



## Proof of rent

Please ask **your landlord or landlord's agent** to fill in and **sign** this form as proof of your rent. The form must be returned to us at the above address **within the next four weeks**. We will also need a copy of your tenancy agreement if you have one.

### 1. About the tenant

Tenant's name: **Mr / Mrs / Miss / Ms**

Address:

Telephone No.:

### 2. About the tenancy

What date did the tenancy start?

/ /

What date did the tenant move into the property?

/ /

How long is the tenancy for?

### 3. About the rent

How much is the rent?

£

What period does this amount cover?

(For example, a week, four weeks or calendar month)

Does anyone share the rent with the tenant named in part 1?

Yes

No

If 'Yes', how many people share the rent?

How much does the tenant named in part 1 pay?

£

Does the rent include any of the following services?

Description	Yes	No	If 'Yes', how much?	Description	Yes	No	If 'yes', how much?
Council Tax	<input type="checkbox"/>	<input type="checkbox"/>	£ _____	Lift	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
Water Rates	<input type="checkbox"/>	<input type="checkbox"/>	£ _____	Garden maintenance	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
Hot Water	<input type="checkbox"/>	<input type="checkbox"/>	£ _____	Warden, caretaker, or porter	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
Heating for the room, flat or property	<input type="checkbox"/>	<input type="checkbox"/>	£ _____	Washing machine and drier for the tenant to use	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
Lighting for the room, flat or property	<input type="checkbox"/>	<input type="checkbox"/>	£ _____	Cleaning the room, flat or property	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
Gas or electric for cooking	<input type="checkbox"/>	<input type="checkbox"/>	£ _____	General counselling and support	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
Laundry done for the tenant	<input type="checkbox"/>	<input type="checkbox"/>	£ _____	Emergency alarm system	<input type="checkbox"/>	<input type="checkbox"/>	£ _____

Does the rent include a payment for meals? Yes  No

If 'yes', which meals are provided? Breakfast  Lunch  Evening meal

Does the rent include an amount for any other services? Yes  No

If 'yes', please give details of what other services are provided and how much is included in the rent for these services?

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Is the tenant currently in arrears with their rent? Yes  No

If 'Yes' please say how much they owe £\_\_\_\_\_

**4. About the landlord** (You must give us these details even if an agent manages the property)

Landlords full name: **Mr / Mrs / Miss / Ms**

E.g. John Smith

Business address:

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Telephone number:

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**5. About the landlords agent** (if there is one)

**Mr / Mrs / Miss / Ms**

Agents name

Business address:

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Telephone number:

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We may need proof from the landlord that you are acting as the agent for this property. We will write to you if we need this proof.

**6. Declaration (The landlord or landlord's agent must sign this)**

I declare that the information I have given on this form is correct and complete

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Are you the landlord or landlord's agent?

Official stamp (if you have one)