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| --- | --- |
| **PROOF OF RENT** | |
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The information that is provided on this form, by your landlord, is part of your claim for Benefit. We will use this information to prevent and detect fraud.

**THE LANDLORD OR AGENT MUST COMPLETE THIS FORM.**

|  |  |  |
| --- | --- | --- |
| Name of Tenant:  Address of Tenant: |  | Claim Reference: |

|  |  |
| --- | --- |
| Date tenancy started:  Date tenant moved in:  Please state room number (if applicable): |  |
|  |
|  |

Please complete the table below, specifying the number of rooms in the property:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Living rooms | Bedrooms | Bedsitting rooms | Kitchens | Bathrooms | Toilets | Other rooms | Total rooms |
| Total number of rooms in the whole building |  |  |  |  |  |  |  |  |
| Number of rooms used by tenant and their family |  |  |  |  |  |  |  |  |
| Number of rooms shared with other tenants |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you own the property | Yes | | No |
| What is the full contractual rent you charge your tenant? | | £ |  |
| What frequency is the rent charged? e.g. weekly, fortnightly, four-weekly or calendar monthly? | |  |  |

Name of Tenant: Claim Reference:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the rent include an amount for Council Tax? | | | | | Yes | | No |
| Are Water Rates included in the rent? | | | | | Yes | | No |
| If yes, how much per week? | | | | | £ |  | |
| Is the property furnished? | | Fully furnished  Partially furnished  Unfurnished | | | | | |
| Does the gross rent include an amount for meals? | | | | | Yes | | No |
| Breakfast | Yes | | No | Amount per week | £ |  | |
| Lunch | Yes | | No | Amount per week | £ |  | |
| Evening Meal | Yes | | No | Amount per week | £ |  | |
| Does the gross rent include an amount for services? | | | | | Yes | | No |

If services are included, please indicate which service and state the amount charged per week:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Light/Power | Yes | | No | | Amount per week | £ | |  | |
| Cooking | Yes | | No | | Amount per week | £ | |  | |
| Laundry Facilities | Yes | | No | | Amount per week | £ | |  | |
| Laundering | Yes | | No | | Amount per week | £ | |  | |
| Heating | Yes | | No | | Amount per week | £ | |  | |
| Cleaning | Yes | | No | | Amount per week | £ | |  | |
| Lift | Yes | | No | | Amount per week | £ | |  | |
| Hot Water | Yes | | No | | Amount per week | £ | |  | |
| TV & Licence | Yes | | No | | Amount per week | £ | |  | |
| Gardening | Yes | | No | | Amount per week | £ | |  | |
| General counselling & support | Yes | No | | Amount per week | | | £ | |  | |
| Emergency Alarm System | Yes | No | | Amount per week | | | £ | |  | |
| Cleaning of rooms & windows | Yes | No | | Amount per week | | | £ | |  | |
| Other (please specify) | Yes | No | | Amount per week | | | £ | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you related to the tenant or any member of their household | | Yes | No |
| Is this tenant a joint tenant? | | Yes | No |
| If yes, please confirm how many other tenants & list their names |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
| Landlord/Agent Name |  | | |
| Landlord/Agent Address |  | | |
|  |  | | |
|  |  | | |
| Landlord/Agent Telephone Number |  | | |
| Signature of Landlord/Agent |  | | |
| Date |  | | |

You can email this to us at [benefits@coventry.gov.uk](mailto:benefits@coventry.gov.uk).

If you do not have access to email you can post it to

Revenues and Benefits

Coventry City Council

1-3 Lythalls Lane Industrial Estate

Lythalls Lane

Coventry

CV6 6FL.

Please note this is a postal address only.