

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.

Claim Number

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 number

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.

Employee's name and address held on your records

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 deductions	Net pay	Gross pay year to date
1									
2									
3									
4									
5									
Total			£	£	£	£	£	£	£

Is this your employee's normal wage? Yes No

If "No" please give details

Date this employment started

Date of next wage increase

How is your employee paid?

cash

cheque

direct into bank

other method

If "other method" please give details

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 print the name of the person completing this form

Signature of person completing this form

Job Title

Date

Business stamp or address

Business telephone number