

## Rent Proof – To be completed by the landlord / agent only

Telephone enquiry **01392 265440** 

Return this form to: FREEPOST HOUSING BENEFIT

For office use only							
Logged:							
Office Stamp							
Reference:							

					Reference:						
Tenant's full name											
Tenant's address including postcode and room number											
Landlord / Agent name											
Landlord / Agent address											
E-mail address											
Phone number - Home				Mob	ile						
Property owner details (if different)											
Name											
Address											
Are you or your partner related to the tenant, their partner or any of their children?  Yes No Do you live in the same building as your tenant?  Yes No Do you live in the same building as your tenant?											
,	Yes □ No	) [		oe of tena							
agreement? When did this				of tenancy te did the							
tenancy start?			tenant m		•						
How much is the rent?	3		How ofte	en?	Week	/ month / 4 weeks / quarter / annual					
Which type of accommodation do you live in? (tick one applicable)											
House Flat	Room/roo	ms in a	a house	Oth	ner: giv	e details					
Is the property let as: (Please tick box that applies)  Unfurnished  Furnished											
Does the rent include an	y of the foll	owing?			Но	How many rooms in the property that are					
	Ye	s No		much		t for the tenant's household to use?					
Garage or parking space Personal Care & Suppor			£		Ro	drooms					
Fmergency alarm system			£			ing rooms					

£

£

£

Dining rooms

Other rooms for living

Kitchens

Bathrooms

**Evening meal** 

Meals:

Lunch

Breakfast

## Payment of Housing Benefit can usually only be made to your tenant.

In some circumstances we can make direct payments to you.

Examples would include where:

- Your tenant is likely to have difficulty managing their finances
- Direct payment would help to secure or retain the tenancy
- It is unlikely your tenant will pay their rent
- Your tenant is in rent arrears of 8 weeks or more direct payment is then normally mandatory.

If they have arrears of less than eight weeks do not delay until then to request direct payment.

If you believe any special circumstances apply and you would like payment direct, please give brief reasons here.														
We may need to ask you for more information or verification. If we decide that payment can be made to you we will make payment directly to your bank account. Please fill in the details below.														
Name of Bank / Building Society:														
Address of Bank / Building Society:														
Name of account holder:														
Your account number:								Your bank sort code:						
Declaration - Please read the statements carefully & sign below.  I understand the following:  I am the landlord / agent for the tenant named on this form.  The information I have given on this form is correct and complete.  If I give information that is incorrect or incomplete, you may take action against me; this could include prosecution.  You will use the information I have provided to process my tenant's claim for Housing Benefit.  Exeter City Council is under a duty to protect the public funds it administers, and to this end, may use information I provide for the prevention and detection of crime. It may also share this information with other bodies responsible for auditing or administering public funds, who may in turn share the information with organisations including credit reference agencies, to check the accuracy of the information, prevent or detect crime and to protect public funds.  I know I must let Exeter City Council know promptly if the tenant changes rooms or vacates the accommodation or I am aware of any relevant change in circumstance.														
Your signature:							•••••		Date	:				

PLEASE DO NOT DELAY IN RETURNING THIS FORM
CONTACT US IF YOU ARE HAVING DIFFICULTY COMPLETING THE FORM