

Earnings certificate for Housing Benefit /Council Tax Benefit

Use this form as proof of how much you earn. If you or your partner need more of these forms, please ask us.

Please fill in your details below:

Your details:

Name

Address				
	D-£		LNING	
Employee F	Ret		NINO	
Your signa	ture			
Now ask yo form.	ur en	nployer to fill in the details belo	ow. Your	employer must sign and stamp the
To the Em This form sh above.			sible for p	aying the wages of the employee named
How often i	rtnigh	employee paid? tly, Four weekly, Calendar		
How is the (Cash,Cheq		oyee paid? ransfer into bank account)		
How many a normal w		s does the employee work in		
What is the deductions	eir no	rmal gross wage before		

Please fill in the table below.

If you pay weekly wages, please give pay details for the last five weeks

If you pay fortnightly, please give pay details for the last three fortnights.

If you pay monthly or four weekly, please give details for the last two months or two periods.

Please include all overtime payments, bonuses, Sick pay, Maternity Pay, Statutory Adoption Pay, Paternity Pay or any extra pay the employee has had.

Pay period ending	Hours worked	Gross pay	Gross pay to date	National Insurance contributions This period	National Insurance contributions Year to date	Pension contributions	Tax paid by employee This period	Tax paid by employee Year to date

If these figures include SSP,SMP,SAP or SPP please give the following information.

What type of payment is it?	
How often is it paid?	
When did it start?	

I confirm that this information is true and complete.

Signature:	
Name of name as manage ible	
Name of person responsible for paying wages:	
Position in firm:	
Phone number	

Company stamp

Please return this form to:

Newcastle City Council, Room 201, Civic Centre, Newcastle upon Tyne, NE1 8QH