

Statement of income form

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

Please return all completed forms to the department. Return details can be found on the back of this form.

Employee Details	
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 Housing and Community Development. • Department of 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 Housing and Community Development to contact my employer at any time. 	
Signature	Date

Employer to complete			
Company/Business name			
Contact person			
Position title			
Telephone			
Employment Details			
Employment commencement date		Employment Type	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Casual <input type="checkbox"/> Temporary/Contract
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

Disclaimer

The Department of Housing and Community Development collects only your personal information which is necessary to provide housing assistance under the *Housing Act* and its Regulations.

If you do not provide the requested information we may not be able to provide you with assistance. The information collected will not be disclosed to anyone without your consent unless it is required or authorised by law in accordance with the Information Privacy Principles at Schedule 2 of the *Information Act* (NT). You have a right to access and correct the information held about you.

If you have any questions please contact the Information Access Unit on 8999 8490, email infoact.DHCD@nt.gov.au or write to GPO Box 4621, Darwin NT 0801.

Return details – please return all completed forms to the below regional office.	
DHCD Officer name	
Post to	GPO Box
Email to	
Fax to	(08)
For further information please call	(08)