

Housing Benefit and Council Tax Support



Benefits Section
Blaby District Council
Council Offices, Desford Road
Narborough, LE19 2EP

Tel: (0116) 2727510
Fax: (0116) 2727591
Email:
Benefits.team@blaby.gov.uk

Name:

Address:

Claim Number:

Date of Issue:

Certificate of Earned Income

Part 1 - To Be Completed by Employee

National Insurance Number:

Employee/Works Number:

Occupation:

Signature

Part 2 - To Be Completed by your Employer

I would be grateful if you could assist your employee by confirming the details above, providing information requested below and overleaf and returning it to the address at the top of this letter. If you hold a National Insurance Number (NINO), which is different to that shown above, please insert it here:

Name of Business:

Business Address:

Business telephone Number:

Name of person completing form
for employer:

Position in the business:

Certificate of Earned Income –continued.

Part 2—continued (to be completed by employer)

Date Employment Started:

Please indicate how often the employee is paid (tick the box). If other applies, please state the period.

Weekly

☐

Fortnightly

☐

4 weekly

☐

Calendar monthly

☐

Other

☐

Please specify:

Please indicate the method of payment :

Cash

☐

Cheque

☐

Direct into Bank Account

☐

Normal Basic Pay

£

Normal Hours worked weekly

Date of next expected pay rise:

Please provide the employees pay details for the period from:

(including overtime, bonus, SSP, SMP etc.)

Pay period ending	No of hours worked	Gross Pay	Income Tax	National Insurance Contributions	Occupational or personal pension contributions

I confirm that the information given is true and complete.

Signature:

Date:

Please endorse with Business's Authorisation stamp: