

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 name

Your address

(including postcode)

Telephone

Occupation

Works Ref No

National Insurance number

Letters

Numbers

Letter

Date

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 Calendar monthly Other

Is the employee contracted out of National Insurance Scheme? **No** **Yes**

They are paid by BACS Cheque Cash Other

Section 2 (only complete if employee started in the last 6 months)

The employee started work on

They are employed to work **hours per week**

They are paid **£** **per hour/week (please specify)**

They are paid **£** **conditioned overtime/bonus/ allowances per week**

Section 3

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 **£** **per hour/week (please specify)**
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**£ p****Total Pay****£ p****National Insurance****Income Tax****Pension
Contribution
Other**
(please specify)**Total deductions****Take-home pay****Week or month ending (date)****Week 2 or month 2****£ p****Total Pay****£ p****National Insurance****Income Tax****Pension
Contribution
Other**
(please specify)**Total deductions****Take-home pay****Week or month ending (date)****Week 3****£ p****Total Pay****£ p****National Insurance****Income Tax****Pension
Contribution
Other**
(please specify)**Total deductions****Take-home pay****Week or month ending (date)****Week 4****£ p****Total Pay****£ p****National Insurance****Income Tax****Pension
Contribution
Other**
(please specify)**Total deductions****Take-home pay****Week or month ending (date)****Week 5****£ p****Total Pay****£ p****National Insurance****Income Tax****Pension
Contribution
Other**
(please specify)**Total deductions****Take-home pay****Week or month ending (date)****Employer's name and address****Employer's signature****Date****Please complete, print and return this form as soon as possible to:
The Benefits Service, Council Offices, Wallfields, Pegs Lane, Hertford
SG13 8EQ****Alternatively click the send button below. This will open your email
application and attach as a new message.**