

CERTIFICATE OF RENT PAID

- To be completed by the Landlord

Landlord's Full Name, Address and Post Code	Name, Address and Post Code of Agent (if applicable)
Telephone No.	Telephone No.

I am the Landlord/Agent of (address)

and my tenant (name)

is charged (rent) every (period) from (date required)

for a house / flat / room (please delete as appropriate)

On what date was the rent last increased?

WHEN DID THIS TENANT MOVE IN?

LENGTH OF TENANCY

Are you related to this tenant? Yes No

Are you the parent of a child for whom this tenant is responsible? Yes No

(A) DOES THE RENT INCLUDE:-

WATER RATES YES NO IF 'YES', PLEASE STATE WEEKLY AMOUNT OF WATER RATES INCLUDED £

(B) DOES THE RENT INCLUDE:- Any of the following amenities (if 'Yes' please state weekly amounts)

Heating (for Tenant only)	Yes	No	£	per week
Lighting (for Tenant only)	Yes	No	£	per week
Heating (for Shared areas)	Yes	No	£	per week
Lighting (for Shared areas)	Yes	No	£	per week
Hot Water	Yes	No	£	per week
Fuel for Cooking	Yes	No	£	per week
Meals (please specify which below)	Yes	No	£	per week

General counselling & support (Incl. Emergency Alarm systems) Yes No £ per week

(NOTE: Further details of this may be required)

Personal and Medical care Yes No £ per week

Anything else (please specify below) Yes No £ per week

IT IS AN OFFENCE TO DELIBERATELY WITHHOLD INFORMATION OR TO MAKE A STATEMENT KNOWING IT TO BE FALSE.
N.B. THIS CERTIFICATE MUST BE SUBMITTED **TOGETHER WITH** THE COMPLETED HOUSING BENEFIT APPLICATION FORM.
I DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT AND COMPLETE.

Landlord/Agents signature	Tenant's signature
Date:	Date: