

## Certificate of earned income

## City of Cardiff Council Housing Benefit, Council Tax reduction, Free School Meals

Please give this form to your employer to complete.

We may contact your employer directly if we have a query about the information provided.

## **Employee details (person claiming benefit)**

Full name:
Address:
Postcode:
Telephone number:
Employee number:
Occupation:
Employer details (who you work for)
Employer details (who you work for)
Full name:
Position:
Business name:
Business address:
Telephone number:
Employer's authorisation stamp or attach a letterhead:
Income details
Income details
Income details  Date employment started:
Date employment started:
Date employment started:  Date employment ended (if applicable):
Date employment started: Date employment ended (if applicable): Tax code:
Date employment started: Date employment ended (if applicable): Tax code: National Insurance Number:
Date employment started:  Date employment ended (if applicable):  Tax code:  National Insurance Number:  Normal basic pay:
Date employment started:  Date employment ended (if applicable):  Tax code:  National Insurance Number:  Normal basic pay:  Date of last pay increase:  Date of next expected pay increase:
Date employment started:  Date employment ended (if applicable):  Tax code:  National Insurance Number:  Normal basic pay:  Date of last pay increase:  Date of next expected pay increase:  Do they currently get sick pay or maternity pay?
Date employment started:  Date employment ended (if applicable):  Tax code:  National Insurance Number:  Normal basic pay:  Date of last pay increase:  Date of next expected pay increase:
Date employment started:  Date employment ended (if applicable):  Tax code:  National Insurance Number:  Normal basic pay:  Date of last pay increase:  Date of next expected pay increase:  Do they currently get sick pay or maternity pay?

If yes, what do they receive	ve?									
Sick pay										
Maternity pay										
When did it start:										
When is it due to expire:										
Normal hours per week:										
How are they paid?										
Cash										
Cheque										
Into a bank account										
Other										
Please specify:	Please specify:									
How often are they paid?										
Every week										
Every two weeks										
Every three weeks										
Every month										
Other										
Please specify:										
Recent income										
In the table below please	give details o	of the employe	ee's last five	payslips if p	aid weekly, l	last two				
payslips if paid monthly and last three payslips if paid fortnightly. Include any overtime, bonuses, commission and so on.										
Commission and so on.										
	Payment 1	Payment 2	Payment 3	Payment 4	Payment 5					
Pay period starting										
Pay period ending										
Number of hours worked										
Payments		T	T	т	Γ	Year to date				
Gross earnings										
Sick pay										
Overtime										
Maternity pay										
Other payments (please detail)										
Deductions						Year to date				
Tax										
National Insurance										
Pension										
Net payment										

Do your emp	loyee's earni	ngs very a lot'	?						
Yes									
No									
140									
•	n employed 1	•			13 weeks or 3 m any overtime, b	` ` `			
Period	Period	Hour	Gross	Tax	National	Pension			
start	end	worked	payments		Insurance	contributions			
If you employee has recently started work  Please complete this section if your employee has started work in the last two months.  Have normal hours been worked since starting work?  Yes  No  If no what hours are they currently working and when will they start normal hours?									
Is your employee expected to earn any additional money on top of their normal wages? E.g. bonuses, regular overtime, etc. if so, please provide details.									
Declaration The information I have given the Council is true and complete.  Signature:									
Date:									
Dato.									
benefits@card	l <u>iff.gov.uk</u> or p diff Council H			cardiff.gov.u	k/evidencebenefit	<u>s</u> , email it to us at			