

# CERTIFICATE OF EARNINGS

Housing Benefit & Council Tax Benefit



Applicants' Name ...

Address:

Daytime Telephone No: .....

Claim Reference Number:

**South Norfolk Council**  
**Swan Lane**  
**Long Stratton Norwich**  
**NR15 2XE**

**Tel: 01508 533633**  
**Fax: 01508 533616**

This form should be handed to your employer and returned to South Norfolk Council at the above address, **within 1 month**.

## EMPLOYEE DETAILS

**TO THE EMPLOYER.** Please help the applicant by completing all of the details as soon as possible and return the form to your employee. Thank you for your help.

Is the employer contracted out of the Government Pension Scheme? **Yes**  **No**

How often are they paid?  (weekly, fortnightly, 4 weekly, monthly)

Date started work  Average weekly hours worked

Date of employee's last pay rise  Date of employee's next pay rise

Method of payment e.g. Cash, Cheque, Direct into bank/building society account

Please give the details listed below for the for the **last 5 weeks if paid weekly, 6 weeks if paid fortnightly or 2 months if paid monthly or 4 weekly**. Gross pay stated must be inclusive of all overtime, bonus, commission and other cash payments.

Week/ Month Ended	Gross Pay	Working Tax Credit	Deductions from Pay				NET PAY
			Income Tax	NI Contribution	Pension/ Superann	Other Deductions	
	£	£	£	£	£	£	£
	£	£	£	£	£	£	£
	£	£	£	£	£	£	£
	£	£	£	£	£	£	£
	£	£	£	£	£	£	£
	£	£	£	£	£	£	£
<b>Totals for 5/6wks/2 mths etc.</b>	£	£	£	£	£	£	£
<b>Gross to date @ Wk No: .....</b>	£	£	£	£	£	£	£

I certify that the information above is a true record of the employee's last 5/6 weeks/2 months' earnings

Employers Name: ..... Employee's Occupation : .....

Employer's stamp or full address

Payroll Number:.....

National Insurance No:.....

**Employers Signature .....**

**Date .....**