

## Landlord's Form

If you need filling in this form, please phone 01376 557852

### 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	
Your tenant's Address and postcode	
Name (Owner)	
Phone Number	
E-Mail Address	

Your tenant's date Of birth	
Housing Benefit Case Reference	
Name (Agent)	
Address & postcode	
Phone Number	
E-Mail Address	

## 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)?

Is it a joint tenancy?

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?

Are you or your partner related to the tenant?

If 'Yes', what is your relationship?

Yes		No	
Yes		No	
Yes		No	

## About the accommodation

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

House	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>
Flat	<input type="checkbox"/>	Room/s	<input type="checkbox"/>	In a block	<input type="checkbox"/>
Other	<input type="checkbox"/>				

How many floors are there in the building?

Number of rooms in the property  
Number of rooms used only by tenant  
Number of rooms they share with others

Living Rooms	Bedrooms

Detached  Semi-detached  Terraced   
Over a shop  In a house

Bedsit Room	Kitchens	Bathrooms	Toilets	Other

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

Basement  Ground  First

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

Front  Centre  Rear

Second  Third  Other

# Are any of the following included in the rent?

## Services

- Council Tax
- Water Rates
- Garage
- Heating
- Hot Water
- Cooking Facilities
- Lighting
- Cleaning
- Laundry
- Gardening
- Nursing and Personal Care
- Medical Expenses
- Counselling or Support
- Other (please give details)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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## Facilities

Central Heating	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Furnished	Fully	<input type="checkbox"/>	Partly	<input type="checkbox"/>
	None	<input type="checkbox"/>		<input type="checkbox"/>

Breakfasts	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Midday Meals	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Evening Meals	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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

Throughout  In shared parts only

**I declare that the information given is true and Complete.**

Name in full	<input type="text"/>
Position in Company	<input type="text"/>

Date	<input type="text"/>
Signature	<input type="text"/>

## 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 under Local Housing Allowance. Please fill in the details opposite 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.

Bank or building society name, address and postcode	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

I agree to accept any Housing Benefit payments on behalf of my tenant. I understand that I must tell Braintree District Council's 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 pay back any overpaid Housing Benefit that my tenant was not entitled to. I understand that I may be prosecuted if I accept Housing Benefit I know I am not entitled to.

Sort Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Holder's Name	<input type="text"/>					
Other Reference	<input type="text"/>					

Is Housing benefit (for other tenants) already paid into your bank or building society account?

Yes  No