

CLAIM NO: _____

CERTIFICATE OF EARNINGS

Note to Applicant: Please complete Section A and ask your employer to complete the remainder of the form ensuring it is signed and dated. The completed form should be returned to the address below.

A Applicant's Name: _____
Address: _____

Occupation: _____
National Insurance No: _____ **Works/Payroll No:** _____

Note to Employer: Please complete Section B or C below showing the latest 5 weeks or 2 month's pay, and then complete the remainder of the form ensuring you sign/stamp and date it.

B WEEKLY PAID EMPLOYEES										
		Gross Pay		Income Tax		Employee's National Ins.		Employee's Pension Contr.		NET
		£	p	£	p	£	p	£	p	
1.	Week ending / /									
2.	Week ending / /									
3.	Week ending / /									
4.	Week ending / /									
5.	Week ending / /									
Total										

C MONTHLY PAID EMPLOYEES										
		Gross Pay		Income Tax		Employee's National Ins.		Employee's Pension Contr.		NET
		£	p	£	p	£	p	£	p	
1.	Month ending / /									
2.	Month ending / /									
Total										

Does the information above represent the employee's normal average income? Enter YES/ NO

If not please enter details of average _____

D

1. Date employment commenced _____

2. Date of last pay increase _____

3. Hours worked weekly _____

4. If figures given above include amounts for Statutory Sick Pay, please give dates involved:-
 Date S.S.P commenced _____ S.S.P still in payment/ended _____

The employer is requested to sign this form and authenticate it by the firm's official stamp.

Company Name _____

Business Address _____

Employer's Tel. No. _____ Employers signature _____

Please Print NAME in FULL

Please complete and return to:- Housing Benefit Section, 3rd Floor, Ty Elwyn, Llanelli, Carmarthenshire SA15 3AP or e-mail Housing.benefits@carmarthenshire.gov.uk