

Housing benefit and council tax support

Certificate of earnings

Document type: BPROOF

Section 1

Details required:	Details:
Employee's name:	
Benefit reference number:	
Employee's NINO:	
Employee's pay/works number:	
Employee's address:	

Section 2

Details required:	Details:
Date employment commenced:	
Basic annual salary:	
Average hours worked a week:	
Does the employee work term time only?	
Date of last pay rise:	
Expected date of next pay rise:	

How often are they paid?	Tick which applies:
Weekly	
2 weekly	
4 weekly	
Monthly	

How are they paid?	Tick which applies:
BACS	
Cheque	
Cash	

Section 3

Please enter details about your employee's earnings in the table below:

- If they are paid weekly we need details of the last 5 weeks payments
- If they are paid fortnightly we need details of the last 3 payments
- If they are paid calendar monthly or four weekly we need details of the last 2 payments

Period ending:	Number of hours worked:	Week/month number:	Gross earnings:	Income tax reductions:	Employee's national insurance contribution:	Employee's pension contribution:	Net earnings:

If you have included statutory sick/maternity pay in the earnings above please complete the table below:

Details required:	Details:
Amount of statutory sick/maternity pay included:	
From what date?	

Section 4

Please provide details of the total income paid during the current tax year to date.

Details required:	Details:
Total gross earnings:	
Total tax paid:	
Total employee's national insurance paid:	
Total employee's pension contribution:	
Number of weeks in above period:	

Section 5

Please complete this section if your employee has recently started work or has returned to work following a period of absence or their normal pattern of earnings is due to change. Please complete the table below with your employee's estimated earnings.

Details required:	Details:
Estimated gross pay:	
Estimated income tax deductions:	
Estimated employee's NI deduction:	
Estimated employee's pension contribution:	
Estimated hours worked:	
Estimated net earnings:	

Section 6

Please complete the below details:

Details required:	Details:
Signature:	
Date:	
Name:	
Position in company:	
Company name:	

Company address:	
Company's official stamp:	

Maidstone residents

You can upload your completed form using this link:

<https://maidstone.gov.uk/home/primary-services/benefits/primary-areas/upload-your-benefits-proofs>

Or you can return the form by post to:

Benefit Section, Maidstone Borough Council, Maidstone House, King Street, Maidstone, Kent, ME15 6JQ

Tunbridge Wells residents

You can upload your completed form using this link:

<https://tunbridgewells.gov.uk/benefits/upload>

Or you can return the form by post to:

Benefit Section, PO Box 1358, Maidstone, Kent, ME14 9US