

Proof of rent - Tear off 1

(Your landlord or agent must fill this in if you cannot provide other proof.)

Name of tenant

Address (including flat number)

Postcode

Owner's details

Owners full name

Address and postcode

Postcode

Phone number

Agent's details (if none, state 'None')

Agent's full name

Address and postcode

Postcode

Phone number

Are you the owner or the agent?

What date did the tenancy start? / /

How much is the rent? £

How often is this paid (weekly, four-weekly, monthly and so on)?

Is the landlord related to the tenant or to the tenant's children? No Yes Please give details.

What the rent includes. Please tick the correct box and say how much is included (if any).

	Yes	No	£	p		Yes	No	£	p
Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		Cleaning and lighting of accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Hot water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		Cleaning and lighting of shared areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		General counselling, care and other support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Gardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		If 'Yes' to meals, give details.				
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>				
Porter or estate staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		If 'Yes', give details.				
Gas/electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>				
Any other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>						
Emergency alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>						

Declaration

I declare that the information I have given on this form is correct and complete. I understand I may be prosecuted if I knowingly make a false or incomplete statement. I understand I have a duty to write to the Benefits Office immediately if my tenant leaves the accommodation or they have a change of circumstances that may affect the amount of benefit. I may be prosecuted if I fail to let you know.

Signature: Name in print:

Agent or owner: Date: / /