

PROOF OF RENT FORM

(THIS FORM IS FOR USE BY LANDLORDS AND AGENTS ONLY)

**PLEASE COMPLETE THIS FORM IN INK AND IN BLOCK CAPITALS AND RETURN TO:
REVENUES AND BENEFITS, PO BOX 112, FARRIER STREET, WORCESTER WR1 3ZS,
or WCC CUSTOMER SERVICE CENTRE, ORCHARD HOUSE, FARRIER STREET.**

PLEASE ANSWER EVERY QUESTION

LANDLORD/AGENT DETAILS:

LANDLORD/AGENT (Please delete as applicable) Full name:

Business address:

Home address:

Post code:

Telephone number:

Post code:

Telephone number:

TENANT DETAILS:

TENANT(s) full name(s):

Room number (if applicable):

Address of tenant(s):

Post code:

Are you related to The tenant or his/her partner or children? YES NO

If YES, please state relationship:

Date tenant(s) moved into property:

Date tenancy commenced:

Has the Rent Officer registered a fair rent?

YES NO

Is there a pre-tenancy determination for this property?

YES NO

Is there a formal tenancy agreement?

YES NO **If YES, please enclose a copy**

Is there a rent book?

YES NO **If YES, please enclose a copy**

Does your tenant have rent arrears?

YES NO **If YES, how much?** £

RENT DETAILS:

Rent charged: £ (amount) per week / 4 weeks / month (delete as applicable)

Does the rent charged include an amount for any of the following?

MEALS / FOOD:

Breakfast: YES NO Midday meal: YES NO Evening meal: YES NO
 Food only: YES NO

SERVICES: Please indicate if the rent charged includes any of the following:

		<u>TICK AS APPROPRIATE</u>				<u>AMOUNT (IF KNOWN)</u>
FUEL CHARGES:	Heating:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	£ <input type="text"/>
	Lighting:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	£ <input type="text"/>
	Hot water	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	£ <input type="text"/>
	Cooking facilities	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	£ <input type="text"/>
LAUNDRY:	Bed linen etc:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	£ <input type="text"/>
	Personal:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	£ <input type="text"/>
CLEANING:	Communal areas:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	£ <input type="text"/>
	Bedrooms:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	£ <input type="text"/>
OTHER:	Council Tax:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	£ <input type="text"/>
	Water rates:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	£ <input type="text"/>
	Personal care:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	£ <input type="text"/>
	Counselling/ Support	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	£ <input type="text"/>
	Central heating:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	£ <input type="text"/>
Other (please specify)						£ <input type="text"/>

DECLARATION:

- I declare that the information given on this form is complete and true.
- I understand that I have a duty to tell the Benefits Section in writing and immediately about any change in my tenant's circumstances which might affect my tenant's entitlement to Housing Benefit, or the amount of benefit available.
- I understand that anyone who dishonestly obtains Housing Benefit could be prosecuted under the Social Security Administration Act 1992 Section 112 and/or Theft Act 1968 & 1978 and the overpaid benefit will be reclaimed.
- The information you have given on this form will be put on computer systems and processed in accordance with the Data Protection Act 1984.
- This authority is under a duty to protect public funds it administers and to this end may use the information you have provided on this form within the authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

SIGNATURE:

DATE:

NAME PRINTED:

POSITION HELD:

(e.g. Landlord, Agent, Other)

PLEASE NOTE THAT HOUSING BENEFIT ENTITLEMENT CANNOT BE CALCULATED UNTIL THIS FORM IS RETURNED