



# Statement of Earnings for Service Personnel

**CIV/FIN/5**

**Information for the Applicant** - If you are a serving member of Her Majesty's Forces, you should ask your Paying Office to complete this form about your earnings. After your Paying Office has completed the form, you should return it together with your Financial Eligibility Form.

**Information for the Paying Office** - Please complete this form answering all questions. Please complete the form in CAPITAL LETTERS and BLACK INK. You should put a cross in the relevant box or write within the white boxed areas as the information you supply will be electronically scanned. After you have completed this form, please return it to the applicant.

## SECTION A - To be completed by the applicant

Applicant's details			
Legal aid reference number (if known):	CI	Rank or rating and service number:	
Applicant's forename:		Applicant's surname:	

## SECTION B - To be completed by the Paying Office

Pay					
Total pay issuable under the pay warrant (£):		Is the amount:	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Annual <input type="checkbox"/>

National Insurance and Income Tax deductions					
National Insurance deduction (£):		Is the amount:	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Annual <input type="checkbox"/>
Income Tax deduction (£):		Is the amount:	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Annual <input type="checkbox"/>

Charges					
Accommodation charge (£):		Is the amount:	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	No charge <input type="checkbox"/>
Quarterming charge (£):		Is the amount:	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	No charge <input type="checkbox"/>
Food charge (£):		Is the amount:	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	No charge <input type="checkbox"/>

Allowances					
Local Overseas Allowance (£):		Is the amount:	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	No allowance <input type="checkbox"/>
Excess Rent Allowance (£):		Is the amount:	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	No allowance <input type="checkbox"/>
London Allowance (£):		Is the amount:	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	No allowance <input type="checkbox"/>

Separation Allowance (£):		Is the amount:	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	No allowance <input type="checkbox"/>
Overseas Family Allowance (£):		Is the amount:	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	No allowance <input type="checkbox"/>
Cost of Living Addition (£):		Is the amount:	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	No allowance <input type="checkbox"/>

Voluntary allotments - give the reason for each allotment						
Reason for allotment:		Amount:		Is the amount:	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
Reason for allotment:		Amount:		Is the amount:	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
Reason for allotment:		Amount:		Is the amount:	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
Reason for allotment:		Amount:		Is the amount:	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
Reason for allotment:		Amount:		Is the amount:	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>

**SECTION C - To be completed by the Paying Office**

Details about the employing organisation	Contact within the organisation
Organisation name:	Contact name:
Street:	Position:
Town:	Telephone:
County:	Date:
Postcode:	

Name of Paying Office staff member who completed form:

Signature of Paying Office staff member who completed form:

Date: