Use this form to show proof of wage to Housing SA. Your employer completes this form.

EMPLOYEE’S DETAILS

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Phone: |  |

EMPLOYER’S DETAILS

|  |  |
| --- | --- |
| Name: |  |
| Business name: |  |
| Address: |  |
| Phone: |  |

DETAILS OF EMPLOYMENT

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date started: | |  | | |  | | Full time |  | | Part time | |  | Casual |
| Including any overtime and penalty rates paid on a regular basis. | | | | | | | | | | | | | |
| Current weekly total wage before tax: | | | | $ |  | | | | | | | | |
| Total year-to-date wage before tax, if they haven’t received a regular weekly amount: | | | | | | | | | | | | | |
| $ |  | | Date from: | | |  | | | Date to: | |  | | |

DECLARATION

By signing this form, you’re stating all the information provided is true, correct and up-to-date.

|  |  |  |  |
| --- | --- | --- | --- |
| Employer’s signature: |  | Date: |  |
| Position: |  | | |
|  | | | |
| Employee’s signature: |  | Date: |  |