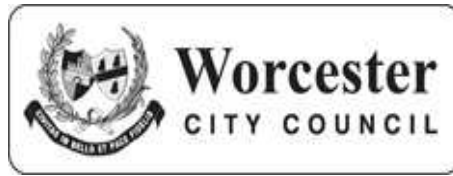




www.malvern hills.gov.uk



www.worcester.gov.uk



www.wychavon.gov.uk

PROOF OF RENT FORM

(This form is for use by landlords and agents only)

**Please complete this form in black ink and in block capitals and return it to:
South Worcestershire Revenues & Benefits Shared Services
P.O. Box 11, Pershore, Worcs WR10 1PU**

Please answer every question

Landlord and agent details (complete both where this applies)

Landlord _____

Managing agent _____

Business address _____

Business address _____

Postcode _____

Postcode _____

Telephone number _____

Telephone number _____

Tenant details

Ref no:

Tenants full name(s)

Address of tenant(s)

Rent reference (if applicable)

Are you, or any of your household, related to the tenant or their partner or children? Yes No

If **yes** please state relationship _____

Date tenant(s) moved into property ____/____/____ Date tenancy started ____/____/____

Has the Rent Officer registered a fair rent? Yes No

Is there a Pre-Tenancy Determination for this property? Yes No

Is there a formal tenancy agreement? (please enclose a copy) Yes No

Is there a rent book? Yes No

Does the tenant have rent arrears? Yes No

What period do the arrears cover? from ____/____/____ to ____/____/____

How much are the arrears? £ _____

Rent details

Rent charged £_____ payable every week / 4 weeks / month (delete as applicable)

Does the rent charged include an amount for any of the following?

Meals or food

Breakfast Yes No Midday meal Yes No Evening meal Yes No

Food only Yes No

Services

Tick as appropriate

Amount if known

Fuel charges Heating Yes No £ _____

Lighting Yes No £ _____

Hot water Yes No £ _____

Cooking facilities Yes No £ _____

Laundry Bed linen Yes No £ _____

Personal Yes No £ _____

Cleaning Communal areas Yes No £ _____

Bedrooms Yes No £ _____

Other Council Tax Yes No £ _____

Water rates Yes No £ _____

Personal care Yes No £ _____

Counseling or Support Yes No £ _____

Central heating Yes No £ _____

Please state any other services _____ £ _____

Declaration

- I declare that the information given on this form is complete and true.
- I understand that I have a duty to tell the Benefit Section immediately in writing about any change in my tenant's circumstances which might affect my tenant's entitlement to Housing benefit, or the amount of Benefit available.
- I understand that it is an offence under Section 112 of the Social Security Administration Act 1992 and the Social Security Administration (Fraud) Act 1997 to withhold or give false information and by doing that I could be prosecuted. I also understand that any overpayment of benefit will be recovered.
- I understand that the information given on this form will be put on computer systems and processed in accordance with the Data Protection Act 1984.
- I understand that this Authority is under a duty to protect public funds it administers and to this end may use the information I have provided on this form within the Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

Signature _____

Date _____

Name printed _____

Position held _____

(for example: landlord, agent, other)