



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 **1300 468 746**, 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"/>	
	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"/>	

Employment start date

Employment end date (if applicable)

Type of employment (please tick)

- Permanent full time
- Permanent part time
- Casual

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

Date