

Landlord or Landlord's Agent Confirmation of Rent

This form is to be filled in and signed by whoever charges and collects the rent

Landlord's full name

Address

Agent's full name

Address

Tenant's name

Address of property being let (including position of room if applicable)

Is the tenant or anyone else in their household related to the landlord? Yes No

If 'Yes' what is the relationship?

Is there a written tenancy agreement? Yes No

If 'Yes' what type of tenancy is it?

When did the tenancy start?

When did the tenant move in?

How much is the rent? £

How often is the rent due?

Is this a joint tenancy? Yes No

If 'Yes' what are the names of all the tenants?

Is the rent fully paid up to date? Yes No

If 'No' how much is owed? £ period of arrears: from to

What was the date of the most recent rent increase?

When is the next rent increase due?

What period of notice to vacate the property is required?

Services included in the rent:

	Yes/No	Amount		Yes/No	Amount		Yes/No	Amount
Council Tax	<input type="checkbox"/>	<input type="text"/>	Hot water	<input type="checkbox"/>	<input type="text"/>	Fuel for cooking	<input type="checkbox"/>	<input type="text"/>
Water Rates	<input type="checkbox"/>	<input type="text"/>	Laundry	<input type="checkbox"/>	<input type="text"/>	Emergency alarm	<input type="checkbox"/>	<input type="text"/>
Electricity	<input type="checkbox"/>	<input type="text"/>	Garage	<input type="checkbox"/>	<input type="text"/>	Personal care	<input type="checkbox"/>	<input type="text"/>
Gas	<input type="checkbox"/>	<input type="text"/>	TV rental	<input type="checkbox"/>	<input type="text"/>	Counselling and support	<input type="checkbox"/>	<input type="text"/>
Lighting	<input type="checkbox"/>	<input type="text"/>	Cooked meals	<input type="checkbox"/>	<input type="text"/>	Room and window cleaning	<input type="checkbox"/>	<input type="text"/>
Heating	<input type="checkbox"/>	<input type="text"/>	If any cooked meals, please state which					

If any other services are included in the rent, or there is anything else you need to tell us, please write the details in the space overleaf.

Additional information

Use this space to provide any extra information

Signed _____

Date _____

Print name _____

Office locations and useful information

Please fill in and return this form:

By post: Benefits Service, Thanet District Council, PO Box 9, Cecil Street, Margate, Kent CT9 1XZ

Or by hand at one of the following offices:

Thanet's Gateway Plus, Cecil Street, Margate. Open: Weekdays 9am to 6pm, (8pm on Thursday). Saturday 9am to 5pm

Ramsgate District Office, 14 York Street, Ramsgate. Open: Monday to Friday, 8.45 a.m. to 12.30 p.m.

Useful phone numbers:

Benefits Service 01843 577552

Our phone lines are open from 9 a.m. to 5.30 p.m.

For all other Council services, please phone (01843) 577000.

We are committed to ensuring that money paid out in benefits goes to those who are entitled to receive it. If you are aware of anyone abusing the system, you can call our Investigation Section on (01843) 577369.

Leaflets:

The Benefits Service has a series of leaflets providing help and information, available from the above offices.