

Housing Benefit Landlord Certificate

- This form must be fully completed by the landlord or landlords authorised agent when a formal tenancy agreement does not exist. Please answer each question.
- This form will not be accepted as sufficient proof of rent if it has been changed, tampered with or if any parts of this form have been completed by anyone other than the landlord or landlord's agent.

Tenant's Surname..... Tenants first name(s).....

Tenant's address.....

.....Postcode.....

1. About their tenancy

(a) Type of tenancy Shorthold Assured Other

(b) Length of tenancy

(c) Date tenancy started

(d) Date tenant moved in

(e) Have you issued a tenancy agreement? Yes No

(f) Is their accommodation furnished by you? Yes No

If yes is it: Fully furnished Partly furnished Minimally furnished

(g) How much rent do you charge (this should include any services that you expect you tenant to pay under the terms of your tenancy)? £

(h) How often is this amount due: Every week Fortnightly 4 Weekly Monthly

(i) Are there any rent arrears? Yes No

If yes, state the amount of arrears and date rent last paid: £

(j) Are there any joint tenants? Yes No

If yes, please give names of joint tenants and the total rent paid by all joint tenants £

2. Accommodation Please fully complete the table below.

Type of Room	Number of rooms in the building	Number of rooms used solely by your tenant	Number of rooms shared with other tenants/landlord
a) Bedsitting rooms			
b) Bedroom			
c) Living Room			
d) Kitchen			
e) Kitchen/Diner			
f) Bathroom			
g) Toilet			
h) Bathroom/Toilet			
i) Other rooms			

3. Services

(a) How does your tenant pay for the following services? Please circle yes or no for each service.

	Is the service included in the rent you charge?		Do they pay by meter?		Do they receive a bill from the supplier?		Do they pay extra on top of their rent for any of these services?		If yes, please state the amount payable and frequency paid
	Yes	No	Yes	No	Yes	No	Yes	No	
Water Rates									
Cooking									
Heating									
Hot Water									
Lighting									

(b) Do you provide your tenant with meals? Yes No
 If yes, please tick which meals you provide: Breakfast Lunch Evening Meals

(c) Does your tenant's rent include any of the following? Please tick Yes or No to each question.

Sporting or leisure facilities	YES	NO
Laundry Equipment	YES	NO
Personal Laundry Equipment	YES	NO
Television	YES	NO
Heating and lighting in communal areas	YES	NO
Cleaning rooms and windows in communal areas	YES	NO
Cleaning of any exterior windows	YES	NO
Cleaning of your own room(s) and interior windows	YES	NO
Provision of an emergency alarm	YES	NO
General counselling or other support service	YES	NO

Landlord's/Owner's Name

Landlord's address.....

If an agent is managing the property please write their name and address below:

Agent's Name

Agent's address.....

- I declare that the information I have given on this form is correct and complete to the best of my knowledge.
- I authorise the Council to make necessary enquiries to verify the information on this form.
- I authorise the Council to cross check the information I have given with other section within the Council, Rent Officer, Other Councils and benefit authorities.
- I understand that if I give information that is incorrect or incomplete or fail to report changes to information given on this form that may affect my tenant's benefit, I may be prosecuted.

Landlord/Landlord's Agent (please delete) Signed..... Date / /