

Proof of rent certificate

(For private and housing association tenants)

Your landlord, or your landlord's agent, should fill in this form if you do not have a written tenancy agreement that is dated within the last 12 months (Please complete **ALL** sections of the form)

Tenant's or lodger's full name and address including postcode

Name:

Address:

Landlord's name, address (including postcode), and phone number

Name:

Address:

Phone:

Full name, address (including postcode) and phone number of your agent (if appropriate)

Name:

Address:

Phone:

From what date did the tenant start renting this property?

 / /

How much rent do you charge for this property?

£

every

When did you start charging this amount of rent?

 / /

Does the tenant share the rent with any other people?

No

Yes

If 'Yes', please list the names of the other people who share the rent with this tenant:

Do you provide your tenant with meals?

No

Yes

If 'Yes', which meals?

Breakfast

Midday meal

Evening meal

Other

Please continue over the page.

Does the rent that you charge include money for the following.

Water rates	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	How much?	£
Heating <i>the home</i>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	How much?	£
Lighting <i>the home</i>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	How much?	£
Hot water	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	How much?	£
Cooking	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	How much?	£
Cleaning shared areas	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	How much?	£
Lighting shared areas	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	How much?	£
Heating shared areas	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	How much?	£
A lift	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	How much?	£
Warden, caretaker, porter	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	How much?	£
Gardening	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	How much?	£
Laundry <i>service</i>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	How much?	£
Laundry facilities	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	How much?	£
Cleaning the home or windows	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	How much?	£
General counselling and support	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	How much?	£
Alarm	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	How much?	£
Nursing or personal care	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	How much?	£
Other services	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	How much?	£

What for?

Use the box below if there is any other information about your property, or the rent that your tenant has to pay, that you would like to tell us about.

DECLARATION

- **I confirm** that the above information is correct and complete
- **I understand** that I must let you know straight away if any of my tenant's circumstances change.

Landlord's or agent's signature

Date

/ /

Please return this form to:
 Peterborough City Council
 Benefits Service, Town Hall
 Bridge Street
 Peterborough
 PE1 1BF tel. 01733 747474