

# Certificate of earnings

## Housing and Council Tax Benefit

For us to calculate whether we can pay Housing and Council Tax Benefit, we need details of your earnings. Please fill in section 1 on this side of the form, sign and date it, then give it to your employer who will fill in section 2 on the back.

If you cannot complete this part of the form straightaway, to avoid delaying your claim you can detach it and send it to us at a later date.

### 1 This section is to be filled in by the claimant/partner/non-dependant

Full name

Address

  
  
  
  
 Postcode 

Employee/works number

National Insurance number (NINo)

Job title

**Please remember to get your employer to fill in the back of this form**

I authorise my employer to give proof of my earned income for the last:

5 weeks

3 fortnights

2 months

to: The Benefits Service, PO Box 103, Sunderland West LDO, Sunderland SR2 8YH

Signature

Date

#### How we collect and use information

Sunderland City Council has a duty to protect the public funds it administers, and may use the information you have given in this form to prevent and detect fraud and error. For these purposes, Sunderland City Council may also share information with other organisations responsible for checking or administering public funds.

## 2 This section is to be filled in by the employer

Please will you help your employee by confirming the details in section 1 and providing the information requested below. Return this form to your employee or to:

The Benefits Service, PO Box 103, Sunderland West LDO, Sunderland SR2 8YH

Date employment started with company

Normal gross wage

Normal weekly hours worked

Date of last pay increase

Method of payment

(such as cash, cheque, direct to bank)

Date of next pay increase

Is Working Tax Credit included in the earnings?

Yes

No

Period of payment

Weekly

Fortnightly

4-weekly

Calendar monthly

Other (specify)

If Yes, state the amount

£

Please show below the employee's gross pay for the appropriate payment period, such as the last 5 weeks, 3 fortnights, 2 months including SSP, SMP, overtime, commission, bonus or tips

Pay period ending	Number of hours worked	Gross pay		Tax paid by employee		National Insurance contributions		Superannuation or personal pension contributions
		This pay	Year to date	This pay	Year to date	This pay	Year to date	

Business name and address

  
  


Business stamp

I confirm that the information given is true and complete.

Name

Job title

Signature

Date