



# Employment Income Details

This form is to be completed by the employer to confirm the income details for their employee who is a client of social housing. Please use BLOCK LETTERS and print in black or blue pen only. For information or assistance with this form, phone 1800 422 322, 24 hours a day, 7 days a week.

## Employee Details

Title	<input type="text"/>		
Mr, Mrs, Ms, Miss			
Last name or family name	<input type="text"/>		
First and middle name(s)	<input type="text"/>		
Unit/House number	<input type="text"/>		
Street/Avenue	<input type="text"/>		
Town/Suburb	<input type="text"/>	Postcode	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

## Employment Details

Employer	Name or Person/Company	<input type="text"/>	
	ABN	<input type="text"/>	
Business Address	Unit/House number	<input type="text"/>	
	Street/Avenue	<input type="text"/>	
	Town/Suburb	Postcode	<input type="text"/>
	Phone	Mobile	<input type="text"/>
	Email	<input type="text"/>	

Type of employment (please tick)

Full time

Part time

Casual

Employment start date

Employment end date (if applicable)

**Period of employment during the past 26 weeks**

Pay period start

Pay period end

**Income Details**

Gross (before tax) salary/wages as stated for the above period (including Salary Sacrifices, Allowances or Fringe Benefits)

Current gross (before tax) weekly wage earnings of the employee

Amount of Salary Sacrifice per week

What is the Salary Sacrifice?

State the amount of any monetary reimbursement for any travel expense incurred by the employee during the past 26 weeks

Amount of Fringe Benefit per week

What is the Fringe Benefit?

Amount of Deductions per week

What is the Deduction?

Amount of Allowance per week

What is the Allowance?

Number of days lost without pay

**I declare these details are correct.**

Employer's representative name (please print)

Signature

Company stamp or seal

ABN

Date