

Housing Benefit and Council Tax Benefit Certificate of earnings form

Do not write in this box. It is for office use only.

Version: Sept 2009

Office receipt date stamp

Date of issue:

Notes

Use this form if you do not have payslips to send us as proof of your earnings. Fill in **part 1** and ask your employer to fill in the rest of the form and send it back to us. If you have more than one job, you will need to fill in a separate form for each job. If you have a partner that normally lives with you who is also working, they will need to fill in a separate form to show us proof of their earnings.

Please give details of the employee's pay, including any overtime, bonus and other payments.

- If they are paid every week, we need details of their last **five weeks' pay**.
- If they are paid every two weeks, we need details of their last **three payslips which cover six weeks' pay**.
- If they are paid every four weeks or month, we need details of their last **eight weeks' or last two months' pay**.
- If you need to, please give an estimate of their earnings.

Part 1 About you

Title (For example; Mr, Mrs, Ms, Other)	First name	Address
Last name		
Claim reference number	Phone number	Email address
8		

Certificate of earnings or estimated earnings for the person claiming (your employer must fill in this part)

Employee's job title	Payroll number
National Insurance number	How are they paid?
2 letters 6 numbers 1 letter	<input type="checkbox"/> By cash <input type="checkbox"/> By cheque <input type="checkbox"/> By transfer <input type="checkbox"/> They are paid in a different way (tell us below)
If they have been made redundant, give us details of any redundancy payment they received. £	How often are they paid?
Date employment ended: / /	<input type="checkbox"/> Every week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every month

Period covered	Date of pay	Gross pay	Tax	Pension contribution	National Insurance contribution	Statutory Sick Pay	Hours worked
Month 1, fortnight 1 or week 1	/ /	£	£	£	£	£	
Month 2, fortnight 2 or week 2	/ /	£	£	£	£	£	
Fortnight 3 or week 3	/ /	£	£	£	£	£	
Week 4	/ /	£	£	£	£	£	
Week 5	/ /	£	£	£	£	£	

Gross pay to date	£	Date of next pay rise	/ /	Is this date an estimate?	Answer Yes or No
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Part 2 Employer's details

Name of employer	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Phone number	<input type="text"/>
Email address	<input type="text"/>

You must stamp the form with your official stamp here.

If you do not have an official stamp, send us a signed sheet of your company's headed paper.

I declare that the information I have given is accurate and I understand that I may be prosecuted if I give false information.

Employer's signature	<input type="text"/>
Position	<input type="text"/>

Print name

Date

When you have filled in this form, send it to: Lambeth Revenues and Benefits, Olive Morris House, 18 Brixton Hill, London, SW2 1RD.

How to contact us for help and advice

If English is not your first language and you need help filling in this form, please phone 0845 300 0328.

Arabic	إذا كانت اللغة الإنكليزية ليست لغتك الأولى وتحتاج إلى المساعدة في إكمال هذا النموذج، الرجاء الاتصال بالرقم: 0845 300 0328
Bengali	ইংরেজী ভাষা যদি আপনার প্রথম ভাষা না হয়ে থাকে এবং এই ফর্ম পূরণে যদি আপনার সাহায্য-সহায়তার প্রয়োজন হয়, তাহলে অনুগ্রহ করে 0845 300 0328 নম্বরে টেলিফোন
Cantonese	如果英語不是你的母語，而你又希望有人協助你填寫本表格的話，請致電 0845 300 0328 提出你的要求。
French	Si l'anglais n'est pas votre première langue et que vous souhaitez obtenir de l'aide pour remplir ce formulaire, veuillez téléphoner au 0845 300 0328
Hindi	यदि अँग्रेजी आपकी प्रथम भाषा नहीं है और इस प्रपत्र को भरने में आपको मदद की आवश्यकता हो तो कृपया 0845 300 0328 पर संपर्क करें।
Portuguese	Caso Inglês não for a sua língua principal e precisar de ajuda para preencher essa forma, por favor, ligue para 0845 300 0328
European Spanish	Si el inglés no es su primer idioma y precisa de ayuda para llenar este impreso, por favor llamar al teléfono 0845 300 0328
Twi	Se brɔfo enye wo kasa a edikan na se wo hia mmoa a kyerew krataa yi mu a, frɛ ahomatorofo 0845 300 0328
Urdu	اگر آپ کی مادری زبان انگریزی نہیں ہے، اور آپ کو یہ فارم بھرنے میں مدد درکار ہو تو براہ کرم مہربانی فون نمبر 0845 300 0328 سے رابطہ کیجئے۔
Yoruba	Bí èdè gẹ̀gẹ̀sì kì í bá ẹ̀dè abíníbí rẹ̀ tí o sì nílò ìrànlọ́wọ́ láti kọ àwọn ohun tó yẹ sínú fọ̀mù yí, jọ̀wọ́ pẹ nọ̀mbà yí 0845 300 0328

By phone

0845 300 0328

The lines are open at the following times.
Mondays to Fridays: 8.30am to 6pm
Saturdays: 9am to 1pm

By email

benefitsinfo@lambeth.gov.uk

In person

Brixton Customer Centre
Olive Morris House
18 Brixton Hill
London
SW2 1RD

The Brixton Customer Centre is open at the following times.
Mondays, Wednesdays and Fridays:
8.30am to 5.30pm
Tuesday: 8.30am to 3pm
Thursday: 8.30am to 7pm
Saturdays: 10am to 2pm

Gracefield Gardens Customer Centre
2 to 8 Gracefield Gardens
Streatham
London
SW16 2ST

The Gracefield Gardens Customer Centre is open at the following times.
Mondays, Thursdays and Fridays:
8.30am to 5.30pm
Tuesday: 8.30am to 3pm
Wednesday: 8.30am to 7pm
Saturday: 10am to 2pm

Other help

You can also get help filling in this form. Please call 0845 300 0328 for details.

If you are a council tenant, you can get help from your local housing office.

If you are housebound and want us to visit you at home, please phone us on 0845 300 0328.

If you would like this information in large print, in Braille, on audio tape or in another language, please phone 0845 300 0328.

