

To be filled in by your landlord

Your landlord should fill in this form if you are a private or housing association tenant.
Please give the following details. Please tick (✓) 'Yes' or 'No' questions.

Your tenant's name	<input type="text"/>	Your tenant's date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Your tenant's address and postcode	<input type="text"/>	Housing Benefit case reference	<input type="text"/>
Name (owner)	<input type="text"/>	Name (agent)	<input type="text"/>
Address and postcode	<input type="text"/>	Address and postcode	<input type="text"/>
Phone number	<input type="text"/>	Phone number	<input type="text"/>
E-mail address	<input type="text"/>	E-mail address	<input type="text"/>

About the tenancy

How much is the rent? £

What period does the rent cover (for example, every week, every calendar month or every four weeks)? Every

Is this a joint tenancy? Yes No

When is the rent next due to increase? / /

What date did the tenancy begin? / /

What date did the tenant move in? / /

Length of tenancy agreement

Type of tenancy agreement (for example, shorthold)

Is there a pre-tenancy determination? Yes No

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

If 'Yes', what is your relationship?

About the accommodation

What sort of building does the tenant live in? Please tick (✓).

House Bungalow Maisonette Detached Semi-detached Terraced
 Flat Room or rooms In a block Over a shop In a house

Other (please give details)

How many floors are there in the building?

	Living rooms	Bedrooms	Bedsit rooms	Kitchens	Bathrooms	Toilets	Other
Number of rooms in the property	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of rooms used only by tenant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of rooms they share with others	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the tenant lives in a room, flat or maisonette, please tell us on which floor.

Basement Ground First Second Third Other

If the tenant lives in only one room, please say where it is in the house.

Front Centre Rear

You can cut off this page and send it in later – do not delay your claim.



Are any of the following included in the rent?

Services

Council Tax	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Water rates	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Garage	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Heating	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Hot water	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Cooking facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Lighting	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Cleaning	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Laundry	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Gardening	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Nursing and personal care	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Medical expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Counselling or support	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Other (please give details)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£

Facilities

Central heating Yes No

Furnished Fully Partly
None

Meals

Breakfasts Yes No

Midday meals Yes No

Evening meals Yes No

Are services provided throughout the property or just in the parts that are shared with others? Throughout In shared parts only

I declare that the information given is true and complete.

Name in full Date / /

Position in company Signature

Paying Housing Benefit

Is the tenant behind with the rent? Yes No

If 'Yes', by how many weeks?

Did the previous tenant receive benefit? Yes No

If 'Yes', give the date they left. / /

You should only fill in the rest of this section for tenants who are not assessed under Local Housing Allowance. Please fill in the details below if you would like us to pay your tenant's Housing Benefit straight into your bank or building society account. If you don't we will pay you by cheque.

Is Housing Benefit (for other tenants) already paid into your bank or building society account? Yes No

I agree to accept any Housing Benefit payments on behalf of my tenant. I understand that I must tell Braintree District Councils Housing Benefit Section in writing about any changes in the tenant's circumstances that I may be reasonably aware of, and that I may have to repay any overpaid Housing Benefit that my tenant was not entitled to. I understand that I may be prosecuted if I accept Housing Benefit which I know I am not entitled to.

Bank or building society name, address and postcode

Signature

Date / /

Sort code

Account number

Account holder's name

Other reference (for example, roll number)

Please return this form to Benefit Section, Braintree District Council, Causeway House, Bocking End, Braintree, Essex, CM7 9HB.

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