



Housing Benefit

Claim No.

Please ask your Landlord to complete this form.

Full Name of Tenant

Is this a Joint Tenancy? Yes No

If yes, state name of joint tenant/s

Address of property rented	Flat/room No
	<input type="text"/>
	<input type="text"/>
	Postcode

Dates of tenancy Start End

Total rent charged £ How often? Weekly, monthly and so on.

Date of last rent increase

Arrears outstanding £

Are meals provided Yes No

If yes, tick the meals provided Breakfast Lunch Dinner

Does the rent include money for?

	Included in Rent		Amount
	No	Yes	
Cleaning - accommodation			
- common areas			
Council Tax			
Counselling and support			
Emergency Alarms i.e. Warden call			
Fuel for cooking			
Gardening			

	Included in Rent		Amount
	No	Yes	
Heating - accommodation			
- common areas			
Hot water			
Laundering by landlord			
Laundry equipment			
Lift			
Lighting - accommodation			
- common areas			
Personal care			
Porter or estate staff			
Water rates			
Window cleaning			
Other (please give details)			

Landlord's full name and address

Agents name & address if applicable

Declaration - Please read and sign this declaration.

The answers I have given are true and complete as far as I know. I give my permission for you to check my answers. I will let you know if the tenant moves out of the address shown on the front of this form.

Signature

Date

Full Name

(please print)

Position in company

(if applicable)

Official stamp

(if company)