



OPENING TIMES
Monday-Thursday : 8.45am to 5pm
Friday 8.45am to 4.45pm
TEL: 01243 534509
FAX: 01243 521234
E-mail: cdcbenefits@chichester.gov.uk

Housing Benefit : Landlords Statement.

Your tenant has applied for Housing Benefit. In order for us to assess their claim, we require the following information. Thank you for your co-operation.

Tenants name:	Claim number:
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Tenants address:
Post Code:

When did your tenant move into the property?

When did the tenancy begin?

If the tenancy is for a fixed period, please give dates

What type of tenancy does your tenant hold?
i.e. shorthold/assured

Is your tenant liable for 100% of the rent or is it a joint tenancy?

Please state the names of the joint tenants if applicable.

How much is the rent? £ *weekly/fortnightly/calendar monthly/quarterly/yearly
(please delete as appropriate)*

Please state the date of the last rent increase?

PLEASE TURN OVER

Which services are included in the tenants rent? *Please write yes or no in each box (please give amounts if known)*

Heating	<input type="checkbox"/>	£ <input type="text"/>	Gardening	<input type="checkbox"/>	£ <input type="text"/>
Hot Water	<input type="checkbox"/>	£ <input type="text"/>	Council Tax	<input type="checkbox"/>	£ <input type="text"/>
Fuel for Cooking	<input type="checkbox"/>	£ <input type="text"/>	Water Rates	<input type="checkbox"/>	£ <input type="text"/>
Lighting	<input type="checkbox"/>	£ <input type="text"/>	Breakfast	<input type="checkbox"/>	£ <input type="text"/>
Laundering	<input type="checkbox"/>	£ <input type="text"/>	Lunch	<input type="checkbox"/>	£ <input type="text"/>
Cleaning of Room/windows	<input type="checkbox"/>	£ <input type="text"/>	Evening Meal	<input type="checkbox"/>	£ <input type="text"/>
Counselling & Support	<input type="checkbox"/>	£ <input type="text"/>	Emergency Alarm system	<input type="checkbox"/>	£ <input type="text"/>
Heating common areas	<input type="checkbox"/>	£ <input type="text"/>	Cleaning of common areas	<input type="checkbox"/>	£ <input type="text"/>
Lighting common areas	<input type="checkbox"/>	£ <input type="text"/>	Laundry facilities	<input type="checkbox"/>	£ <input type="text"/>

Other services £
(Please indicate)

Has the tenant incurred any rent arrears? **Yes** *If yes please state the amount*

No £

Please state the period to which these rent arrears refer

Who is the person responsible for paying the Council Tax? **You** **Tenant**

What type of accommodation is your tenant paying for? (Please tick all the boxes that apply)

Room ONLY with shared facilities

If room only is the room at the front, centre or rear of the building

Room number

House Bungalow Detached Semi

Terraced Flat over shops Caravan/Mobile home Flat in house

Studio flat Flat in block Bedsit Maisonette

Self contained room Houseboat

We need to know which rooms your tenant has sole use of, which they share and how many are in the whole building.

	Bedrooms	Bedsitting Rooms	Living Rooms	Dining Rooms	Kitchens	Bathrooms	Separate Toilets	Total Rooms
Total no of rooms								
No of rooms used by the tenant								
No of rooms shared with other households								

Does the tenant have use of a garage/car space? **Yes**

No

How many floors are there in the whole building?

Who is responsible for the decorating? **You** **Tenant**

Is the accommodation rented as: **Furnished**

Partly furnished

Unfurnished

Which floor is your tenants home (or room) on?

Basement

Ground

First

Second

PLEASE TURN OVER

Does the accommodation have central heating? **Yes**

No

Are you or your partner related to the tenant, their partner, or any member of the tenants family?

Yes *If yes what is the relationship?*

No

Are you the owner of the property? **Yes**

No

If no please give the name and address of the owner, and your interest in the property?

 Post Code:

Declaration:

- I declare that the information given is true and complete

Landlords/Landlady's signature:

Landlord/Landlady's address:
 Post Code:

Agents signature: