

Proof of rent form - Private tenants

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Your landlord must answer all these questions.

If we believe the tenant has filled this in, we will not accept it.

What is your tenant's name and address?

Tenant's Name
Tenant's Address:

If you are an agent,
what is the landlord's name & address?

Name:
Address:

Tel No.

Does your tenant live in a:

- | | | | | | |
|--------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| detached house? | <input type="checkbox"/> | semi-detached house? | <input type="checkbox"/> | terraced house? | <input type="checkbox"/> |
| detached bungalow? | <input type="checkbox"/> | semi-detached bungalow? | <input type="checkbox"/> | terraced bungalow? | <input type="checkbox"/> |
| flat in a block? | <input type="checkbox"/> | flat over shops? | <input type="checkbox"/> | flat in a house? | <input type="checkbox"/> |
| maisonette? | <input type="checkbox"/> | room or rooms in part of a house? | <input type="checkbox"/> | self-contained bedsit? | <input type="checkbox"/> |
| hostel? | <input type="checkbox"/> | registered residential care home? | <input type="checkbox"/> | registered nursing home? | <input type="checkbox"/> |

Other? Please give details

If your tenant lives in a room is it:

at the front of the building? In the middle of the building? at the back of the building?

How many floors are there in the building? Room Number

Which floor does your tenant live on?

All floors Basement Ground 1st 2nd 3rd 4th Other (say which)

Please give details about the following types of room in the property

	Bedrooms	Bedsitter's	Living rooms	Dining rooms	Kitchens	Bathrooms	Separate Toilets	Other (please describe)
Number of rooms for their use only								
Number of rooms they share with other people								
Number of rooms in the whole property								

Are you related to your tenant? Yes No

If 'yes' what is the relationship

Has your tenant's rent been registered as a 'fair rent' by the Rent Officer? Yes No

Have you let the property to your tenant under an 'assured' tenancy agreement? Yes No

Have you let the property to your tenant under an 'assured shorthold' tenancy agreement? Yes No

Please give the length of the tenancy

Does your tenant share the rent with anyone else? Yes No

If 'yes' give their names.

Has your tenant been housed as a homeless person by the council? Yes No

When did the tenant move in? When did the agreement start?

How much is your tenant's rent and how often should it be paid? £ every

Is the property furnished? Yes No

If 'yes', is it: fully furnished? partly furnished? hardly furnished?

Who is responsible for decorating the inside of the property? You Your tenant

Does the property have central heating or partial central heating? Yes No

Does your tenant have any 'rent free' weeks? Yes No

Has your tenant's rent gone up in the last 12 months? Yes No

If 'yes' when did it go up?

Does your tenant's rent include money for any of the following?

	Yes	No	Amount
Council Tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Laundering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Water charges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Personal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Counselling and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hot water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cleaning of room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Laundry facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Shared heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Shared lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Shared cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Parking space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Three meals a day Two meals a day Breakfast only

Your signature (Landlord)

Date