



# Housing Benefit

TO BE COMPLETED BY LANDLORD WHEN THERE IS NO FORMAL WRITTEN AGREEMENT

Name of Tenant/Occupier: \_\_\_\_\_

Are there any joint tenants? Yes / No Name(s) \_\_\_\_\_

I confirm that the above named person has a current agreement with me

at a rent of £ \_\_\_\_\_ per week / month / 4 weeks (please delete)

to occupy Flat / Room No: \_\_\_\_\_ Position of room (eg First floor, rear) \_\_\_\_\_

at: \_\_\_\_\_

## Which of the following are included in this rent (please ✓ for 'Yes')

If you cannot give separate figures, please ✓ what is included and we will apply standard Government deductions.

	Yes	How much (if known) per week/month		Yes	How much (if known) per week/month
Heating	<input type="checkbox"/>	£ <input type="text"/> . <input type="text"/>	Personal laundry	<input type="checkbox"/>	£ <input type="text"/> . <input type="text"/>
Cleaning of common areas (eg hallways)	<input type="checkbox"/>	£ <input type="text"/> . <input type="text"/>	Laundry facilities (ie use of washing machine)	<input type="checkbox"/>	£ <input type="text"/> . <input type="text"/>
Lighting in common areas (eg hallways)	<input type="checkbox"/>	£ <input type="text"/> . <input type="text"/>	Cleaning of this tenant's private accommodation	<input type="checkbox"/>	£ <input type="text"/> . <input type="text"/>
Fuel for cooking (eg electricity)	<input type="checkbox"/>	£ <input type="text"/> . <input type="text"/>	Lighting of this tenant's private accommodation	<input type="checkbox"/>	£ <input type="text"/> . <input type="text"/>
Garage	<input type="checkbox"/>	£ <input type="text"/> . <input type="text"/>	Council Tax	<input type="checkbox"/>	£ <input type="text"/> . <input type="text"/>
Hot water	<input type="checkbox"/>	£ <input type="text"/> . <input type="text"/>	Any other services (please specify)	<input type="checkbox"/>	£ <input type="text"/> . <input type="text"/>
Furniture	<input type="checkbox"/>	£ <input type="text"/> . <input type="text"/>			
Water charges	<input type="checkbox"/>	£ <input type="text"/> . <input type="text"/>			
Breakfast	<input type="checkbox"/>	£ <input type="text"/> . <input type="text"/>	Half Board	<input type="checkbox"/>	£ <input type="text"/> . <input type="text"/>
			Full Board	<input type="checkbox"/>	£ <input type="text"/> . <input type="text"/>

The tenancy started on: \_\_\_\_\_

Date moved in: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name of landlord: \_\_\_\_\_

Landlord address: \_\_\_\_\_

If signed by Agent, name: \_\_\_\_\_

Address of Agent: \_\_\_\_\_

Telephone number of person signing: \_\_\_\_\_

**WARNING - IT IS A CRIMINAL OFFENCE TO GIVE FALSE INFORMATION**

Return completed form to: Shared Revenues Partnership, Grafton House, 15-17 Russell Road, Ipswich IP1 2DE