

Self Employed Child Minders Income Form

This section is for our use. Please leave it blank.

Reference number

Please complete this form to show details of childminding income for each individual child.

Your name

Your address
(inc postcode)

Telephone number

Email

Period of accounts

from

to

Child's name	Weeks per year		Hours per week	Charge per hour	Do you receive a retainer? (if yes how much & for what period)
	Actual	Estimate			

Do you expect the circumstances to change over the next 3 to 6 months?
If Yes, please provide any additional information on the reverse of this form?

No

Yes

Please read this box carefully before you sign it:

The information I have given on this form is correct. I have left nothing out. I agree that the Council can check the information if they need to. I will tell the Benefits Section as soon as there is any change in my circumstances that could affect my Housing Benefit or my Council Tax Support.

Signature

Date

Please complete, print and return this form as soon as possible to:
The Benefits Service, Council Offices, Wallfields, Pegs Lane, Hertford SG13 8EQ
Alternatively click the send button below. This will open your email application and attach as a new message.



The personal information you supply on this form will be used for the processing of Housing Benefit and Council Tax Support and will be used in accordance with the Data Protection Act 1998. For more information go to www.eastherts.gov.uk/dataprotection or contact the Council's Information Management team by email on foi@eastherts.gov.uk or by telephone on 01279 655261.



About your business

Date business commenced

Do you have accounts (audited or otherwise) for the last financial year?

No

Yes

If Yes, please send a copy with this form.
If No, when do you expect to have them?

Is your business a partnership?

No

Yes

If Yes, who are the partners and what proportion of the business do they each own?

Partner	Proportion (%)
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About you

Do you contribute to a personal pension scheme?

No

Yes

If Yes, how much do you pay?

How often is this paid?
(please enclose proof)

Do you pay income tax?

No

Yes

Do you pay National Insurance

Class 2

No

Yes

Please provide evidence of your Income Tax and National Insurance contributions

Class 4

No

Yes

Please read carefully before signing (see other side)

You may be asked to provide evidence of any or all the amounts given in this form.

We may grant benefit provisionally based on the information you have supplied, and when we review your claim you may have to repay benefit.

I declare that the information on this form is complete. I agree that the Council may make any necessary enquiries to check this information.

Space for additional information (please continue on a separate sheet if necessary)