



# SHETLAND ISLANDS COUNCIL

Finance  
Charlotte House  
Commercial Road  
Lerwick  
Shetland  
ZE1 0LX

Tel: (01595) 744682 (Direct Line)

Claim Number:

National Insurance Number:

## Housing Benefit & Council Tax Benefit Croft income and expense information

Surname

First Name

Address

Croft Address if different from above:

### Section 1 About your croft

Average number of hours worked per week

Is your business a partnership?

YES/NO

If yes, what percentage of the profit/loss is theirs?  
(please provide partnership agreement)

 %

Is your husband/wife a partner in the business

YES/NO

If yes, what percentage of the profit/loss is theirs?

 %

Is your husband/wife on the payroll of the business?

YES/NO

If yes, what are his/her earnings?

 £  every

Are there any other people on the payroll of the business?

YES/NO

### Section 2 - About the croft income

Do you have any prepared account (audited or otherwise) for the last  
Financial year?

YES/NO

If YES, return an original set of the accounts with this form – go to **section 4**

Are you waiting on accounts?

YES/NO

If YES, please provide a set of the accounts as soon as you receive them and – go to **section 4**

If NO, go to **section 3**

If you do not have any prepared accounts or if you have not been trading for a full year, please complete **Section 3**.

Do you have your latest Schedule D Tax Assessment?

YES/NO

If YES, return it with this form

### Section 3 – Income and expenditure

**Complete this section if you do not have any prepared accounts for the last financial year or if you have not been trading for a full year.**

State exact period covered

Form

To

This should be the last financial year OR if you have not been trading for a year it should be the date your business started until current date.

SALES / TAKINGS / INCOME

£

+

**Plus** VAT REFUNDED

£

+

**Plus** SUBSIDY / GRANTS

£

+

**Plus** CLOSING STOCK

£

+

**Less** COST OF SALES (purchase of new stock)

£

-

**Less** VAT PAID OUT

£

-

**Less** OPENING STOCK

£

-

Gross Profit

£

**Expenses****You must only include amounts that relate to the croft**

DRAWINGS (Cash or stock)		£
WAGES PAID OUT:	TO SELF	£
	TO SPOUSE/PATNER	£
	TO OTHERS	£
CROFT RENT		£
FEED COSTS		£
CROFT INSURANCE		£
POSTAGE		£
ACCOUNTANTS CHARGE		£
BANK CHARGES		£
INTEREST PAYMENTS ON BUSINESS LOANS <small>(Please enclose copy of loan agreement)</small>		£
REPAIR/REPLACEMENT OF CROFT ASSET <small>(Do not included motoring)</small>		£
- Was this covered by insurance?	YES/NO	
LEASING CHARGES		£

- Please state what is leased:

**OTHER EXPENSES**

- Please give details:

**Motoring expenses**

VEHICEL LEASE	£
ROAD TAX	£
PETROL/DIESEL	£
REPAIRS	£
INSURANCE	£

Who owns the vehicle(s)?

SELF/BUSINESS

If business, do you use other than for business?

YES/NO

**You may be required to provide proof of any expense items listed. The housing benefit office will contact you if necessary**

Is it reasonable to assume that the trading figures for the next six months will be similar to those given above?

YES/NO

If no please explain the likely differences:

**Section 4 – Other outgoings**

**NATIONAL INSURANCE**

- Do you hold an exemption certificate?

YES/NO

If NO, please provide evidence of your contributions

£

Weekly/monthly/annually

**PERSONAL PENSION CONTRIBUTIONS**

Contribution to personal pension scheme

£

Weekly/monthly/annually

You must provide proof of the scheme to which you belong and of the payments made.

**Section 5 – Declaration**

**Please read this declaration carefully before you sign and date it.**

**I understand the following.**

- If I give information this is incorrect or incomplete, you may take action, which may include prosecution, against me.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both, You may check some of the information with other sources within the council, rent offices, and other councils.
- You may use any information I have provided in connection with this and any other claim for Social Security benefits that I have made or may make. You may give some information to other government organisations, if the law allows this.

**I know** I must let the council know about any changes in my circumstances, which might affect my claim.

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

Signature of person claiming

Date