



# Part 3 About working for an employer

Do you or your partner work for an employer?

This includes getting Statutory Sick Pay, Statutory Paternity Pay, Statutory Maternity Pay and Councillor's Allowance?

No  Go to **Part 4**.

Yes  Answer the questions on this page. If you work for more than one employer, tell us about all the employers on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

**You**

**Your partner**

What kind of work do you do?



What is your employer's name and address?

  
  
 Postcode

  
  
 Postcode

When did you start this job?

 /  / 
 /  / 

What is your payroll, employee or staff number?



Are you employed for a limited period?

No

Yes  When will you finish?

 /  / 

No

Yes  When will they finish?

 /  / 

How often do you get paid?

 Every

 Every

How much do you get paid before tax and National Insurance are taken off?

 £

 £

How are you paid?

For example, in cash, by cheque or straight into a bank or building society account.



When was your last pay rise?

 /  / 
 /  / 

When will your next pay rise be?

 /  / 
 /  / 

How many hours a week do you usually work?



Give details of any regular overtime, bonuses or commission.



Are you getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP), Statutory Paternity Pay (SPP) from your employer at the moment?

No

Yes

No

Yes

Are you getting any other pay in addition to SSP, SMP and SPP?

No

Yes

No

Yes

## Part 3 About working for an employer – continued

	<b>You</b>	<b>Your partner</b>
<b>Do you pay into a private or company pension scheme?</b>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much?	Yes <input type="checkbox"/> How much?
	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>
	How often?	How often?
	Every <input style="width: 100%;" type="text"/>	Every <input style="width: 100%;" type="text"/>

**We must see evidence of any earnings before we can decide how much benefit you can get. Read the checklist at Page 13 to see what you can use as evidence.**

## Part 4 About any other work

**Do you or your partner do any other work at all?**

This could be voluntary work or any other work, even if it is not paid work.

No  Go to **Part 5**.

Yes  Answer the questions on this page.

	<b>You</b>	<b>Your partner</b>
<b>What other work do you do?</b>	<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>
<b>What is the name and address of the person you do this work for?</b>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Postcode <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Postcode <input style="width: 100%; height: 20px;" type="text"/>
<b>When did you start this work?</b>	<input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/>
<b>How many hours a week do you usually work?</b>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>Do you get paid?</b> If you only get expenses or tips, still tick 'Yes' and give details.	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much do you get before any deductions?	Yes <input type="checkbox"/> How much do they get before any deductions?
	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>
	How often?	How often?
	Every <input style="width: 100%;" type="text"/>	Every <input style="width: 100%;" type="text"/>

**We must see evidence of any earnings before we can decide how much benefit you can get. Read the checklist at Page 13 to see what you can use as evidence.**

## Part 5 About other business interests or being self-employed

Are you or your partner a company director?

No

Yes  We will write to you for more information.

Are you or your partner self-employed?

No  Go to **Part 6**.

Yes  Answer the questions on this page.  
You must send us your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other evidence of your income. We will write to you about this.

**You**

**Your partner**

What kind of work do you do?



When did the business start?

 /  / 
 /  / 

What is the business address?

  
  
 Postcode

  
  
 Postcode

Are there any other partners in the business?

No

Yes  Tell us their name and address.

  
  
 Postcode

No

Yes  Tell us their name and address.

  
  
 Postcode

How many hours a week do you usually work?



Do you get a Business Start-up Allowance?

No

Yes  How much?

£

How often?

Every

No

Yes  How much?

£

How often?

Every

Do you pay into a private pension scheme?

No

Yes  How much?

£

How often?

Every

No

Yes  How much?

£

How often?

Every

Do you use your home for business?

No

Yes

No

Yes

**We must see evidence of your earnings before we can decide how much benefit you can get. Read the checklist at Page 13 to see what you can use as evidence.**

## Part 6 About you and your partner

	You	Your partner
<b>What is your nationality?</b>	<input type="text"/>	<input type="text"/>
<b>If your Nationality is Not British, on what date did you last enter the UK?</b> The UK is England, Northern Ireland, Scotland and Wales.	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Do you or your partner get Disability Living Allowance, Personal Independence Payment or Armed Forces Independence Payment?</b> Please tick 'Yes' even if you or your partner have a vehicle from the mobility scheme.	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text"/> Care/Living £ <input type="text"/> Mobility: £	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text"/> Care/Living £ <input type="text"/> Mobility: £
<b>Do you or your partner get Attendance Allowance?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Does anyone get Carer's Allowance for looking after you or your partner?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Are you or your partner entitled to Carer's Allowance but not receiving payment due to receipt of other benefits?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Are you or your partner a student?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> Do you study full time or part time? Full time <input type="checkbox"/> Part time <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Do you study full time or part time? Full time <input type="checkbox"/> Part time <input type="checkbox"/>
<b>How many years does the course last?</b>	<input type="text"/>	<input type="text"/>
<b>Which year are you/your partner in?</b>	<input type="text"/>	<input type="text"/>
<b>What date does this year's course start and end?</b>	Start <input type="text"/> / <input type="text"/> / <input type="text"/> End <input type="text"/> / <input type="text"/> / <input type="text"/>	Start <input type="text"/> / <input type="text"/> / <input type="text"/> End <input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Do you or your partner receive a loan and/or grant?</b> If 'Yes', then we will need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

## Part 7 Money you pay out (outgoings)

We only take account of the following three outgoings when we assess your entitlement to benefit.

	You	Your partner
<b>Do you or your partner help to support a son or daughter who is under 25 and at university or college?</b> If 'Yes', send us proof of the course, term dates and how much money you give. Please send us the loan assessment form.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Do you or your partner pay any money into a personal pension scheme, but not through your employer?</b> If 'Yes', please send us the policy or scheme document.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

# Part 7 Money you pay out (outgoings) - continued

**Do you or your partner pay a registered childminder, nursery or after-school club to look after any children under 15 (under 16 if they are disabled)?** If you pay for child care then part of this cost can be deducted from your income figure used to calculate your Housing Benefit and/or Council Tax Reduction.

If 'Yes', please send us proof of payments made and the childminder's or scheme's registration number, and fill in the boxes below.

		You	Your partner
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of child	Weekly amount you pay	Name, address and registration number of the childminder or scheme	
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	

# Part 8 About benefits and pensions

**Are you or your partner getting any benefits or waiting to hear about benefits you have claimed?**

Read the list of benefits below and tell us about any you or your partner are getting now or have claimed.

- Adoption Pay
- Bereavement Allowance
- Carer's Allowance
- Child Benefit
- Child Tax Credit
- Contribution-based Jobseeker's Allowance
- Employment Support Allowance (contribution based)
- Fostering Allowance
- Guardian's Allowance
- Incapacity Benefit
- Industrial Death Benefit
- Industrial Injuries Disablement Benefit

- Maternity Allowance
- Pension Credit (including Savings Credit)
- Severe Disablement Allowance
- State Retirement Pension
- Universal Credit
- War Disablement Benefit, War Pension or War Widow's Pension
- Widow's, Widower's Benefits or Widowed Parent's Allowance
- Working Tax Credit

No  Go to **Part 9**.

Yes  Tell us about the benefits below. Tell us the full rate of the benefits before any deductions.

If you are getting, or have claimed, any benefit that is not listed above, tell us below.

	You	Your partner
<b>The name of the benefit or pension</b>	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much?	<input type="checkbox"/> How much?
	£ <input type="text"/>	£ <input type="text"/>
	How often?	How often?
	Every <input type="text"/>	Every <input type="text"/>
<b>The name of the benefit or pension</b>	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much?	<input type="checkbox"/> How much?
	£ <input type="text"/>	£ <input type="text"/>
	How often?	How often?
	Every <input type="text"/>	Every <input type="text"/>

## Part 8 About benefits and pensions – continued

	You	Your partner
<b>The name of the benefit or pension</b>	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much?	<input type="checkbox"/> How much?
	£ <input type="text"/>	£ <input type="text"/>
	How often?	How often?
	<input type="text"/> Every	<input type="text"/> Every

## Part 9 About other money coming in

**Do you or your partner, or any children you are claiming for, have any money coming in (or expect to have some money coming in) that you have not already told us about on this form?**

This includes occupational pensions; maintenance or child support for you, your partner or any of the children you have told us about on this form; money from a trust fund; Home Income Plan, payments from mortgage, loan or credit card payment protection policies; training allowances; a student grant or loan; and any cash payments. Also tell us about any money you get from people living in your house as boarders, lodgers or subtenants or from any other property. You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust or the MacFarlane Trust.

**No**  Go to **Part 10**.

**Yes**  Answer the questions on this page.

### Other money 1

**What is the money for?**

**Who gets it?**

**How much do they get?** £

**How often?**  Every

**When did they start getting this income?**  /  /

**When is the income likely to go up?**  /  /

### Other money 2

**What is the money for?**

**Who gets it?**

**How much do they get?** £

**How often?**  Every

**When did they start getting this income?**  /  /

**When is the income likely to go up?**  /  /

## Part 9 About other money coming in – continued

### Other money 3

What is the money for?

Who gets it?

How much do they get? £

How often?  Every

When did they start getting this income?  /  /

When is the income likely to go up?  /  /

Does anyone owe money to you, your partner, or any children you are claiming for? No  Yes  What for?

How much? £

Are you expecting to get any money in the next 12 months? For example, a redundancy payment or a payment instead of notice or holiday. No  Yes  What for?

How much? £

Have you or your partner delayed receiving any money? For example, private pension, annuity, occupational pension. No  Yes  What is it?

We must see evidence of any money coming in before we can decide how much benefit you can get. Read the checklist at Page 13 to see what you can use as evidence.

## Part 10 About bank accounts, capital, savings and investments

Tell us about all your bank and building society accounts (EVEN EMPTY AND OVERDRAWN ONES, OR ONES YOU DO NOT USE REGULARLY)

Do you or your partner have any capital, (including bank accounts) savings or investments in the UK or abroad?

This includes cash, current accounts and savings accounts with a bank or building society, Post Office accounts, Premium Bonds, National Savings Certificates, and stocks and shares.

No  Go to Part 10a

Yes  Answer all questions in this part.

We must see evidence of all capital, savings and investments if they add up to £6,000 or more if you are below State Pension Credit Age and £10,000 if you are State Pension Credit Age.



# Part 10 About bank accounts, capital, savings and investments - continued

**Do you or your partner have any Bank accounts?**

This includes bonds.

No

Yes  Tell us about all your **Bank accounts**, even empty or overdrawn ones. If there are more than two bank accounts, tell us about the others on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

**Do you or your partner have any Building Society accounts?**

This includes bonds.

No

Yes  Tell us about **Building Society accounts**, even if you do not use them regularly. If you have more than two building society accounts, tell us about the others on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

Name of building society

Account number

Whose name is the account in?

How much is in the account?

£

Name of building society

Account number

Whose name is the account in?

How much is in the account?

£

**Do you or your partner have any Post Office accounts?**

This includes savings accounts and Girobank accounts.

No

Yes  Tell us about **Post Office accounts**. If you have more than two post office accounts, tell us about the others on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

Type of account

Account number

Whose name is the account in?

How much is in the account?

£

Type of account

Account number

Whose name is the account in?

How much is in the account?

£



## Part 11 About having no income

Do you or your partner currently  
have no income or had no income  
for the period you wish to claim for?

No  Go to **Part 12**

Yes  Answer the questions on this page

Please explain why you have/had no income and how you meet/met your day to day living expenses.

**WE MAY NEED TO SEE YOUR BANK STATEMENTS.**

## Part 12 Anything else you need to tell us

Use the box below to tell us anything else you think we should know about. Use a separate sheet of paper and attach it to this form if you need to.

If you are sending separate sheets of paper with this form, tell us how many.









CYNGOR BWRDEISTREF SIROL  
COUNTY BOROUGH COUNCIL

## Forecast of earnings Private and confidential

### To be filled in by the employee

Name .....

Address .....

Employee or works number ..... Occupation ..... Signature .....

### To be filled in by the employer

Please help your employee by confirming the details above, providing the information asked for below and returning it to the address at the top of this letter.

What date did the employee start work?

How many hours a week will the employee normally work on average?

How often is the employee paid?  
If 'Other', please give the period.

Every week

Every fortnight

Every four weeks

Every calendar month  Other (Please give details.)

Please tell us how they are paid, for example, cash, cheque, direct into their bank account.

Please give me an estimate of his/her likely GROSS AVERAGE EARNINGS for a normal pay period. Include any regular overtime, tips bonus or commission.

Please tell me how much INCOME TAX will be deducted.

Please tell me the deduction for NATIONAL INSURANCE CONTRIBUTIONS.

Will any contributions to an OCCUPATIONAL PENSION SCHEME be deducted from his/her earnings?

No  Yes

What is the amount or the percentage to be deducted?

Name .....

Business name .....

Business address .....

Business phone number .....

I confirm that the information given is true and complete.

Signature .....

Position in firm .....

Employer's authorisation stamp

Please give this form back to your employee straight away. Thank you for your assistance.  
REVENUE & BENEFITS ASSESSMENT SERVICES.



Certificate of earned income  
Private and confidential

To be filled in by the employee

Name .....

Address .....

Employee or works number ..... Occupation ..... Signature .....

To be filled in by the employer

Please help your employee by confirming the details above, providing the information asked for below and returning it to the address at the top of this letter.

What date did the employee start work?

How often is the employee paid? If 'Other', please give the period.  
 Every week  Every fortnight  Every four weeks

Every calendar month  Other (Please give details.)

Please tell us how they are paid, for example, cash, cheque, direct into their bank account.  
 Normal basic wage £  Normal hours worked

Gross pay for the last five weekly, three fortnightly, or two monthly/ four-weekly periods (including overtime, bonus SSP, SMP and SPP)

	Pay period ending	Number of hours worked	Gross pay	Gross pay to date	National Insurance contributions		Occupational pension or personal pension contributions		Tax paid by employee	
					For each period	Year to date			For each period	Year to date
1										
2										
3										
4										
5										
Total										

If Statutory Sick Pay (SSP), Maternity Pay (SMP) or Paternity Pay (SPP) is included in the gross pay, please tell us which and how much.

Name .....

Business name .....

Business address .....

Business phone number .....

I confirm that the information given is true and complete.

Signature .....

Position in firm .....

Employer's authorisation stamp