

Statement of income form

You can use this form as proof of income to the Department of Local Government, Housing and Community Development. This form should only be used if your employer cannot provide you with payslips.

OFFICE USE ONLY	Receiving DLGHCD user ID		Date	
TMS Group no		Application	<input type="checkbox"/> Rebate	<input type="checkbox"/> Public Housing
			<input type="checkbox"/> Bond	<input type="checkbox"/> Other

Employee details			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other	Date of Birth	
Full name			
Residential or Community address			
Declaration			
I, _____ (FULL NAME)			
authorise:			
<ul style="list-style-type: none"> • My employer to provide details about my income and earnings to Department of Local Government, Housing and Community Development. • Department of Local Government, Housing and Community Development to contact my employer to obtain further information relating to my income, if required. 			
I understand:			
<ul style="list-style-type: none"> • I can withdraw my authority for the Department of Local Government, Housing and Community Development to contact my employer at any time. 			
Signature		Date	

Employer details – Employer to complete			
Company/ Business name			
Contact person			
Position title		Telephone	
Employment details			
Date employee started working for you	/ /	Date employment ceased (if applicable)	/ /
Employment status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Temporary / Contract <input type="checkbox"/> Ceased		
Income and deduction details			
Period of income statement	/ / to / /	Total of weeks	
Base Gross Income	\$	Salary Sacrificed	\$
Regular overtime	\$	Child maintenance	\$
Allowances, commissions etc	\$	Fringe Benefit Tax	\$
Gross weekly wage (Please calculate by subtracting any deductions from the total earnings)			\$
Signature		Date	