



South Somerset District Council

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I Potter Head of Revenues & Benefits

Certificate of Rent

To be completed on behalf of the tenant(s) by the landlord, agent or third party acting on the landlord's behalf.

Full name(s) of tenant(s):

Address of tenancy (Please include room numbers):

Postcode

Tenancy start date

Occupancy date

Please indicate if the rent includes any of the following services:

Water rates Yes No Amount £ Frequency

Heating of room(s) Yes No Amount £ Frequency

Cleaning of room(s) Yes No Amount £ Frequency

Lighting Yes No Amount £ Frequency

Fuel for cooking Yes No Amount £ Frequency

Laundry Yes No Amount £ Frequency

Other Yes No Amount £ Frequency

Detail of others

Who is responsible for the Council Tax Liability?

Are there rent-free weeks?

Yes or No

Does the rent include any meals?

Yes or No

If yes, which meals are included

Total rent payable (excluding services)

£

Total payable (including services)

£

Frequency of payments (e.g. weekly, fortnightly, four-weekly, monthly)

Has the rent increased since the start of the tenancy?

Yes or No

If **yes**, advise of date of increase

Please state the period of notice required (e.g. week, fortnight, four weeks, month)

Is an agent or third party acting on behalf of the landlord (eg collecting rent)? **Yes** or **No**

- **If you answer yes then below you must supply full details of the agent or third party and the landlord.**
- **If you answer no then below you must supply full details of the landlord.**

Name of agent/third party

Address agent/third party
Postcode

Agent/third party telephone number

Name of landlord

Address of landlord
Postcode

Landlords telephone number

Is the landlord related to the tenant or any of the household members? **Yes** or **No**

Name of the household member the landlord is related to

Relationship (e.g. Parent, sister)

Who owns the property detailed overleaf?

Declaration:

I declare that the information given on this form is, to the best of my knowledge, correct and complete.

I understand that if information given on this form is incorrect or incomplete action may be taken against me.

I undertake to immediately inform the council of any changes in circumstances, which may affect my tenant's benefit entitlement.

Signature:

Date:

Please print name

Signed in the capacity of (landlord, agent, representative of landlord):