

*Please provide us with any written agreement*

**What sort of agreement is in place, for example written agreement, rent book, verbal?**

Yes No

If yes, what is the relationship?

**Tenancy Start Date**

**Move In Date**

**Length of Tenancy**

**Rent:**

**Occupation Dates:**

*Related includes related through marriage, even if the marriage has ended. Some examples are ex-wife, ex-husband, aunt, brother, father, grandson, grandmother, son-in-law or step-daughter.*

**Is the tenant related to the landlord or agent?**

**Name**

**Address**

**Phone**

**Name**

**Address**

**Phone**

**Tenant: **

**Landlord / Agent:**

**If you do not have a current written tenancy agreement you must ask your landlord to complete this form.**

Please return to the Benefits Section, Winchester City Council, City Offices, Colebrook Street, Winchester, SO23 9LJ

**Claim Number:**

**Private Tenant Rent Proof Form**

**Amount of Rent**

**How Often Paid?**

**Amount of Arrears**

**How many rooms are in the property?**

**Does the total rent include any of the following?**

**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:**

**Do you live in the same property as your tenant?**

**What type of property is provided (e.g. flat, room, house)?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Total In Property** | **For Tenants Sole Use** | **Shared With Others** |
| **Living Room** |  |  |  |
| **Bedroom** |  |  |  |
| **Kitchen** |  |  |  |
| **Bathroom** |  |  |  |
| **Separate Toilet** |  |  |  |
| **Other Rooms** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No** | **Yes** | **Amount** |
| **Meals** **(If yes, please state which meals)** |  |  |  |
| **Water Rates** |  |  |  |
| **Heating** |  |  |  |
| **Lighting** |  |  |  |
| **Fuel For Cooking** |  |  |  |
| **Satellite or Cable TV** |  |  |  |
| **Personal Care** |  |  |  |
| **Laundry** |  |  |  |
| **Heating in Communal Areas** |  |  |  |
| **Lighting in Communal Areas** |  |  |  |
| **Cleaning in Communal Areas** |  |  |  |
| **Other Services?** |  |  |  |