



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, Mx			
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)	<input type="checkbox"/> Full time
	<input type="checkbox"/> Part time
	<input type="checkbox"/> Casual

Employment start date	<input type="text" value="DD/MM/YYYY"/>
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Employment end date (if applicable)	<input type="text" value="DD/MM/YYYY"/>
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Period of employment during the past 26 weeks

Pay period start

DD/MM/YYYY

Pay period end

DD/MM/YYYY

Income DetailsGross (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

X

Company stamp or seal

ABN

Date

DD/MM/YYYY