Part 6 - Earnings (continued)

NOTE Please provide proof for you and your partner's income: last 2 monthly, 3 fortnightly or 5 weekly payslips. If all necessary payslips are not available, please get your employer to complete the Certificate of Earned Income at the back of this form.

the Certificate of Earned Income at the	You	Your Partner
into an		
Do you or your partner pay into a lif 'Yes', we will need to see proof.	Yes No	Yes No
Are you getting Statutory Sick Pay (S	SSP) from your employer? Yes No	Yes No
Are you getting Statutory Maternity F	Pay (SMP) from your employer Yes No	Yes No
Do you or your partner own part of a company that you work for? If 'Yes', we will need to see the partnership agreement and split in income. Yes No No		
Do you or your partner do any otheg are you a company director, comif it is not paid work.	ner work? pany secretary, voluntary worker Yes No	or any other second job, even Yes No
If Yes:		
What other work do you do?		
What is the name and address of the person you do this work for?		
•21	Postcode	Postcode
When did you start this work?	1 1	
How many hours a week do you usually work?		
Do you get paid? If you only get expenses or tips, still tick 'Yes' and give details.	No How much do you get before any deductions?	No How much do they get before any deductions?
	£	£
	How often?	How often?
	Every	Every
	The state of the part of	line

Please send us your last 2 monthly, 3 fortnightly or 3 weekly pay slips.

If you have any additional jobs please continue on a separate sheet of paper.