

# Proof of rent

To be filled in by the Landlord or the Landlord's agent

**If you are a private tenant and do not have a tenancy agreement, your Landlord must fill in this form.**



Full name of your tenant or boarder:	Their title (Mr, Miss, Mrs, Ms, Other):
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Their address and postcode (including the room number):

Does your tenant have a tenancy agreement Yes  No  If 'yes', we need to see the original document.

How much rent do you charge?	£
When did you start charging this rent?	/ /
Date the tenancy started	/ /
Date the tenancy is due to end	/ /

How often is the amount due?

Every week	<input type="checkbox"/>
Every four weeks	<input type="checkbox"/>
Every month	<input type="checkbox"/>
Every three months	<input type="checkbox"/>

If there are any joint tenants:

How many joint tenants are there?

What is the total rent of the property? £

Do you allow your tenant any rent-free weeks? Yes  No

If 'yes', how many do they have each year?

**Does your tenant's rent include any of the following? If 'yes', tell us how much.**

Water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£
Cooking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£
Heating	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£
Lighting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£
Hot water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£
Garage or parking space	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£
Furniture	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£
Laundry	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£
Cleaning shared areas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£
General counselling And support	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£
Emergency alarm systems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£
Cleaning accommodation and windows	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£
Personal care	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£

Which floor is their home on?

All floors	<input type="checkbox"/>	Basement	<input type="checkbox"/>
Ground floor	<input type="checkbox"/>	First floor	<input type="checkbox"/>
Second floor	<input type="checkbox"/>	Third floor	<input type="checkbox"/>

**Does your tenant's rent include any of the following? If 'yes', tell us how much.**

Lighting shared areas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£
Lift	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£
Porter or support staff	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£
Laundry facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£
Council Tax	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£
Other (TV, video)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£

- \* If you do not give an amount for every service you provide, we will use a standard figure as shown in the benefit regulations. If the rent includes care, we will need to ask you for more information.
- \* If you cannot give an amount for water charges, please tell us the water charges you pay for the whole property for this financial year.
- \* If you include services in the rent that are not listed above, please write the name of the service and the amount here.

Service:	Amount: £
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Type of room	Number of these rooms in the whole property	Number of rooms the tenant uses and does not share	Number of rooms the tenant shares with other tenants
Living rooms			
Bedrooms			
Bedsits			
Kitchens			
Bathrooms			
Toilets			
Other rooms			
<b>Total</b>			

**Return this form to:**

East Devon District Council  
Benefits Section  
Council Offices  
Knowle  
Sidmouth  
Devon  
EX10 8HL

Does the tenant share a room? Yes  No  If 'Yes', how many beds are there in the room?

Do you provide any meals? Yes  No  If 'Yes', which meals?

Breakfast	
Lunch	
Evening meal	

Are you related to the tenant or their partner? Yes  No

If 'Yes', what is the relationship?

**Declaration**

The information I have given on this form is true and complete. You can make any enquiries you need to check the details.

Landlord's name:	Phone number (including the code):
Landlord's address:	
Landlord's signature:	Date:                    /                    /