

**CORPORATE SERVICES DEPARTMENT**

Caroline Holland - Director

My ref: COE

Your Benefit ref:

Date:



Merton Benefits Service  
P.O. Box 610  
Merton Civic Centre,  
Morden, SM4 5ZT

Direct Line: 020 8274 4903  
E-mail: [Housing.Benefits@merton.gov.uk](mailto:Housing.Benefits@merton.gov.uk)  
Fax: 020 8545 3960

Dear Sir or Madam,

**Certificate of Earned Income  
Private And Confidential**

More information is needed to work out your Housing Benefit/Council Tax Support. **THIS INFORMATION IS NEEDED IMMEDIATELY.**

1) We need details of your earnings. Please complete Part A, then ask your employer to complete part B in full.

When Parts A and B are fully completed, return the certificate to the address at the top right hand side of this letter.

Please give us the information requested immediately to ensure that your entitlement is worked out quickly. If you do not return this information within one calendar month from the date of this letter, your entitlement will either be cancelled or not worked out.

The information provided will be treated in the strictest of confidence.

Yours sincerely,

*Merton Benefits Service*

Please quote your reference number, name and address when you contact us

**THIS LETTER IS AVAILABLE IN LARGE PRINT AND BRAILLE**

Merton Civic Centre, London Road, Morden SM4 5DX Tel: 020 8274 4901 [www.merton.gov.uk](http://www.merton.gov.uk)

HB Ref:

**CERTIFICATE OF EARNED INCOME**

**Private and Confidential**

**Part A To be completed by employee:**

Name

Address

Employee/Works Number  National Insurance number

Occupation

Signature

**Part B: To be completed by employer:**

**I would be grateful if you could assist your employee by confirming the details above, providing the information requested below and returning this form to your employee. If you hold a National Insurance number, which is different to that shown above, please insert it here.**

Please indicate how often the employee is paid. If other applies please state the period.

Weekly       Fortnightly       4-Weekly       Calendar Monthly

Other (please specify)

Please indicate the method of payment. e.g cash, cheque, direct into bank account

Normal Basic Pay £

Normal hours worked

Pay details for the last 5 weekly, 3 fortnightly, or 2 monthly/4-weekly periods (including overtime, bonus, SSP, SMP etc)

Pay period ending	Number of hours worked	*Gross pay. Include overtime, bonus etc.		National Insurance contributions		Tax paid by employee		Occupational or personal pension contributions	
		Pay Period	Year To Date	Pay Period	Year To Date	Pay Period	Year To Date	Pay Period	Year To Date

If Statutory Sick Pay or Maternity Pay is included in the gross pay please indicate clearly which and how much.

Name

Name of Business

Business address

Business telephone number

Signature

osition in business or Job Title

**I confirm that the information given is true and complete.**

**Please endorse with business's authorisation stamp** 

**Business Authorisation Stamp**