

If you do not have a current written tenancy agreement you must ask your landlord to complete this form.
 Please return this form to the Benefits Section, Winchester City Council, City Offices, Colebrook Street, Winchester SO23 9LJ

Landlord or Housing organisation	Agent	Tenant
Name <input type="text"/>	Name <input type="text"/>	Name <input type="text"/>
Address <input type="text"/> <input type="text"/> <input type="text"/>	Address <input type="text"/> <input type="text"/> <input type="text"/>	Address <input type="text"/> <input type="text"/> <input type="text"/>
Phone No <input type="text"/>	Phone No <input type="text"/>	Phone No <input type="text"/>

Is the tenant related to you, your partner or your agent? No
Related includes related through marriage, even if the marriage has ended. Some examples are ex-wife, ex-husband, aunt, brother, daughter, father, grandson, grandmother, son-in-law or step-daughter. Yes

If 'yes' what is the relationship?

When did the tenancy start?

What is the total rent charge?

When did this rent charge start?

When did the tenant move in?

When is the rent due?
 e.g. weekly, monthly

Do you have any sort of written agreement?
 e.g. tenancy, rent book. If 'yes' please give details

Are charges for any of the services below included in the rent? Please tick 'yes' or 'no' to each item.	Yes	No	If 'yes' please give amount
Council tax			
Water rates			
Heating			
Lighting			
Fuel for cooking			
Satellite or cable TV			
Personal Care			
Meals			
Laundry			
Heating in communal areas			
Lighting in communal areas			
Cleaning in communal areas			
Other services?			

What accommodation do you provide? e.g. room, flat etc

Does the tenant share bathroom facilities? Yes No

Does the tenant share cooking facilities? Yes No

Do you live in the same premises as your tenant? Yes No

Declaration - To provide false information or to contrive a tenancy with a tenant in order to obtain Housing Benefit is a criminal offence and could result in prosecution. Any benefit granted by the Council would be recovered.

Print Name: _____ **Signature:** _____ **Date:** _____