

# Housing Benefit / Council Tax Support Certificate of earnings form

## Note to employer

Please assist the Council by completing the statement below as appropriate.

Applicant's name	
Pay No. (if known)	
Applicant's address	
National Insurance No.	

With regard to the above-named employee's application for benefit, could you please provide the details requested below for the period:  to:

Week Commencing	Hours worked p/w	Gross Pay	Income Tax	Nat. Ins. Cont.	Supn. Pension	Net Pay

## Declaration

I hereby certify that the above details are correct and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

Business Address	
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The employer is requested to sign this form and authenticate with official stamp.  
Thank you for your co-operation.

Please return this statement to:

**Customer Services, Lewis House, Manvers Street, Bath, BA1 1JG**

**Bath & North East  
Somerset Council**