

Confirmation of Rent Form

Only your landlord or their agent must fill in this form.

About the tenant

Tenant's name

Address

 Postcode

Telephone number(s) Daytime Mobile

Is the person above a joint tenant? **No**
Yes Tell us about this below.

Joint tenants' names

About you, the landlord or agent

Landlord or agent's name

Address

 Postcode

Telephone number(s) Daytime Mobile

Do you own the property the tenant is living in? **No** Tell us about the owner below.
Yes

About the property owner

Owner's name

Address

 Postcode

Telephone number(s) Daytime Mobile

About occupancy and rent

How much rent do you charge for the property? £ every

When did you start charging the tenant rent? / /

What date did the tenancy start? / /

What date did the tenant move in? / /

What was the date of the last rent increase? / /

What is the date of the next rent increase? / /

About occupancy and rent (continued...)

Does the tenant have any rent arrears?

No

Yes Tell us about these below.

What is the value of the arrears?

£

What period do the arrears relate to?

/ /

to

/ /

About the property

We need to know if the rent includes payments for any of the following, if it does please state the amount charged.

Council Tax	£ <input type="text"/>	Heating	£ <input type="text"/>	Emergency alarm	£ <input type="text"/>
Lighting	£ <input type="text"/>	Hot water	£ <input type="text"/>	General counselling/support	£ <input type="text"/>
Gardening	£ <input type="text"/>	Garage	£ <input type="text"/>	Cleaning rooms or windows	£ <input type="text"/>
Television	£ <input type="text"/>	Laundry	£ <input type="text"/>	Fuel for cooking	£ <input type="text"/>
Meals	£ <input type="text"/>	Water rates	£ <input type="text"/>	Any other services	£ <input type="text"/>

If you have included an amount for meals please tick which meal is included

Breakfast

Lunch

Evening meal

Please tell us how many rooms of each type there are in this property and how many are for the sole use of your tenant.

	Number of rooms in the whole property	Number of rooms that only the tenant uses	Number of rooms the tenant shares with others
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bed sitting rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Separate toilet	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the property:

Furnished?

Partly furnished?

Unfurnished?

Are you related to the tenant or any member of the household?

No

Yes Tell us about this below.

What is the relationship *(for example father, mother, son, daughter)*

Declaration

The information I have given is complete and accurate as far as I know. You may check the information I have given. I understand that you could take legal action against me if I have given false information.

I will tell you in writing about any changes I could reasonably be expected to know about that may affect the tenant's entitlement to Housing Benefit.

Signature:

Date:

/ /