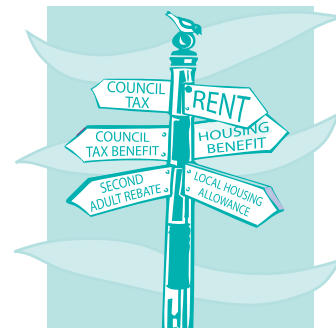


Rent Confirmation



In order to pay Housing Benefit we must have up to date rent evidence, e.g. tenancy agreement, rent book, letter from landlord/agent, or this form **completed by your landlord**.

Tenants name	<input type="text"/>	Claim no.	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>	Tel. no.	<input type="text"/>

When did the tenancy start?	<input type="text"/>
When did your tenant move in?	<input type="text"/>
Are you related in any way to the tenant or their partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes, please give details	<input type="text"/>
Landlord/Agent/Housing Association name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Tel. no.	<input type="text"/>
If both a landlord and agency exists, please give both details in boxes above.	
How much is your tenant's rent? £	<input type="text"/>
How often is rent charged? (Please tick correct box)	
Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>
4 weekly <input type="checkbox"/>	Calendar monthly <input type="checkbox"/>
Other	<input type="text"/>

Date stamp
<input type="text"/>



Does your tenant's rent include the following:

Water charges	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If Yes, how much	£ <input type="text"/>
Council Tax	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If Yes, how much	£ <input type="text"/>
Heating	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If Yes, how much	£ <input type="text"/>
Hot water	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If Yes, how much	£ <input type="text"/>
Lighting	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If Yes, how much	£ <input type="text"/>
Fuel for cooking	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If Yes, how much	£ <input type="text"/>
Cleaning/laundry	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If Yes, how much	£ <input type="text"/>
Personal care/support	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If Yes, how much	£ <input type="text"/>
Cost of meals	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If Yes, how much	£ <input type="text"/>
Other (please state)	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If Yes, how much	£ <input type="text"/>

Are meals provided: No ☐ Yes ☐

If Yes, how many per week? Breakfast Lunch Evening meal

What is the date of your next rent increase?

I declare that, to the best of my knowledge, the information provided is true and complete.

Signed (Landlord/Agent) Date

Signed (Tenant) Date

Please return to your local Customer Service Point or to:

Bristol Benefits Service
Housing and Council Tax Benefits
P.O. Box 43
Bristol BS99 1BF