Housing Benefit & Council Tax Support Employers Certificate of Earnings

Note to claimant

Please enter on this form your name, address, occupation and works reference number. Hand the form to your employer and ask them to complete it and return it to you. Please do not delay returning your application form if you have to wait for your employer to complete this certificate. You may forward this certificate to us separately as soon as it is given back to you.

Your address					
(including postcode)					
Telephone					
Occupation					
Cocupation					
Works Ref No					
WOIKS NEI NO					
	Letters	Numbers	Letter		
National Insurance number				Date	
				Bato	

Note to employer

Please assist the claimant by completing the appropriate sections below and overleaf and return the form to the employee. The gross wages/salary should include overtime, bonus, commission and any other payments before any deductions.

Section 1						
Are you paid	Weekly	4 Weekly	Calender monthly	Other		
Is the employee contracte	ed out of National I	Insurance Scheme	?		No	Yes
They are paid by	BACS	Cheque	Cash	Other		
Section 2 (only complete i	f employee started	d in the last 6 mon	ths)			
The employee started wor	rk on					
They are employed to wor	k			hours p	oer week	
They are paid	£			per hou	ur/week (pleas	e specify)
They are paid	£				oned overtime nces per week	

Section 3

1.1

If paid weekly please supply the last 5 weeks pay information If paid 4 weekly or calendar monthly please supply last 2 months pay information.

Please state Gross Pay to date for current financial year for current financial year



The personal information you supply on this form will be used for the processing of Housing Benefit and Council Tax Support and will be used in accordance with the Data Protection Act 1998. For more information go to www.eastherts.gov.uk/dataprotection or contact the Council's Information Management team by email on foi@eastherts.gov.uk or by telephone on 01279 655261.



Week 1 or month 1 Total Pay	£	p	Week 2 or month 2 Total Pay	£	p
£ p			£ p		
National Insurance			National Insurance		
Income Tax			Income Tax		
Pension Contribution Other (please specify)			Pension Contribution Other (please specify)		
Total deductions			Total deductions		
Take-home pay			Take-home pay		
Week or month ending (date)			Week or month ending (date)		

Week 3			£	р	Week 4		£	р
Total Pay					Total Pay			
	£	р			£	р		
National Insurance					National Insurance			
Income Tax					Income Tax			
Pension Contribution Other (please specify)					Pension Contribution Other (please specify)			
Total deductions					Total deductions			
Take-home pay					Take-home pay			
Week or month ending	g (date)				Week or month ending (dat	te)		
Week 5			£	р	Employer's name and addr	ress		
Total Pay								
	£	р						
National Insurance								
Income Tax Pension Contribution Other					Employer's signature			
(please specify)					Date			
Total deductions Take-home pay					Please complete, print and return The Benefits Service, Council Offi SG13 8EQ Alternatively click the send buttor application and attach as a new n	ices, Wallfield n below. This	s, Pegs Lane,	Hertford
Week or month ending (date)								