

# Certificate of Earned Income



We need proof that you earn the amount you say on your application form.  
We will accept your five most recent consecutive weekly payslips, three fortnightly payslips or two monthly payslips.  
If you are unable to provide the requested payslips, you must have this certificate completed by your employer.

Please complete the section below, detach the form and ask your employer to fill in the details of your earnings overleaf.  
The form should then be returned to you or sent direct to us at the address shown opposite.

HB ref: .....

**Do not delay in returning the application form if this certificate cannot be completed by your employer immediately as it can be sent in at a later date.**

If both you and your partner have jobs you must each ask your employer to complete a certificate of earned income.

Applicant's name: .....

Occupation: .....

Address: .....

Works/payroll number (if any): .....

Applicant's signature: .....

## Note To Employer

The above-named has applied for benefit and in order to work out their entitlement, we need details of their earnings. Will you please help the applicant by supplying the information requested overleaf and return the completed form to the employee, or direct to the Benefit Section at the address shown above.  
Thank you.

Benefit Section, Pathfinder House, St Mary's Street, Huntingdon, PE29 3TN

Tel: 01480 388308

### Data Protection Policy – Privacy Disclaimer – Fair Processing Notice

The information collected by Huntingdonshire District Council on this form and from supporting evidence including when you email us, will be used to process your Housing and/or Council Tax Benefit claims. The information may be passed to The Department for Work and Pensions and the Inland Revenue as permitted by law. We may check information provided by you, or information about you provided by someone else, with other information held by us. We may also get information from certain third parties, or give information to them to check accuracy of the information, to prevent or detect crime, or to protect public funds in other ways, as permitted by law. These third parties include government departments and other councils. Huntingdonshire District Council is registered under the Data Protection Act 1998. This allows it to process personal data in performing its lawful business. Information held by the Council, including personal data you provide now or in the future, will be processed in compliance with data protection principles. Your personal data may be used to manage, monitor, improve and promote the Council's services. To protect public funds it may also be shared with other persons or bodies to prevent and detect fraud. Further details are available on the Council's website [www.huntingdonshire.gov.uk/privacy](http://www.huntingdonshire.gov.uk/privacy). If you have concerns about the processing of your personal data by the Council you may contact the Data Protection Officer at Pathfinder House, Huntingdon, Cambridgeshire PE29 3TN or the Office of the Information Commissioner at Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.

**To be completed by employer**

National Insurance Number: ..... Start date of employment: .....

Please indicate how often the employee is paid. If 'other' applies please give the period.

Weekly  Fortnightly  4 Weekly  Calendar Monthly  Other (Please specify): .....

Please indicate the method of payment (e.g. Cash, cheque or direct into bank/building society account): .....

Normal basic wage: £ ..... Normal hours worked: ..... Date of last pay increase: .....

Please provide earnings for the last 5 weekly, 3 fortnightly, or 2 monthly/4 weekly periods. Please include overtime, bonuses, SSP, SMP etc.

Pay Period Ending	Number of Hours Worked	Gross Pay	Income Tax	National Insurance Contributions	Occupational Pension/Super	Net Pay
<b>Totals:</b>						
<b>Gross To Date Figures:</b>						
<b>Tax Week/Month For Gross To Date:</b>			(If SSP or SMP is included in the gross pay, please indicate clearly which and how much)			

Name: ..... Business Name: .....

Business Address: ..... Tel: .....

**I CONFIRM THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE**

Signature: .....

Position In Company: .....

It is an offence under sections 111A and 112 the Social Security Administration Act 1992 to knowingly provide information which is false. Penalties for such offences include a maximum prison sentence of 7 years.

Please endorse with employer's stamp or attach letter of endorsement on official headed paper.