

To: Applications Sub-section, Housing Department  
 Podium Level 2, HKHA Customer Service Centre  
 3 Wang Tau Hom South Road, Kowloon

**Employer Certificate**

\*I/We confirm that \*Mr./Ms./Miss \_\_\_\_\_ (H.K.I.C. No.: \_\_\_\_\_)  
 is an employee in \*my/our firm since \_\_\_\_\_ (date) holding the post of \_\_\_\_\_.

\*His/Her income for the past six month<sup>Note 1</sup> is as follows (Please state in the table below the employee's mandatory contribution to the Mandatory Provident Fund Scheme (MPF) / Recognised Occupational Retirement Scheme(s), if any):

Month/Year	Basic Pay	Living Allowance	Overtime Pay	Bonus or Commission (Note 2)	Other Allowances / Incentives (Note 3)	Contribution to *MPF/ Recognised Occupational Retirement Scheme(s) (Note 4)	Net Income after Deducting Contribution to *MPF/Recognised Occupational Retirement Scheme(s)

(All amounts are declared in Hong Kong Dollars, unless specified otherwise.)

**Note 1:** For providing irregular income of the past 12 calendar months before the date of declaration, please use an additional Employer Certificate and submit both certificates together.

**Note 2:** Refers to any non-annual bonus or commission.

**Note 3:** Examples : Travelling Allowance/Obnoxious Allowance/Incentive for good attendance etc.

**Note 4:** Please declare the employee's mandatory contribution to the MPF / Recognised Occupational Retirement Scheme(s), but do not include any contribution made on a voluntary basis.

If no employee's mandatory contribution to the MPF / Recognised Occupational Retirement Scheme(s) has been made, please state 'Nil'.

Other than the above income, the said employee \*was/was not paid any \*annual double pay / annual bonus / other annual gratuity of \$ \_\_\_\_\_ for the past year on \_\_\_\_\_ (month/year). (Please deduct the employee's contribution to the MPF / Recognised Occupational Retirement Scheme(s), if any).

Our firm \*has/has not furnished Employer's Return in respect of the income of the above-named employee to the Inland Revenue Department.

Any break of service : \*Yes / No (if yes, please state the period : from \_\_\_\_\_ to \_\_\_\_\_).

Date of resignation (if applicable): \_\_\_\_\_.

Signature of Employer/Officer i/c : \_\_\_\_\_

Name of Signatory : \_\_\_\_\_  
 (Please use CAPITAL LETTERS)

Company/  
 Office Chop : \_\_\_\_\_

Designation of Signatory: \_\_\_\_\_

Office Address : \_\_\_\_\_

Name of Company/  
 Office : \_\_\_\_\_

(Please use CAPITAL LETTERS)

Office Tel. No. : \_\_\_\_\_

Date : \_\_\_\_\_

**Note :** Please be reminded that under Section 26(1)(c) of the Housing Ordinance (Chapter 283), any person who knowingly makes any false statement to the Hong Kong Housing Authority in respect of an application for a public housing lease shall be guilty of an offence and shall be liable on conviction to a maximum fine of HK\$50,000 and to imprisonment for 6 months.

Amendments, if any, should be signed by the employer with company/office chop.

Any amendment by using correction materials such as correction fluid or tapes for obliteration will make this employer certificate void.

\* Delete if inapplicable