

Part B – About working for an employer (Continued)

	You	Your Partner
Are you employed for a limited period?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When will you finish?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How often do you get paid?	<input type="text"/> Every	<input type="text"/> Every
How much do you get paid before tax and National Insurance are taken off?	£ <input type="text"/>	£ <input type="text"/>
How are you paid? For example, in cash, by cheque or straight into a bank or building society account.	<input type="text"/>	<input type="text"/>
When was your last pay rise?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When will your next pay rise be?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Give details of any regular overtime, bonuses, tips or commission.	<input type="text"/>	<input type="text"/>
Are you or your partner getting Statutory Sick Pay (SSP) from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What date did it start?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are you or your partner getting Statutory Maternity Pay (SMP) or Statutory Paternity Pay (SPP) from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What date will it end?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are you getting any other sick pay or maternity pay from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you pay into a private pension, company pension or superannuation scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/> Every	<input type="text"/> Every

Part C – About any other work

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

No

Please sign the declaration

Yes

Answer the questions in this section.

	You	Your Partner
What other work do you do?	<input type="text"/>	<input type="text"/>
What is the name and address of the person you do this work for?	Name: <input type="text"/>	Name: <input type="text"/>
	Address: <input type="text"/>	Address: <input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode: <input type="text"/>	Postcode: <input type="text"/>
When did you start this work?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Do you get paid?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If you only get expenses or tips, still tick 'Yes' and give details.		
How much do you get before deductions?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/> Every	<input type="text"/> Every

Declaration



Important We must see proof. Send original documents

Please read this declaration carefully before you sign and date it.

WARNING:- any person who provides false statements, information or documents at the time of, or in support of, his or her claim or who continues to receive benefit when he or she knowingly fails to inform the Council of any relevant change of circumstances which occurs will be liable to prosecution.

- I/we declare that the information I/we have given on this form is correct and complete to the best of my/our knowledge.
- I/we authorise the Council to make any necessary enquiries to verify the information on this form.
- I/we authorise the Council to cross check the information I/we have given with the other sections of the Council, Rent Officer, other Councils, Benefit Authorities, Employment Services and the Benefit Agency.
- I/we understand that if I/we give information that is incorrect or incomplete or fail to report any changes which might affect my/our benefit I/we may be prosecuted.

Your signature

Your partner's signature

Date

 / /
 / /