

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.

Do not delay returning your 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 each employer to complete a certificate of earned income.

Applicant's name:
Address:
Occupation:
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, Pathfinder House, St Mary's Street, Huntingdon, PE29 3TN.

Tel: 01480 388308

To be completed by employer

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.

National Insurance number:
Start date of employment:
Please indicate how often the employee is paid. If 'other' applies please give the period: Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4 Weekly <input type="checkbox"/> Calendar month <input type="checkbox"/> Other <input type="checkbox"/> (please specify):
Please indicate the method of payment (for example, cash, cheque or direct into bank/building society account):
Normal basic wage (£):
Normal hours worked:
Date of last pay increase:

To be completed by employer:

Pay Period Ending	Number of Hours Worked	Gross Pay	Income Tax	National Insurance Contributions	Occupational Pension/Super	Net Pay
Totals:						
Gross to date figures:						
Tax week/month for gross to date						

(If SSP or SMP is included in the gross pay, please indicate clearly which and how much)

Name: _____ Business name: _____ Telephone: _____

Business address: _____

I confirm that the information given is true and complete

Signature: _____ Position in company: _____

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

Privacy Notice – HDC – Benefit Claim

All personal information that you provide us is managed in accordance with our Privacy Policy. Please visit the [Privacy Notice for Revenues and Benefits](#) where you can find out information about how we handle your information and your rights of access.