



Employment Income Details

Please print in BLOCK LETTERS with a black or blue

This form is to be completed by the employer to confirm the income details for their employee who is a client of Social Housing.

For information or assistance with this form, phone **1300 468 746**, 24 hours a day, seven days a week.

Employee details

Title	<input type="text"/>		
Mr, Mrs, Ms, Miss			
Last name or family name	<input type="text"/>		
Given 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"/>

Employment details

Employer

Name of person/company	<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"/>

Employment commenced on

Date

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

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?

Number of days lost without pay

I declare these details are correct.

Employer's representative name (please print)

Signature

Company stamp or seal

Date