

PROOF OF RENT (Evidence not available or insufficient)

THIS FORM MUST BE COMPLETED IF YOU DO NOT HAVE A FORMAL TENANCY AGREEMENT

Claimant's name	Reference number
Address	
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PLEASE ASK THE OWNER OR AGENT TO COMPLETE THE DETAILS BELOW

PART A OWNER'S NAME AND ADDRESS

Please fill in the name and address of the owner of the property.

Name	Address	

PART B AGENT'S NAME AND ADDRESS

If you are not the owner but manage the property on behalf of the owner and you want us to pay benefit to you, please tell us your name and address.

Name	Address	

DECLARATION OF CIRCUMSTANCES

I confirm that the person named above is my tenant and that the tenancy details are as follows:

	Date tenancy began//				Date tenant moved in//			
	Name(s) of joint tena	ant(s)			The rent charged is	£		
The re	ent is payable:	Pleas	e tick box					
	Daily		Weekly		4-weekly		Monthly	
	2-monthly		3-monthly		Other Pleas	e spec	ify	
PLEA	SE INDICATE IF THE	RENT	INCLUDES ANY O	F THE FO	LLOWING SERVICE	S		
	Council Tax Personal Laundry Cooking Heating or lighting of	Y/N Y/N Y/N f sharec	Room Cleaning Heating Lighting I areas	Y/N Y/N Y/N Y/N	Water Rates Hot Water	Y/N Y/N	Breakfast Lunch Dinner	Y/N Y/N Y/N
	Landlord or Agent's	name (p	please print)					
	Landlord or Agent's	signatui	е		Date	/	·/	