



Employer Income Verification Statement

If you receive wages or a salary you can submit this statement as documentary proof of your income.
Have your employer complete Section 1 then verify the information by completing Section 2.

▼ To be completed by the employer (Section 1)

Employee details

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First given name

Second given name

Family name

Address

Suburb/Town

State

Postcode

Phone

Employment commencement date

D	D	M	M	Y	Y	Y	Y
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Income details

Please provide details of the employee's average weekly income for the last 3 months.

Date from

D	D	M	M	Y	Y	Y	Y
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 to

D	D	M	M	Y	Y	Y	Y
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Summary of average gross weekly income:

Base gross income \$

Overtime payments \$

Salary sacrificed
(including superannuation) \$

Other income
(commissions, bonuses,
allowances, etc) \$

Total average gross
weekly income \$

Employer details

Company/business name

Address

Suburb/Town

State

Postcode

Phone

ABN

Company / Business seal or stamp

Name

Job title

Signature

Date

D	D	M	M	Y	Y	Y	Y
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▼ To be completed by the employee (Section 2)

I (name of employee)

confirm the information provided by my employer is correct.

Signature



Date

D	D	M	M	Y	Y	Y	Y
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Office use only

Person reference

Admin unit

Application/tenancy reference

File number

Date received stamp