

Housing Benefit and Council Tax Support Certificate of Earnings



Part A – to be filled in by employee

Please fill in Part A of this form and then **ask your employer to fill in Parts B and C.**

First name:

Employer's full name or company name:

Last name:

Daytime phone number:

Employer's phone number:

Address:

Postcode:

Employer's address:

Postcode:

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"/>	<input type="text"/>
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Part B – to be filled in by employer only

Please help your employee by filling in Parts B and C of this form as soon as you can. If you hold a different name, address or National Insurance details to the information for the person shown above, please provide them.

What date did their employment start?

 / /

What is their normal basic hourly rate?

£

How many hours do they normally work per week?

What was the date of their last pay increase?

 / /

How often is your employee paid?

Weekly

Fortnightly

Four-weekly

Monthly

How is your employee paid?

Cash

Cheque

BACS

Other (please state)

For the current financial year, please state your employee's:

Gross pay to date:

£

Tax to date:

£

Net National Insurance to date:

£

For the above figures, please state what period this covers:

From:

 / /

To:

 / /

Part B (continued) – to be filled in by employer only

Please complete Table 1 below with details of your employee's earnings for the last five weeks if paid weekly, three fortnightly payments, or two monthly/four weekly payments. Figures must include bonuses, overtime and commission. Please complete Table 2 if they have been employed for less than 5 weeks.

Table 1 – Actual earnings (including any SSP or SMP paid)

Date paid	Gross pay	Income Tax deductions	Employee's National Insurance Contributions	Employee's Contributions to Pension Scheme	SSP or SMP	Hours worked	Take home pay (net)
	£	£	£	£	£		£
	£	£	£	£	£		£
	£	£	£	£	£		£
	£	£	£	£	£		£
	£	£	£	£	£		£

Are the earnings for the above period typical? Yes No

If 'No', are they usually higher or lower? Higher Lower

Table 2 – Estimated earnings

Gross pay	Income Tax deductions	Employee's National Insurance Contributions	Employee's Contributions to Pension Scheme	Hours worked	Take home pay (net)
£	£	£	£		£

Part C – to be filled in by employer only

Declaration

I confirm the information I have provided is true and complete.

Employer's signature:	Official stamp (If you do not have a stamp, supply a sheet of official headed notepaper):
Please print your name:	
Position held in the company:	
Your contact phone number:	
Date:	

Once you have filled in this form and signed the declaration please return it to your Local Authority:

Canterbury City Council
Benefits Service
Military Road
Canterbury, Kent
CT1 1YW
www.canterbury.gov.uk

Dover District Council
Benefits Service
White Cliffs Business Park
Dover, Kent
CT16 3PJ
www.dover.gov.uk

Thanet District Council
Benefits Service
PO Box 9, Cecil Street
Margate, Kent
CT9 1XZ
www.thanet.gov.uk