

# INCOME CERTIFICATE

## (NON HOUSEHOLDER)

*Private and Confidential*

TO BE COMPLETED BY ALL NON-DEPENDANT PEOPLE RESIDING IN YOUR HOME  
(THE INFORMATION HELD ON THIS FORM MAY ALSO BE USED FOR CALCULATING SECOND ADULT REBATE)

Name and Address (Block Capitals)	Occupation:
	Start Date:
	Works/Clock No:
	Hours Worked:
	Position in Firm:

I authorise any enquiry which may be necessary to verify information entered on this form.

Signature:  Date:

Having completed the above, please hand this Certificate to your employer and ask him to complete the details below.  
**ONCE COMPLETED THIS CERTIFICATE MUST BE RETURNED TOGETHER WITH THE APPLICATION FORM.**

### TO BE COMPLETED BY THE EMPLOYER

Please assist your employee by providing the information requested below and **return it to the employee.**

Gross earnings should include Bonus, Overtime, Sick Pay, (whether Statutory or Private), Statutory Maternity Pay, Commission etc. up to the last period prior to receipt of this certificate.

PLEASE INDICATE HOW OFTEN THE EMPLOYEE IS PAID (I.E. PAY PERIOD) - TICK APPROPRIATE BOX  
**(Consecutive payslips may be acceptable)**

Weekly       Fortnightly       Four Weekly       Calendar Monthly

If paid WEEKLY give last FIVE periods. If paid FORTNIGHTLY give last THREE periods. If paid FOUR WEEKLY or CALENDAR MONTHLY give last TWO periods.

	Pay Period Ending	Gross Pay	Gross Pay to Date
1			
2			
3			
4			
5			
	£	(A)	£

Are these NORMAL earnings?    YES     NO     If 'NO' please give reasons and 'NORMAL' amounts per pay period

NORMAL    £    (B)

REASONS

If **Statutory Sick/Maternity Pay/Working Family Tax Credit** is included in (A) and/or (B), please state which and indicate how much is included in each pay period below:-

Employee's National Insurance Number

Employer's Name and Address	Employer's Stamp

### EMPLOYER'S DECLARATION

I confirm that to my knowledge all the information given is accurate and true.

Employer's Signature	Telephone Number	Date

### OTHER INCOME INCLUDING INTEREST FROM CAPITAL

- DOCUMENTED EVIDENCE MUST BE SUPPLIED

Source and type of Income	Frequency of Payment	Amount	Verified by <small>(For Office Use Only)</small>