

Self-Employment Income

You should only complete this form if you are the parent, step-parent, parent's partner, legal guardian **or** husband, wife, civil partner or partner of the student and you do not have any other documents as proof of your self-employment income (such as a self-assessment).

We need to know your net profit from self-employment for the 12 month accounting period ending on a date between **6 April 2021 and 5 April 2022**.

Section A – Student details

Student's name	<input type="text"/>	Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Student's SAAS reference number (if you know it)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Section B – Your details

Name	<input type="text"/>	National Insurance number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Section C – Income details

Your net profit (taxable profit after expenses but before tax/taxable allowance has been deducted) for the 12 month accounting period ending on a date between **6 April 2021 and 5 April 2022**

£

The date on which your 12 month accounting period ended

 / /

Name of business

Position within business

Section D – Declaration

I will tell you if this assessment changes. I understand that you may ask for more information to confirm the figures I have given.

If these accounts were prepared and certified by an accountant or financial adviser, please give their name and trading address and ask them to stamp this form.

SAAS will use the information you have given us in this form for the purpose of processing this claim. Further information on how we collect, hold and process your information can be found at <https://www.saas.gov.uk/data-protection>. We have a duty to appropriately manage public funds and we will use the information provided on this form for the prevention, detection, investigation and reporting of crime, including Fraud. We will share this information with other bodies for these purposes.

- As far as I know, the details above are complete and accurate.
- I agree to give you any further information you may ask for.
- I agree to tell you immediately if my circumstances change in any way that might affect this application for support.
- I understand that the information I have provided will be used for the prevention detection, investigation and reporting of crime and I understand SAAS will share this information with other bodies for these purposes.

Your signature

Date

D	D	/	M	M	/	Y	Y	Y	Y
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Trading address
of accountant or
financial adviser

Signature of
accountant or
financial adviser

Stamp from accountant or financial adviser (if they have one)