



Employer's Confirmation of Earnings – Housing Benefit and Council Tax Benefit

working for our community

Name

Address

Ben Ref

Occupation

Date of Birth

N.I. Number

Employee Number

To Be completed by the Employer

Please assist your employee by completing the information required below and return this form to your employee or direct to the Benefits Service. Gross earnings should include bonus, overtime, sick pay, statutory maternity pay, commission etc up to the last period prior to receipt of the certificate. Please indicate how often the employee is paid below.

Please Tick Appropriate Box		Please Indicate Method of Payment	
Weekly	<input type="checkbox"/> Please give last five periods below	Cash	<input type="checkbox"/>
Fortnightly	<input type="checkbox"/> Please give last three periods below	Cheque	<input type="checkbox"/>
Four Weekly	<input type="checkbox"/> Please give last three periods below	Direct Bank Transfer	<input type="checkbox"/>
Calendar Monthly	<input type="checkbox"/> Please give last two periods below		
Hourly Rate of Pay	<input type="text"/> Tax Code <input type="text"/>		
Normal Hours Worked	<input type="text"/>		

Please also complete gross to date section

	Pay Period Ending	Gross Pay	Income Tax	N.I.	Class 3 N.I.	WTC	Superan/Pension	No of Hours Worked	Gross Pay to Date for Current Year	
									From	To
1									Gross Pay	£
2									Tax	£
3									N.I.	£
4									Superan/Pension	£
5										

Are these normal earnings? Yes No If No, please give reasons and average amount per pay period.

Average

Date Employment Commenced

Employer's Name and Address (must be Head Office if they administer wages)	Employer's Authorisation Stamp
<input type="text"/>	<input type="text"/>
Telephone <input type="text"/>	

I certify that the information given is true and complete.

Employer's Signature

Position in Firm Date