

Housing benefit rent proof form

Please give this form to your landlord or agent to complete. If you want to keep your claim confidential from your landlord or agent, we can accept a signed letter from them, providing it shows all of the details we ask for in this form. Once this form is completed it should be returned to Cornwall Council. The address that you need to return it to will be shown on the letter or leaflet that came with this form.

If you don't return this form or alternative evidence of your rent it may mean that there is a delay in paying you. In some cases it may mean that we cannot pay your claim at all.



Claim reference number (if known)

Tenant's name

Address of property:

Description of accommodation:
Room number if applicable:

Date tenancy commenced:
Length of tenancy:
Type of tenancy:

Amount of rent charged: £
Rent due: Weekly Fortnightly 4 Weekly Monthly
Please tick the correct period

Date of last rent increase:
Rent charged before increase: £

Do you allow your tenant any rent free weeks? **Yes** **No**
If yes - How many each year and when?

Any rent arrears as at today's date: £

If this is a joint tenancy please give the names of the other joint tenants and give us the total rent charged for the accommodation.
Joint tenants:

Total rent charged: £

Please use black ink to complete this form.

If you are having any problems completing this form you can contact us on 0300 1234 121.

It is important to us that your needs are met. If you need this information in another format or language please contact:
Cornwall Council, County Hall, Treyew Road, Truro TR1 3AY
Telephone: 0300 1234 100
Email: enquiries@cornwall.gov.uk
www.cornwall.gov.uk
(Please do not send benefit forms to this address)



Are any of the following included in the rent that you charge?

	Yes	No		Yes	No
Heating	<input type="checkbox"/>	<input type="checkbox"/>	TV licence purchased for tenants sole use	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	Satellite/cable subscription for tenants sole use	<input type="checkbox"/>	<input type="checkbox"/>
Hot water	<input type="checkbox"/>	<input type="checkbox"/>	Garage	<input type="checkbox"/>	<input type="checkbox"/>
Water charges	<input type="checkbox"/>	<input type="checkbox"/>	Other (please give details)	<input type="checkbox"/>	<input type="checkbox"/>
Fuel for cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
Personal laundry	<input type="checkbox"/>	<input type="checkbox"/>			

Does the rent include meals: Yes No

If **yes** please indicate which meals are included:

Breakfast Lunch Evening meal

Other (please give details):

If payment for gas/electricity for cooking, heating, hot water and electric light or water rates is **not** included in the rent:

Does the tenant put money in a gas/electric meter?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Does the tenant pay/share the quarterly gas/electricity bills?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Does the tenant pay water/sewerage bills?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Is the accommodation furnished?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Full name of landlord:

Address of landlord:

Contact telephone number:

Name of landlord's agent (if applicable):

Address of landlord's agent:

Contact telephone number:

Please give details of any relationship to the tenant, or anyone in their household (if any):

Please give the name of the previous tenant for this accommodation:

Please give the date the previous tenant vacated:

To be signed by the landlord

I declare that, to the best of my knowledge and belief, the information I have given on this form is true and complete. I understand that to give false information may result in action being taken against me.

Signed (landlord, or landlord's agent)

Date