

**RENT PROOF** – to be completed by the Landlord only

Claim Reference:

Full name of your tenant or boarder			
Tenant's address - room number & postcode			
How many floors are there in the property?			
Which floor is their home on?	Basement <input type="checkbox"/>	Ground <input type="checkbox"/>	First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> All <input type="checkbox"/>

How much rent do you charge?	£	How often is this amount due?	
When did you start charging this rent	/ /	Every week <input type="checkbox"/>	Fortnightly <input type="checkbox"/>
When did the tenancy start	/ /	Every four weeks <input type="checkbox"/>	Every month <input type="checkbox"/>

Are tenants jointly liable for the rent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes how many joint tenants? <input type="text"/>
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What is the total rent for this property?	£		
Are there any rent-free weeks?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes how many	<input type="text"/>

If your tenant's rent includes money for any of the following, tick the correct boxes and fill in the amount.

	Yes	No	If Yes how much?		Yes	No	If Yes how much?
Water charges			£	Laundry			£
Cooking			£	Garage or parking space			£
Heating			£	Cleaning shared areas			£
Lighting their home			£	Council tax			£
Hot water			£	Other			£

Does the rent include provisions for general counselling and support?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes how much is included in the rent for it?	£ <input type="text"/> every <input type="text"/>

	Living Room	Bedrooms	Bedsits	Kitchens	Bathrooms	Separate Toilets	Other	Total
How many of these rooms in the whole property?								
How many for this tenant and their family only?								

Does your tenant share a room?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes how many beds are there in the room	<input type="text"/>
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Does the rent include the provision of meals?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes which meals	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Evening meal <input type="checkbox"/>
Are you related in any way to the tenant or a member of their household / family? If Yes How are you related and to whom?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Declaration**

The information I have given on this form is true and complete. You can make any enquiries you need to check the details. I will notify Exeter City Council promptly if the tenant changes rooms or vacates the accommodation or I am aware of any changes in circumstance.

**I have read and understand the above declaration**

I am the Landlord and owner of the above property	Yes <input type="checkbox"/> No <input type="checkbox"/> If No *
* I act as agent for the Landlord and owner of the above property – see section below	Yes <input type="checkbox"/> *
Landlord / Agents name (please print)	<input type="text"/>
Landlord / Agent's Signature	<input type="text"/>
Date:	/ / Phone number <input type="text"/>
Landlord / Agent address	<input type="text"/>

\*Please provide the Landlord's details – We cannot process the claim without this

* Landlord and Owner's Name	<input type="text"/>
* Landlord and Owner's Address	<input type="text"/>