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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.

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.