



DATE RECEIVED

HOUSING AND COUNCIL TAX BENEFITS CERTIFICATE OF EARNINGS

Your employee named below has made an application for Benefit. We need confirmation of their earnings, please complete and return this form to them.

SURNAME		TITLE
FORENAMES		
ADDRESS		
POSTCODE		

TO BE COMPLETED BY EMPLOYERS ONLY
(Please use **BLOCK CAPITALS** and complete the form in ink)

1. Your employee's occupation.
2. Your employee's National Insurance Number.
3. Date their employment commenced.
4. Date of their last pay increase.
5. What method is used to pay them, for example, cash, cheque, bank transfer?
6. How many hours a week do they normally work? Do they sometimes work overtime **YES / NO**
7. Please complete below your employee's pay for the last 5 weeks if paid weekly, or the last 3 pay periods if greater than weekly.

Gross Pay	Tax Deducted	National Insurance	Pension Contribution	Hours Worked	Tax Week/Month	Date Paid
£	£	£	£
£	£	£	£
£	£	£	£
£	£	£	£
£	£	£	£

8. Please complete below your employee's pay to date for current financial year.

Gross Pay	Tax Deducted	National Insurance	Pension Contribution	Hours Worked	Tax Week/Month	Date Paid
£	£	£	£

9. Does your employee receive any additional payments not shown in 7 and 8 overleaf?

Yes No If YES please give details.

Type of Payment	Amount	Date Paid
.....	£
.....	£
.....	£
.....	£
.....	£

10. Has your employee been absent from work during any of the periods covered by 7 or 8 overleaf?

Yes No If YES please give details.

Gross Pay	Tax Deducted	National Insurance	Pension Contribution	Hours Worked	Tax Week/Month	Date from	Date to
£	£	£	£
£	£	£	£
£	£	£	£
£	£	£	£
£	£	£	£

11. **The place where your employee normally works:**
(if no fixed place, then the address they are based at)

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12. **Employer's name and address:**
Please complete the name and address of your business

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13. **Employer's declaration.**
I understand that if I give information which is incorrect or incomplete action may be taken against me.
I declare that the information I have given on this form is correct and complete.

Signed	Date
Please print name	
Position in firm	Telephone number