Housing Benefit, Council Tax Benefit and Second Adult Rebate



Evidence of your earnings

Any information that you supply will be used only to process your claim and will be maintained in accordance with the Data Protection Act. We may pass the information to other agencies or organisations such as the Department of Works and Pensions or the Inland Revenue as allowed by law.

This form should be completed by your employer **only** if you cannot provide us with your payslips.

If you are paid weekly you must provide us with your last **5** weeks' payslips; if you are paid fortnightly your last **3** fortnights' payslips and if you are paid monthly, your last **2** months' payslips.

Please fill in your details below, sign and date the authorisation and then ask your employer to complete the details overleaf.

Name	
Address	
Employee number	
National Insurance nu	mber

Authorisation

I authorise my employer to provide the information asked for overleaf.

Declaration

I understand that if I give information that is **wrong or not complete** or **fail** to report a change which may affect my benefit I may **be prosecuted**.

I authorise the Council to check the information provided on this form and make any necessary enquires to verify the informaton.

Signed	
Date	

Please return your completed and signed form to a designated office at: The Operations Team, The Highland Council, PO Box 5650, Inverness, IV3 5YX

Note to Employer

Please assist your employee by giving wage details for the last 5 weeks if they are paid weekly, last 3 fortnights if they are paid fortnightly or last 2 months if they are paid monthly. Once you have completed the information, please sign the declaration and return it to The Highland Council using the enclosed prepaid envelope.

	oyee's name and a on your records	Iddress									
Employee's occupation)					
Employee's number											
Employee's National Insurance number held on your records											
	Week/month/ fortnight ended	No. of hours worked	Gross pay before deductions	National Insurance contributions	Income Tax	Superannuation or private pension	Other deduc- tions	Net pay	Gross pay year to date		
1											
2											
3											
4											
5 Total			£	£	£	£	£	£	£		
Is this	s your employee's	normal w	vage? Yes	No							
lf "No	" please give deta	ills									
							_				
Date t	this employment s	started			Date of	f next wage increas	se				
How is	s your employee p	baid?	cas	h 📄 cheq	ue	direct into bank		other me	ethod		
lf "oth	ner method" pleas	e give de	tails								
Declaration I confirm that the information is true and complete. I understand that it is an offence to deliberately supply incomplete or incorrect information.											
Please	e print the name c	of the pers	son completi	ng this form							
Signature of person completing this form											
Job Ti	tle					Date					
Business stamp or address					Business	telephone number					