

PROOF OF RENT TO BE COMPLETED BY YOUR LANDLORD.

Tenants Name: _____

Tenants Address: _____

Landlord's Name: _____

Landlord's Address: _____

Telephone Number: _____

Agent's Name: _____

Agent's Address: _____

Date tenancy commenced: _____ Is this a Joint tenancy? Yes No

If yes, please provide names of the other tenants _____

Date tenant moved in: _____

How much is the Rent? £_____. What period does this cover? Weekly/4 Weekly/Calendar monthly.

Are there any rent-free weeks? Yes No If yes, How many?

Please say what services are included in the rent: _____

Is the accommodation furnished? Yes No

Does your tenant have any rent arrears? Yes No

If yes, how much? £ _____

How many weeks rent does this cover? _____ and for what period _____

If your tenant owes you more than 8 weeks rent we may pay any Benefit direct to you; (we will contact you about this).

Please confirm below which rooms are in the property and which are rented for the sole use of the tenant and his/her family.

	Living Rooms	Bedrooms	Kitchen	Bathroom	Toilet	Bedsit with kitchen	Bedsit without kitchen	Other
How many in the property								
Rooms for Tenants Sole use								

Joint Tenants only.

It may avoid future problems if you are able to provide a copy of the joint tenancy agreement.

DECLARATION

I declare that the information provided is true and accurate and I authorise the local authority to verify all information as stated.

The Social Security Administration (Fraud) Act 1997 states that a person claiming benefit will be committing an offence if they dishonestly: -

- 1) Make a false statement i.e. purposely provide false information.
- 2) Provide false information, as part of their claim.
- 3) Fail to inform the Benefits Section of a change in circumstances.

This Act also applies to people other than customers, who cause or allow an offence to occur e.g. landlords and agents.

THESE OFFENCES CARRY A MAXIMUM PENALTY OF 7 YEARS IMPRISONMENT AND/OR AN UNLIMITED FINE.

I have read and understood the above.

Agency Stamp:

Signature: _____

Full Name: _____

Date: _____

Position: _____

Please complete and post this form to: -

**Rushcliffe Borough Council
Revenues Services, Rushcliffe Arena, Rugby Road, West Bridgford, Nottingham NG2 7YG**

For further information please telephone 0115 9819911 and ask for Customer Services