

Housing Benefit and Council Tax Benefit Employer's Certificate



Employees should complete Section A below, then ask their employer to complete the remainder of the certificate.

Section A Employee:

Name National Insurance Number
 Address Occupation
 Works Number
 Signature Benefit Reference number

Section B To the employer: I would be grateful if you could assist your employee by providing the information requested below and then return this certificate to one of the addresses overleaf.

If you hold a National Insurance Number which is different to the number shown above, please insert it here:

Date employment started

Date of last and next pay rise

Last:
Next:

Please state the method of payment (e.g. cash, cheque, directly into a bank account)

If paid directly into a bank / building society account, please provide the account number

How often is the employee paid? Weekly

Fortnightly

4 weekly

Calendar monthly

Other (Please specify)

If paid weekly please supply details of the last 5 weeks pay. If paid calendar monthly, fortnightly or 4 weekly please give details of the last 2 months pay. Gross pay should include overtime, bonuses, commission, tips and all other amounts paid before deductions.

	Week/Month 1	Week/Month 2	Week 3	Week 4	Week 5
Week / Month ending					
Number of hours worked					
Gross Pay					
Income Tax					
National Insurance					
Pension					
Additional voluntary Contributions					
Working Tax Credit					
Other (please specify)					
Net pay					

Is statutory sick pay included in any of the above figures? (Yes/No). If yes, please give the amount and the dates affected.

Is statutory maternity pay included in any of the above figures? (Yes/No). If yes, please give the amount and the dates affected

Normal Basic Wage
 Current week/month number
 Total Gross Pay to date
 Income Tax paid to date
 National Insurance paid to date
 Pension paid to date

Employer/Company name and address
 Contact name
 Telephone number
 Company stamp

Declaration: I confirm the information given is true and complete.
 Signature:

Position in business:

Date:

Once fully completed, please return this form with all supporting evidence to:

Income & Awards
P.O. Box 8118
Solihull
West Midlands
B91 9WZ

**Or you can visit a Solihull Connect Walk In Centre.
Information about opening times and location can be found at
www.solihull.gov.uk**

**Should you have any queries or would like help to complete this form
please phone:**

0121 704 8200