

Housing
Executive

Housing Benefit Scheme Certificate of Earnings

If you need further copies of this certificate, please contact your local District Office

District Office

Note to Claimants

This Certificate of Earnings MUST be completed by your employer and returned directly by the Employer to the office dealing with your Housing Benefit claim. You should enter your name and address details and the office dealing with your claim. You MUST not enter any further details.

Name

Address

<input type="text"/>	
<input type="text"/>	
Postcode	Phone number

Note to Employers

Thank you for your help. Please give earnings details for the last 5 weeks or 2 months as appropriate. Please include tips, bonuses and overtime.

Employee Staff Number

Employee National Insurance Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Employer's Name

Employer's Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Employer's Signature

Employer Contact Point

Date

 / /

Official Stamp

Are you related to the Employee?

No

Yes

If **yes**, please give details

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	Date	Gross Earnings	Year to Date Earnings	Tax	National Insurance	Pension Contribution	Working Tax Credit	NIHE Use Only
Week/ Month Ended	--/---/--	£	£	£	£	£		
Week/ Month Ended	--/---/--	£	£	£	£	£		
Week/ Month Ended	--/---/--	£	£	£	£	£		
Week/ Month Ended	--/---/--	£	£	£	£	£		
Week/ Month Ended	--/---/--	£	£	£	£	£		

Are these Earnings Actual? Estimated

Is Employee Paid Weekly 4 Weekly Other
Fortnightly Monthly

Date Employee started work

Date of last pay increase

Method of payment
Cash Direct payment to bank account
Cheque Other