

# 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"/>
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## Part B – to be filled in by employer only

Please help your employee by providing the information requested below and on the back 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  
PO Box 2033  
Persnore  
WR10 9EE  
www.canterbury.gov.uk

Dover District Council  
PO Box 2031  
Persnore  
WR10 9EB  
www.dover.gov.uk

Thanet District Council  
PO Box 2032  
Persnore  
WR10 9ED  
www.thanet.gov.uk