business travel (not between	£	
		home and office)		
• Postage, packing & delivery cost	£	• Petrol	£	
• Stationery	£	• Cost of goods or materials for	£	
	£	resale or manufacture of		
• Hire	£	of		
Repair not paid by insurance	E	OI .		
<ul> <li>Replacement not paid by insurance</li> </ul>	£	of		
• Repaying loan	£	What did you use the loan for?		
• Interest on loan	£	What did you use the loan for?		
• Interest on hire purchase	£	What did you hire purchase?		
• Proven bad debts of clients	£			
• Wages you pay to employees	£	How many employees and		
• Wages paid to me	£	contractors do you employ?		
• Other	£	Please give details		

Please give us the following proof. A copy of your recent accounts, your latest Self-Assessment tax return, evidence of National Insurance payments, proof of your Business Start-Up Allowance, and your last six months' business account bank statements.

## **D** Declaration

As far as I know the information I have given on this form is true and complete and I authorise you to make any enquires needed to check this information. I understand that to give false information may lead to prosecution. I will write and tell you about any change in my income immediately as the changes happen.

Your signature D	Date /	,	/
Your signature D	Date /	<i>'</i>	/