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East Dunbartonshire Council

www.eastdunbarton.gov.uk

HOUSING & COUNCIL TAX BENEFIT CLAIM FORM FOR CLAIMANTS OF WORKING AGE

Name:

Address:

Post Code:

Telephone No.:

E-mail Address:

Are you? (Please tick all that apply):

An Owner Occupier

A Council Tenant

A Private Tenant

A Joint Owner/Tenant

ABOUT THIS FORM

Please complete and return this form immediately. If you do not have all the information we ask for to hand, you **MUST** still make the claim straight away. You normally have a calendar month to bring us other information needed to support your claim.

If you want to claim Second Adult Council Tax Rebate then you need only complete sections 1, 2, 4 and 16 of this form.

Return your claim to: Revenues & Benefits Team
Tom Johnston House
Civic Way
Kirkintilloch
G66 4TJ

Telephone enquiries: 0800 901 057

E-mail: benefits@eastdunbarton.gov.uk

If you know anyone who is stealing from the Benefits system contact us, or the National Benefit Fraud Helpline on 0800 328 6340.

FOR OFFICAL USE ONLY

Date Issued:

Issued By:

Location:

Claim Ref.:

Date Received:

Date First Contact:

PART 1 ABOUT YOU AND YOUR PARTNER

By partner we mean someone of the opposite or same sex that you are married to (including Civil Partnerships), or live with as if you were married.

If you have a partner you must answer all questions about them as well as for yourself. Please provide all information asked for, or give as much information as possible.

Part 1A. Personal Details

	YOU	YOUR PARTNER
Title (For example Mr, Mrs, Ms)	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Any other names you have used	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>

Please provide two proofs of the claimant's identity – for example passport, driving licence, birth/marriage certificate, UK residence permit, EEC Identity Card.

Please provide one proof of National Insurance Number for the claimant and any partner – for example National Insurance Card, payslip, P45/P60.

Part 1B. Have you come to live in Scotland, England, Northern Ireland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years?

No - Go to Part 1C.

Please provide all information asked for, or give as much information as possible.

Yes - Enter details below.

	YOU	YOUR PARTNER
Date entered	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Expected length of stay	<input type="text"/>	<input type="text"/>
Reason for stay	<input type="text"/>	<input type="text"/>

Please provide your passport(s). We will contact you if we need any more information.

Part 1C. When did you move to this address?

Please provide all information asked for, or give as much information as possible. If you are unable to give exact dates then please give approximate dates.

Date bought OR Date tenancy started Date moved in
OR Move in date to follow

If you have not moved into your address when you submit the application then please give written confirmation of the date that you do move in and ask the Revenues & Benefits Team for more advice.

ABOUT YOUR CLAIM

Please take a few minutes to read these notes before you fill in your claim form. This section is for you to tear out and keep for your future reference.

BEFORE YOU BEGIN

Please don't be put off by the size of the claim form as you may not need to complete every part of it. Please use ink to fill in the form – don't worry if you make a mistake, just cross it out and write your answer again.

If a part or section **does** apply to you then please ensure you give all details asked for - or as much information as you can. If a part or section **does not** apply to you then please select "no" or "none" as your answer where asked to do so.

Further details are given in each part of the form. However, if you need any advice or help to fill in your claim form then please contact the Revenues & Benefits Team. Full contact details are on the first page of the form.

EVIDENCE NEEDED TO SUPPORT MY CLAIM

Each part of the form tells you if any proof is needed, and gives examples of the proof that we can accept.

All claimants must provide the proof asked for to support their application. The proof asked for is required within the terms of the Housing and Council Tax Benefit regulations, ensures that claimants receive their full entitlement to Housing and/or Council Tax Benefit, and is also used to prevent and detect fraudulent claims.

Please provide **original documentation**. We will copy it and return all originals to you immediately.

If you are unable to provide all the proof straightaway then you should still return your claim to the Revenues & Benefits Team as soon as it is completed. You will then have a calendar month to provide all the proof needed. If you cannot provide all the proof needed to support your claim within a calendar month then contact the Revenues & Benefits Team **before the calendar month ends** to ask for advice.

Please help us to help you as we cannot pay you any Housing and/or Council Tax Benefit that you may be entitled to until you provide all the necessary information and evidence to support your claim. As this is the case, **please complete the checklist on the other side of this page when you have completed the form** as it gives you a list of the proof we need to support your claim. It can also be used to remind you of any proof that you still need to give to us to support your claim.

BENEFIT PRIOR TO MOVING IN OR FOR AN UNAVOIDABLE OVERLAP OF LIABILITY

It may be possible to pay Housing Benefit before you move in to your home, or for two homes. However, this can only be awarded if you meet certain conditions **and** you can prove that the delay in moving into the property was reasonable, or that an overlap of tenancy dates could not reasonably have been avoided.

Please note that East Dunbartonshire Council has no discretion to make an award of Housing Benefit if you do not meet the conditions for an award of Housing Benefit in these circumstances. Please contact the Revenues & Benefits Team for advice.

Even if you do not qualify for Housing Benefit, you can still claim for Council Tax discount/exemption when you have an overlap of Council Tax Liabilities. Please contact the Revenues & Benefits Team on 0141 578 8190 for advice.

WHAT HAPPENS WHEN YOU RECEIVE MY CLAIM?

If we do not have all the information and/or evidence we need to support your claim we will write to you. Once all information and evidence required is received we aim to process your claim within fourteen days.

Please note that if you have sole or joint capital of over £16,000 you are not normally entitled to Housing and/or Council Tax Benefit. However, you may be entitled to Second Adult Rebate. Please contact the Revenues & Benefits Team for advice.

Decision notice(s) will be issued to advise you of your award(s) and how we have reached our decision(s). You **must** check the decision notice(s) upon receipt and advise us **immediately** if you think that there are any errors or omissions in the information used to calculate your entitlement.

You have a calendar month from the date of issue of your decision notice(s) to make a written request for a further explanation regarding your award, a statement of reasons detailing how the award was calculated, to ask for the decision to be reconsidered, or to ask for a formal appeal.

If you are a Council Tenant, Housing Benefit will be paid directly into your rent account. If you are a Housing Association Tenant, payment will be made either to you or your landlord by cheque or bank credit. From April 2008, Housing Benefit (Local Housing Allowance) for most other Private Tenants will be paid to claimants unless the claimant meets specific criteria for payment to be made direct to their landlord.

If you receive Council Tax Benefit or Second Adult Rebate your Benefit will be paid directly into your Council Tax account.

WHAT ARE MY RESPONSIBILITIES WHEN I AM IN RECEIPT OF BENEFIT?

Once your claim has been decided upon the information given in your application form you **must tell us in writing immediately** if any of your personal, household or financial circumstances change.

If you do not tell us about changes in your circumstances you may receive Benefit that you are not entitled to and will have to pay this back. You may also be prosecuted or have to pay a financial penalty.

CHECKLIST

Please tick the boxes to say what evidence you have provided with your claim, or evidence that you have still to provide to support your claim.

PROOF OF IDENTITY

For example: birth certificate, passport, driving licence, marriage certificate, medical card.

Claimant: Yes To follow

PROOF OF NATIONAL INSURANCE NUMBER

For example: National Insurance Number card, wage slips, P45, P60, Benefit award letters.

Claimant: Yes To follow

Partner: Yes To follow

PROOF OF INCOME FOR OTHER PEOPLE WHO LIVE WITH YOU

For example: wage slips, Benefit award letter, student awards.

Claimant: Yes To follow N/A

PROOF OF INCOME FROM SUBTENANTS, BOARDERS, LODGERS

For example: rental agreement and receipts for rent paid.

Claimant: Yes To follow N/A

Partner: Yes To follow N/A

PROOF OF EARNED INCOME

For example: wage slips, self-employed accounts or books and proof of income and expenditure. You **MUST** complete the self-employed section if you are self-employed.

Claimant: Yes To follow N/A

Partner: Yes To follow N/A

PROOF OF BENEFITS

For example: Benefit award letter, bank/building society/ Post Office account statement.

Claimant: Yes To follow N/A

Partner: Yes To follow N/A

PROOF OF OTHER INCOME

For example: Student award letters, Pension statements, maintenance award letter, payment statements, bank statement.

Claimant: Yes To follow N/A

Partner: Yes To follow N/A

PROOF OF OUTGOINGS

For example: child care receipts and registration certificate, student award letter or bank/building society account statements.

Claimant: Yes To follow N/A

Partner: Yes To follow N/A

PROOF OF CAPITAL

For example: 2 monthly/quarterly/annual account statements, certificates for shares, ISA statements, Premium Bonds, any other official documents you receive detailing your savings and returns.

Claimant: Yes To follow N/A

Partner: Yes To follow N/A

PROOF OF PRIVATE TENANCY DETAILS

For example: rental agreement. You **MUST** complete part 13 of the form if you are a private tenant.

Claimant: Yes To follow N/A

Partner: Yes To follow N/A

Part 1D. Previous Addresses.

Please give as much detail as possible about your last three addresses. If you are unable to give exact dates then please give approximate dates.

Last Address: Date moved in Date moved out
 Have you told the Council you have moved? No Yes

Were you? A Council Tenant A Private Tenant An Owner Occupier A Non-Householder

Did you claim Housing/Council Tax Benefit at this address? No Yes

If **YES** Which Council paid your Benefit?

Previous Address: Date moved in Date moved out
 Have you told the Council you have moved? No Yes

Were you? A Council Tenant A Private Tenant An Owner Occupier A Non-Householder

Did you claim Housing/Council Tax Benefit at this address? No Yes

If **YES** Which Council paid your Benefit?

Previous Address: Date moved in Date moved out
 Have you told the Council you have moved? No Yes

Were you? A Council Tenant A Private Tenant An Owner Occupier A Non-Householder

Did you claim Housing/Council Tax Benefit at this address? No Yes

If **YES** Which Council paid your Benefit?

Part 1E. Health & Circumstances

Do any of the following apply to you or your partner?

No - Go to Part 1F.

Yes - Please give details below.

Please tick any of the following that apply to you and/or your partner, and enter any details asked for.

	You	Your Partner		You	Your Partner
Receive Attendance Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Receive Carer's Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Receive Disability Living Allowance Care Component	<input type="checkbox"/>	<input type="checkbox"/>	Someone receives Carer's Allowance for looking after you - Please give their name & address	<input type="text"/>	
Have a vehicle from the Mobility Scheme	<input type="checkbox"/>	<input type="checkbox"/>			
Are Registered Blind	<input type="checkbox"/>	<input type="checkbox"/>	Have an underlying entitlement to Carer's Allowance	<input type="checkbox"/>	<input type="checkbox"/>

Please provide your Benefit award letter/Motability Agreement/Registration Card as appropriate.

Part 1F. Are you or your partner living away from home for any reason?

No - Go to Part 2.

Please provide all information asked for, or give as much information as possible.

Yes - Please enter details below.

Who Address

Reason Date left Date/ expected date of return

Has your home been let or sublet while you are away? No Yes Please give details below.

If **YES** Who let to? Date let

We will contact you if we need any more information.

PART 2. COUNCIL TAX DISCOUNT

We will issue any necessary claim form and contact you separately regarding any entitlement to Council Tax discount or exemption.

Part 2A. Do you think that you or your partner fall into any of the following categories?:

Apprentice, Care Worker, Recent School Leaver, Severely Mentally Impaired, Skill Seeker, Student, Student Nurse, In a Nursing Home or in Prison.

No - Go to Part 3.

Yes - Please enter details below.

Your category Your partner's category

From what date? From what date?

Part 2B. Are you the only adult aged 18 or over in the home?

No Go to Part 3. Yes Date From

PART 3. ABOUT CHILDREN

Please give details of all dependant children that normally live in your home. If you receive Child Benefit for them, then give their details in Part 3A.

If you have other *dependant* children living with you that you do not receive Child Benefit for then please give their details in Part 3B. If you have any children over the age of 16 that you do not receive Child Benefit for, then please give their details in Part 4.

Part 3A. Are there any children in your household that you receive Child Benefit for?

No - Go to Part 3B.

Yes - Please fill in details below.

If you have more than 4 children please tell us all the information asked for below on a separate piece of paper.

	First child	Second child	Third Child	Fourth Child
First name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex (Male/Female)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get Disability Living Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please enter rates or amounts received	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide proof of Child Benefit and any Disability Living Allowance received.

Part 3B. Are there any dependant children living with you that you do not receive Child Benefit for?

No - Go to part 4.

Name(s) Yes - Please fill in details below.

Reason Child Benefit not received

PART 4. OTHER PEOPLE WHO LIVE WITH YOU

We need to know about any other people who live with you, or people who are temporarily absent for any reason.

By 'other people' we mean people aged 18 or over - for example a parent, an adult child, friend, or sister OR any young person under 18 that neither you nor your partner receive Child Benefit for. These people are classed as 'non-dependants'.

Do **not** include any partner in this part. If a subtenant, boarder or lodger lives with you, then give their details in Part 4D.

Do any joint owner(s) or joint tenant(s) live with you? No - Go to next question below.

Name(s) Yes - Please give details.

Their share of the tenancy/ownership (For example half, third, quarter)

We will contact you if we need any more information.

Do any non-dependants usually live with you and your partner at the address you are claiming for? No - Go to Part 4D.

If there are more than 4 other adults resident then please tell us all the information we need on a separate sheet of paper. Yes - Please enter details in Parts 4A-4C below.

Part 4A. Personal Details	First person	Second person	Third person	Fourth person
First name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you (For example parent, sister, friend)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are any of these adults married to each other (including Civil Partnerships) or living together as if married?

No Yes is the partner of
 is the partner of

Part 4B. Income Details	First person	Second person	Third person	Fourth person
Income Support/Job Seekers Allowance/ Employment Support Allowance received?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Disability Living Allowance/ Attendance Allowance received?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Hours worked per week?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wages before deductions?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How often is this paid?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other income. Include any pensions,Benefits, Tax Credits, income from savings or any other income not mentioned.				
Type(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount(s) (before deductions)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How often paid?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide proof of income received - for example pay slips, Benefit award letter, self-employed accounts.

Part 4C. Status	First person	Second person	Third person	Fourth person
Are they registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they severely mentally impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they a recent school leaver?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they a Student/Student Nurse?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they a care worker?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they an apprentice?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they a modern apprentice/ in work based training?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they in hospital/prison	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If YES, Date from and date to (if known)	<input type="text"/>			

Part 4D. Subtenants, Boarders, and Lodgers

A subtenant is someone who pays to live in part of your home that you do not provide meals for. A boarder or lodger is someone who pays to live in part of your home that you do provide meals for.

Do you have any subtenants? No Yes **Do you have any boarders or lodgers?** No Yes

If no to both then please go to Part 5. If yes to either then please give details below.

	First person	Second person	Third person	Fourth person
First name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rent charged each week	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Does the rent include heating?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does the rent include meals?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Please provide the rental agreement and proof of rent paid for each person.

PART 5. ABOUT STUDENTS

Not all full-time students are entitled to Housing and/or Council Tax Benefit.

Some of those who are entitled include Lone Parents, disabled students, students aged under 19 (in further not higher education), and students with dependant children. Students who are liable for Council Tax, but are not eligible for Housing and / or Council Tax Benefit, can still claim Second Adult rebate. Please contact the Revenues & Benefits Team for more advice.

Any entitlement to Council Tax discount or exemption will be assessed separately upon receipt of your completed discount or exemption claim form and any supporting evidence needed.

Are you or your partner a student?

No - Go to Part 6.

Yes - Please enter details below.

You

Name of course

Name of College / University

Course start date

Course end date

Dates of current academic year from to

Year of course year of

Amount of Bursary

Amount of Grant

Amount of Student Loan

Your partner

Name of course

Name of College / University

Course start date

Course end date

Dates of current academic year from to

Year of course year of

Amount of Bursary

Amount of Grant

Amount of Student Loan

Please provide your award letter(s) for income received.

PART 6. ABOUT WORKING FOR AN EMPLOYER

Please give all information asked for, or give as much information as possible. We need proof of your wages as detailed at the end of Part 6A.

If you, or if your partner, have **more than one job or do any unpaid or voluntary work** then please complete Part 6B. If you, or your partner, have **recently stopped working** then please complete Part 6C.

If you, or your partner, are **self-employed** then please complete Part 7.

Part 6A. Do you or your partner work for an employer?

No - Go to Part 6B.

Yes - Please enter details below.

You

What kind of work do you do?

Employer's name and address

Date started

Date contract ends
(If applicable)

Payroll/employee No.

Hours worked each week

How often paid
(Weekly, fortnightly, 4-weekly, monthly)

Method of payment
(Into Bank/Building society, cheque, cash)

Last pay rise Next pay rise

Do you get regular over time, bonus, commission or tips?

No Yes Please give details below:

Type

Amount How often

Do you pay into a private or company pension scheme?

No Yes Please give details below:

Type

Amount How often

Are you currently getting Statutory Sick/Maternity/
Paternity/Adoption pay?

No Yes Please give details below:

Type

Start date End date

Your partner

What kind of work do you do?

Employer's name and address

Date started

Date contract ends
(If applicable)

Payroll/employee No.

Hours worked each week

How often paid
(Weekly, fortnightly, 4-weekly, monthly)

Method of payment
(Into Bank/Building society, cheque, cash)

Last pay rise Next pay rise

Do you get regular over time, bonus, commission or tips?

No Yes Please give details below:

Type

Amount How often

Do you pay into a private or company pension scheme?

No Yes Please give details below:

Type

Amount How often

Are you currently getting Statutory Sick/Maternity/
Paternity/Adoption pay?

No Yes Please give details below:

Type

Start date End date

Please provide 5 weekly, 3 fortnightly, 2 monthly/ 4-weekly wage slips. These must be your most recent payslips. If you are just starting a new job then provide wage slips as received. If you do not have these wage slips, or if you receive hand written payslips, then please contact the Revenues & Benefits Team for advice.

Part 6B. Do you or your partner do any other paid, unpaid or voluntary work?

No - Go to Part 6C.

Yes - Please enter details below.

You

Type

Name and address of who you work for

Date started

Hours worked each week

Do you receive pay/expenses/tips?

No Yes Please give details:

Type

Amount How often

Your partner

Type

Name and address of who you work for

Date started

Hours worked each week

Do you receive pay/expenses/tips?

No Yes Please give details:

Type

Amount How often

Please provide proof of any income you receive – for example a letter from the person/Organisation that employs you. If you have entered details of a second job then please provide the evidence as detailed in Part 6A.

Part 6C. Have you or your partner recently stopped working?

No - Go to Part 7.

Yes - Please enter details below.

You

Date work ended

Name and address of former employer

Did you receive redundancy pay /pay in lieu of notice?

No Yes Please give details:

Type

Amount

Your Partner

Date work ended

Name and address of former employer

Did you receive redundancy pay /pay in lieu of notice?

No Yes Please give details:

Type

Amount

Please provide your P45 and proof of any payments received.

PART 7. ABOUT BEING SELF-EMPLOYED

If you need more than one self-employed details form then please contact the Revenues & Benefits Team - but please do not delay in returning your claim form while awaiting receipt of this.

Are you or your partner self-employed?

No - Go to Part 8.

Yes - Please complete the self-employed details part on pages 21-22.

We need to see prepared accounts, although we may ask for further information to support your accounts. If you do not have prepared accounts then please provide your daily/weekly/monthly books and proof of income and expenditure.

PART 8. ABOUT BENEFITS

Please give as much information as you can. We must see proof of all Benefits you or your partner receive.

If you, or your partner, are **awaiting the outcome** of any claim for State Benefit(s) then please complete Part 8B.

Part 8A. Do you or your partner get any State Benefits?

No - Go to Part 8B.

Yes - Please fill in details below.

*Amounts given should be the amount paid into your account **before** any deductions.*

BENEFIT	Office Use	You			Your Partner		
		Amount?	How often?	Ac paid into?	Amount?	How often?	Ac paid into?
Bereavement Allowance	WBA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Carer's Allowance	CA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Benefit	CB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Tax Credit	CTC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability Living Allowance (Care Component)	DLACX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability Living Allowance (Mobility Component)	DLAM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment Support Allowance (Income Related)	ESA(IR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment Support Allowance (Contributory)	ESA(C)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fostering Allowance	FOSTER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardian's Allowance	GA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Incapacity Benefit (Short-term Lower rate)	IB1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
START DATE <input type="text"/>							
Incapacity Benefit (Short-term Higher rate)	IB2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
START DATE <input type="text"/>							
Incapacity Benefit (Long-term rate)	IB3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
START DATE <input type="text"/>							
Income Support	IS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Industrial Death Benefit	IDB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Industrial Disablement Benefit	IIB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job Seekers Allowance (Contribution Based)	JSA (Cont)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
START DATE <input type="text"/>							
Job Seekers Allowance (Income Based)	JSA (IB)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maternity Allowance	MA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
New Deal Allowance	ND50/TFW	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Severe Disablement Allowance	SDA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
War Disablement Pension	WDP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Widowed Parent's Allowance	WPA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Working Tax Credits	WTC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
War Widow's Pension	WP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide your most recent Benefit award letter, Bank/Building Society/Post Office Account statement. If you do not have any of these then please contact the Revenues & Benefits Team for advice.

Part 8B Are you or your partner awaiting the outcome of a claim for any Benefits?

- No - Go to Part 9.
 Yes - Please give details below.

Benefit(s) claimed

Date(s) claimed

Please provide your award letter(s) when received.

PART 9. ABOUT OTHER INCOME

We need to know about **any other** income you, or your partner, receive. Please provide all information asked for, or give as much information as possible.

You must provide proof of all other income received as detailed at the end of each part. If you do not have the evidence asked for, then please contact the Revenues & Benefits Team for advice.

Part 9A. Do you or your partner receive a pension from a former employer?

Please also include any pension received by you from a late partner's employer. If you are awaiting payments from a pension, then please fill in as many details as possible and provide your payment details when received.

- No - Go to Part 9B.
 Yes - OR Awaiting
Please enter details below.

You

Pension received from

Start date

How much

How often

Account paid into

Date of last increase

Date of next increase

Your Partner

Pension received from

Start date

How much

How often

Account paid into

Date of last increase

Date of next increase

Please provide your most recent Pension statement.

Part 9B. Do you or your partner receive maintenance payments?

If you are awaiting payments then please fill in as many details as possible.

- No - Go to Part 9C.
 Yes - OR Awaiting
Please enter details below.

You

Who is it for

Received from

Start date

OR date claimed

How much

How often

Account paid into

Your Partner

Who is it for

Received from

Start date

OR date claimed

How much

How often

Account paid into

Please provide your award letter, legal agreement, letter from the person who pays the maintenance, or your bank/building society account statement.

PART 9C. Do you or your partner receive any other regular income?

Please include any other income not already declared. Other income includes private pensions, payments from the Financial Assistance Scheme, annuities, payments from other people, money from a trust fund or **any other income not specifically mentioned.**

No - Go to Part 10.

If you are awaiting payments then please fill in as many details as possible.

Yes - OR Awaiting
Please enter details below.

You

Type of income	<input type="text"/>
Received from	<input type="text"/>
Start date OR date claimed	<input type="text"/>
How much	<input type="text"/>
How often	<input type="text"/>
Account paid into	<input type="text"/>
Date of last increase	<input type="text"/>
Date of next increase	<input type="text"/>

Your Partner

Type of income	<input type="text"/>
Received from	<input type="text"/>
Start date OR date claimed	<input type="text"/>
How much	<input type="text"/>
How often	<input type="text"/>
Account paid into	<input type="text"/>
Date of last increase	<input type="text"/>
Date of next increase	<input type="text"/>

Please provide your most recent payment statement, award letter or bank/building society account statement.

PART 10. ABOUT OUTGOINGS

We need to know about any child care costs you or your partner pay, or if either of you pay towards the upkeep of a student.

In certain circumstances childcare costs can be offset against wages. If your wages are lower than the allowable child care charges to be offset against your earnings, then allowable child care charges can be offset against Working Tax Credit. Please contact the Revenues & Benefits Team for advice.

If you, or your partner, are making a parental contribution to a student then we may be able to disregard part of your income to take account of this. Please contact the Revenues & Benefits Team for advice.

Part 10A. Do you or your partner pay Child Care costs to a registered childminder, nursery, or after school club?

Please provide all information asked for, or give as much information as possible.

No - Go to Part 10B.

Yes - Please enter details below.

You

Name of child/children	<input type="text"/>
Type(s) of childcare received	<input type="text"/>
Name(s) of childcare provider	<input type="text"/>
Their Registration Number(s)	<input type="text"/>
Amount(s) paid	<input type="text"/>
How often	<input type="text"/>

Your partner

Name of child/children	<input type="text"/>
Type(s) of childcare received	<input type="text"/>
Name(s) of childcare provider	<input type="text"/>
Their Registration Number(s)	<input type="text"/>
Amount(s) paid	<input type="text"/>
How often	<input type="text"/>

Please provide proof of payments made and a copy of your childcare provider's registration certificate.

Part 10B. Do you or your partner pay towards the upkeep of a student?

Please provide all information asked for, or give as much information as possible.

No - Go to Part 11.

Yes - Please enter details below.

You

Amount paid

How often

Your partner

Amount paid

How often

Please provide proof of your contribution – for example Student Grant award letter.

PART 11. ABOUT LAND AND PROPERTY

We need to know about any other land or property you, or your partner, have in either the UK or abroad.

Please provide all information asked for, or give as much information as possible. We will write to you if we need more information as not all land or property is included in the assessment of your entitlement to Benefit.

Other than the home that you live in, do you or your partner own (or partly own) property or land in the UK or abroad?

No - Go to Part 12.

Yes - Please enter details below.

You

Type(s)

(For example plot, shop, flat)

Location / address

Value

Mortgage/Loan outstanding

Is the property up for sale?

No

Yes

Is the property repossessed?

No

Yes

Is the property occupied?

No Date unoccupied from

Yes Name of occupant(s)

Relationship to you

Is the property rented out?

No

Yes Amount of rent received

How often

Your partner

Type(s)

(For example plot, shop, flat)

Location / address

Value

Mortgage/Loan outstanding

Is the property up for sale?

No

Yes

Is the property repossessed?

No

Yes

Is the property occupied?

No Date unoccupied from

Yes Name of occupant(s)

Relationship to you

Is the property rented out?

No

Yes Amount of rent received

How often

Please provide your mortgage/loan statement/schedule of sale/any rental agreement.

PART 12. ABOUT BANK / BUILDING SOCIETY ACCOUNTS, SAVINGS AND INVESTMENTS

We need to know about **any** capital that you, or your partner, have. This means **any** bank/ building society/Post Office accounts (including those that have zero balances or are overdrawn), cash savings, Premium Bonds, National Savings Certificates, ISAs, Income Bonds, stocks shares or **any other** type of investments not specifically mentioned.

If you have **any** capital then please complete **all** sections of part 12 - even if you are answering 'no' or 'none'.

If there is not enough space to include all accounts/investments then please tells us about these on a separate sheet of paper.

Do you or your partner have any current accounts, savings accounts, any other type of account, cash savings, shares or any other investments?

No - Go to Part 13.
 Yes - How many accounts and/or investments do you have?
 You Your partner **Please enter details below.**

Bank Accounts

You

None 1 or more Please give details below.

Name account is in
 Name of Bank
 Account number
 Sort code
 Balance held

Name account is in
 Name of Bank
 Account number
 Sort code
 Balance held

Your partner

None 1 or more Please give details below.

Name account is in
 Name of Bank
 Account number
 Sort code
 Balance held

Name account is in
 Name of Bank
 Account number
 Sort code
 Balance held

Building Society Accounts

You

None 1 or more Please give details below.

Name account is in
 Name of Building Society
 Account number
 Sort code
 Balance held

Name account is in
 Name of Building Society
 Account number
 Sort Code
 Balance held

Your partner

None 1 or more Please give details below.

Name account is in
 Name of Building Society
 Account number
 Sort code
 Balance held

Name account is in
 Name of Building Society
 Account number
 Sort code
 Balance held

Post Office Accounts

You

None 1 or more Please give details below.

Account number
 Benefit Direct Account No Yes
 Balance held

Your partner

None 1 or more Please give details below.

Account number
 Benefit Direct Account No Yes
 Balance held

Cash savings

You

None Amount held

Your partner

None Amount held

Premium Bonds

You

None Amount held

Your partner

None Amount held

National Savings Certificates

You

None Amount held

Your partner

None Amount held

Stocks & Shares

You

None Number held Please give details below.

Name of company

Number held

Value

Name of company

Number held

Value

Your partner

None Number held Please give details below.

Name of company

Number held

Value

Name of company

Number held

Value

ISA/Income Bond/Unit Trusts

You

None 1 or more Please give details below.

Type

Company

Value

Type

Company

Value

Your partner

None 1 or more Please give details below.

Type

Company

Value

Type

Company

Value

Other investments

You

None 1 or more Please give details below.

Type

Company

Value

Type

Company

Value

Your partner

None 1 or more Please give details below.

Type

Company

Value

Type

Company

Value

Lump sums received/to be received.

You

None 1 or more Please give details below.

Type

From

Date received expected

Amount

Your partner

None 1 or more Please give details below.

Type

From

Date received expected

Amount

Please provide full statements for all accounts held for your last 2 months of transactions, or your most recent quarterly or annual statement; Certificates for Shares, ISAs, Premium Bonds, National Savings or any other investments; or any other official documentation you receive that details the amount of investment held and any interest/dividend paid.

PART 13. PRIVATE TENANCY DETAILS

If you are Housing Association or Private Tenant, or living in board and lodgings accommodation then you **must** complete this part of the form. *Please provide your tenancy agreement.*

Are you a private tenant? No - Go to Part 14. Yes - Please give details in Parts 13A-13E below.

Part 13A. ABOUT YOUR LANDLORD

Landlord's full name Landlord's telephone number

Landlord's address

Does your landlord have an agent that acts on their behalf (for example someone who collects rent, deals with repairs)?

No Yes Please give details below.

Agent's full name Agent's telephone number

Agent's address

Does your landlord live in the property with you? No Yes

Are you, your children, your partner, or your partner's children related to your landlord, to your landlord's partner, or to your landlord's agent or to your landlord's agent's partner, or to anyone involved with the company that your landlord uses? (Related includes related through marriage, even if the marriage has ended. For example, ex-partner, brother, daughter, father, son-in-law or step-daughter).

No Yes Please give details below.

Names of the people who are related

What is the relationship?

Part 13B. ABOUT YOUR TENANCY AGREEMENT

Start date of tenancy How long is your tenancy for

Type of tenancy Assured Housing Association Regulated/Registered Short-term Other

Is the property furnished? No Yes Fully Partly Minimally

Are you a joint tenant? No Yes Name(s) of joint tenant(s)

How much rent do you pay? How often

How much rent do any joint tenants pay? How often

When is your rent due to increase? Do you have any rent arrears? No Yes Amount

Are there any periods that you do not pay rent? No Yes Details

Does your rent include any of the following?

CENTRAL HEATING No Yes How much every

COOKING No Yes How much every

CLEANING (ROOMS/WINDOWS) No Yes How much every

GARAGE / PARKING SPACE No Yes How much every

GARDENING No Yes How much every

HEATING No Yes How much every

HOT WATER No Yes How much every

LAUNDRY No Yes How much every

LIGHTING No Yes How much every

PERSONAL CARE / SUPPORT No Yes How much every

MEALS No Yes Details of meals included

How much every

OTHER (For example cleaning, lighting, or maintenance of shared areas, alarm systems).

No Yes Type

How much every

Part 13C. ABOUT YOUR ACCOMMODATION

Please tick the box that best describe your accommodation.

Bedsit	<input type="checkbox"/>	Board and lodgings	<input type="checkbox"/>	Caravan	<input type="checkbox"/>
Detached bungalow	<input type="checkbox"/>	Semi-detached bungalow	<input type="checkbox"/>	Terraced bungalow	<input type="checkbox"/>
Detached cottage	<input type="checkbox"/>	Semi-detached cottage	<input type="checkbox"/>	Terraced cottage	<input type="checkbox"/>
Detached house	<input type="checkbox"/>	Semi-detached house	<input type="checkbox"/>	Terraced house	<input type="checkbox"/>
Flat in a house	<input type="checkbox"/>	Flat in a block	<input type="checkbox"/>	Flat over a business	<input type="checkbox"/>
Hotel	<input type="checkbox"/>	Hostel	<input type="checkbox"/>	Room(s)	<input type="checkbox"/>

If your accommodation is not listed then please give details

Do you rent a single room? No Yes Please give details below.

Which part of the property do you live in? Front Middle Back What is your room number?

If you do not rent a single room please give details as asked below:

Number of floors in your accommodation

Which floor(s) do you live on? All Ground 1st 2nd 3rd 4th 5th Other

Number of rooms in your accommodation

Total number of rooms in your home Please give details below.

	Number in whole home	Number used by you & your family only	Number shared with others
Living rooms	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Bedsitting rooms	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Bedrooms	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Bathrooms or shower rooms	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Toilets	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Kitchens	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Any other rooms	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Details of rooms	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>

Part 13D. PAYMENT OF HOUSING BENEFIT

How do you want us to pay you your Benefit?

Please send payments to me

Into my account Name of Bank/Building Society

By Cheque Sort code

Account number

Please send payments to my landlord

If you want payments to be sent to your landlord, then please read and sign the following declaration. We will send your landlord a separate declaration to sign. Please note that payments will be made to you until we receive your Landlord's declaration. Please see page 3 for details of who we will pay to or contact us for advice.

DECLARATION

Please pay my Housing Benefit to my landlord.

- I declare that the information that I have given on this form is correct and complete.
- I understand that I must always tell the Revenues & Benefits Team immediately about any change in my circumstances.
- I understand that, if my landlord is paid too much Housing Benefit because I did not tell you about any change in circumstances, I will have to pay back the Benefit.
- I understand that if I give information that is incorrect or incomplete, or fail to report any changes which might affect my benefit entitlement, I may be prosecuted or have to pay a financial penalty.

Signature of Claimant Signature of Partner

Date

Date

Part 13E. SHARING INFORMATION WITH YOUR LANDLORD

Under the terms of the Data Protection Act 1998, we need your permission to discuss anything about your claim with your landlord. If you have asked for payments to be sent directly to your landlord, then we will share information with them if you agree to this by signing the declaration below.

If you give us permission, we would be able to tell your landlord the following:

- If you have claimed or renewed your claim for Housing Benefit.
- If we have made a decision on your claim.
- If we need more information to decide your claim, and what information we need.

We will not give your landlord any information about the following:

- Your personal or household circumstances.
- Your financial circumstances.

Please note that:

- You can withdraw your permission at any time.
- If you do not give us permission to discuss your claim with your landlord it will not affect your claim.

If you **do** want to give us permission to discuss your claim with your landlord then please sign the declaration below.

DECLARATION

I give you permission to share information about the progress of my Housing Benefit claim with my Landlord or their representative.

Signature of Claimant	<input type="text"/>	Signature of Partner	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

PART 14. BACKDATING

We may be able to award benefit from an earlier date if you can prove you have 'good cause' for not claiming earlier. A backdate of Benefit can be awarded for a maximum period of 26 weeks prior to the date of your backdate claim.

If you would like us to consider paying your benefit from an earlier date because you were unable to claim earlier, then please complete this section. Please give us as much information as you can. We will normally ask for evidence to support your claim. Please contact the Revenues & Benefits Team for more advice.

If you want to claim for Housing Benefit before you moved in to your home, or for Housing Benefit to be paid on two homes, then **do not** complete this section. Please contact the Benefits Section for more advice.

Do you want to claim a backdate of Benefit?

No - Go to Part 15.

Yes - Please give details below.

Date you want to claim benefit from

Reasons for not claiming at an earlier date

Were your personal, household and financial circumstances different from those declared on this claim form?

Yes No Details of difference(s):

Please provide any evidence that you have to support your claim. We will contact you if we need any more information.

PART 15. CHECKLIST

Please complete the following checklist. A tear out checklist with more information is on also page 4 for you to keep.

- Have you completed all parts of the form? YES
- Have you read 'About your claim' on pages 3 & 4 and torn these pages out to keep? YES
- Have you provided proof of identity and National Insurance Number? NO YES TO FOLLOW
- Have you provided proof of income for other people living with you? N/A NO YES TO FOLLOW
- Have you provided proof of wages/self-employed income received? N/A NO YES TO FOLLOW
- Have you completed the self-employed details section on pages 21 & 22? N/A NO YES TO FOLLOW
- Have you provided proof of all income received? NO YES TO FOLLOW
- Have you provided proof of all capital, savings and investments? NO YES TO FOLLOW
- If you are a Private Tenant have you provided your rental agreement? N/A NO YES TO FOLLOW
- Have you provided evidence to support your claim for backdating? N/A NO YES TO FOLLOW

NOW PLEASE READ AND SIGN THE DECLARATION AT PART 16 BELOW.

PART 16. DECLARATION

Please read this declaration carefully before you sign and date it. The declaration **must** be signed in order for your claim to be assessed.

Even if someone else has filled in this form for you, you must sign this declaration **if you can**. If you cannot sign the form then your **appointee must sign** Part 16A, and Part 16B if they were the person that helped you complete the claim form.

Part 16A.

To be completed by you and your partner if you have one.

East Dunbartonshire Council is registered under the Data Protection Act 1998.

- I declare that the information that I have given on this form is correct and complete.
- I agree that you will use the information I have provided to process my claim for Housing and/or Council Tax Benefit. I authorise you to check the information with other sources as allowed by law.
- I understand that the information I have provided may be used to prevent and detect fraud (which may include checks on undeclared cohabiters by fraud investigators), and may be shared with other sections within the Council, with other Councils, Government departments, the Rent Service Scotland, and Experian (a Credit Reference Agency) for the same purpose.
- I know that I must immediately report any changes in my circumstances which might affect my claim to the Revenues & Benefits Team.
- I understand that if I give information that is incorrect or incomplete, or fail to report any changes which might affect my benefit entitlement, I may be prosecuted or have to pay a financial penalty.

Signature of Claimant Signature of Partner
Date Date

PART 16B.

If this form has been filled in by someone other than the person(s) claiming please complete this section.

Name of the person who filled in this form
Address Telephone Number
Relationship to claimant(s)

Please tell us why you have filled in the form for the claimant(s)

Are you the claimant and/or their partner's appointee?

No Yes *Please provide proof (For example Power of Attorney).*

Should all correspondence be sent to you? No Yes

I declare that I have asked all the questions on the form with the claimant(s) and that the answers noted on this form are as provided to me.

Signature Date

SELF-EMPLOYED DETAILS

Please complete this part of the form if you are self-employed. All sections must be completed, even if you are answering "no", "none", or "zero". This section can be torn out if necessary and returned to the Revenues & Benefits Team within a month of the date that the claim form is submitted.

To calculate net earnings for the claimant / partner we will look at the gross income then deduct allowable expenses and any tax, National Insurance, and pension payments. If you are in a business partnership we will only take your share of the profits into account.

ABOUT YOUR BUSINESS

Your name Business name Type of business

Business address

Start date of your business Start date of your financial year Number of hours worked (per week)

Is this your only employment? No Yes Please complete a self-employed details form for any other business (es) you have.
If you also work for an employer then please complete Part 6 of this form if you have not already done so.

Is your business a partnership? No Yes Please give details as asked below:

Is your partner also your business partner? No Yes

What percentage of the profit/loss of the business is yours?

Name of business partner Their percentage of the profit/loss of the business

Name of business partner Their percentage of the profit/loss of the business

Do you use part of your home for business purposes? No Yes Please give details as asked below:
Which rooms/areas are used?
Percentage of your home used

Do you have prepared accounts (audited or otherwise)? No Please complete the rest of this form
Yes Please go to 'ABOUT OTHER OUTGOINGS'
Please provide your most recent accounts.

ABOUT BUSINESS INCOME AND EXPENDITURE

Only fill in this part if you **do not** have prepared accounts.

What is the exact period your books cover? From To

This should be your last business financial year, or the period you have been trading for if you have only recently started your business.

INCOME

If it is none, or not applicable for any of the following then please write this in the box. *Please give proof of all income.*

Sales, takings, or income

VAT refunded

Business start up allowance or other grants

Closing stock

Cost of sales (stock)

VAT paid

Opening stock

GROSS PROFIT

EXPENSES

Please give expenses that relate to your business. If an expense is not solely related to your business (for example a phone or vehicle used for personal and business use) then please give the amount for each use separately.
 Please give proof of expenses.

	PERSONAL	BUSINESS
Drawings (Cash and/or stock)		<input type="text"/>
Your wages		<input type="text"/>
Your partner's wages (Not business partner)		<input type="text"/>
Other people's wages		<input type="text"/>
Business Rates		<input type="text"/>
Rent	<input type="text"/>	<input type="text"/>
Business insurance		<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>
Accountant's fee		<input type="text"/>
Heating and lighting	<input type="text"/>	<input type="text"/>
Cleaning		<input type="text"/>
Advertising		<input type="text"/>
Printing and stationery		<input type="text"/>
Postage	<input type="text"/>	<input type="text"/>
Bank charges		<input type="text"/>
Interest payments on a business loan		<input type="text"/>
Repairing or replacing business assets (Do not include vehicles)		
Was this covered by insurance?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Leasing charges		<input type="text"/>
What is leased?	<input type="text"/>	
Business entertainment		<input type="text"/>
Bad debts (For example debts that cannot be collected)		<input type="text"/>
Details	<input type="text"/>	
Other expenses		<input type="text"/>
Details	<input type="text"/>	
Motoring expenses	<input type="text"/>	<input type="text"/>
Vehicle lease	<input type="text"/>	<input type="text"/>
Road tax	<input type="text"/>	<input type="text"/>
Fuel	<input type="text"/>	<input type="text"/>
Repairs	<input type="text"/>	<input type="text"/>
Insurance	<input type="text"/>	<input type="text"/>
Who owns the vehicle?	You <input type="checkbox"/>	Business <input type="checkbox"/>
Percentage of personal/business use	<input type="text"/>	
Is it reasonable to expect that your trading figures for the next 3 to 6 months will be similar to those given above?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Differences	<input type="text"/>	

ABOUT OTHER OUTGOINGS

Do you pay National Insurance Contributions?
 No Please provide your exemption certificate.
 Yes Amount every Please provide proof of your payments.

Do you pay into a personal pension scheme?
 No Yes Amount every Please provide proof of your payments.

DECLARATION

Please read, sign and date this declaration (this also applies to Non-Dependants).
 • I declare that the information that I have given on this form is correct and complete.
 • I know that I must immediately report any changes in my circumstances to the Revenues & Benefits Team.

Signature Date

Other Formats & Translations

This document can be provided in large print, Braille or on audio cassette and can be translated into other community languages.

Please contact the Council's Corporate Communications Team at:

East Dunbartonshire Council
Tom Johnston House
Civic Way
Kirkintilloch
G66 4TJ
Tel: 0300 123 4510

本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510。

اس دستاویز کا دورخواست کرنے پر (اردو) زبان میں ترجمہ کیا جاسکتا ہے۔ براہ مہربانی فون نمبر 0300 123 4510 پر رابطہ کریں۔

ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮੰਗ ਕਰਨ ਤੇ ਪੰਜਾਬੀ ਵਿੱਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ 0300 123 4510 ਫੋਨ ਕਰੋ।

Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhìth oirbh. Cuiribh fòin gu 0300 123 4510

अनुसोध करने पर यह दस्तावेज हिन्दी में भाषांतरित किया जा सकता है। कृपया 0300 123 4510 पर फोन कीजिए।



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