Landlord declaration form

Claim reference number



This form is to be completed by your landlord or landlady, or the agent authorised to act for them. When completed, please return it immediately.

DO NOT DELAY returning your application form if you are waiting for your landlord to complete this form.

Your entitlement to Housing Benefit may be affected if you do not return this landlord declaration form.

If you have any queries regarding this, please contact the Benefits Team.

To be completed by your landlord/landlady or agent. Please provide the following details in black ink and answer every question:

Your tenant's name			
Your full name			
Your business address			
	Postcode		
Your telephone number			
Address of rented property if different from yours. Please give flat number or room number as appropriate	Postcode		
I am the owner of the property (✓ as appropriate)	No	Yes	
I am the agent of the property (✓ as appropriate)	No	Yes	Please send written authority from the owner authorising you to act for them unless you have already done so.

If you are not the owner of the property but the owner's agent please state:

Full name of owner	
Business address of owner	
	Postcode



PLEASE PROVIDE THE FOLLOWING DETAILS ABOUT THE TENANCY OF YOUR PROPERTY.

Name of any joint tenant(s)					
		Date mo	ved	1	
Date tenancy started		into prop		/	/
How much rent do you charge?		every			
		(week / f	ortnight / 4	weeks	/ month)
Amount of rent arrears		Period the arrears of the second seco		m	То
A tenancy agreement has been give	n to the tenant (\checkmark			0	Yes
Name of previous tenant					
				1	
Date previous tenant vacated the pr	operty			/	/
How many floors are there in the bu	ilding?				
Which floor is the tenant's accomme	odation on?				
How many rooms are there in the building?	In the whole building?	Just for this tena household?			enant shares er people?
Living rooms					
Living room and kitchen combined					
Bedsitting rooms					
Bedrooms					
Bathrooms					
Separate toilets					
Kitchens					
Other rooms					
If other, please specify what this room is					
Are you related to the tenant (\checkmark as	appropriate)?		Ν	o 🗌	Yes
If 'Yes', please state the nature of th	e relationship				
Do you employ this tenant in any ca	pacity (✓ as appro	priate)?	N	o	Yes
who receives the Gouncil tax bill for the property Ly as appropriately			Landlor or ager		Tenant
who receives the water Rates hill for the property 1./ as appropriate)/			Landlo or ager		Tenant

Does your rent include	any of the following?	(Please tick \checkmark)
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If 'Yes", please state how much

Hot water	No	Yes		£
Lighting	No	Yes		£
Heating	No	Yes		£
Fuel for cooking	No	Yes		٤
Personal care and support	No	Yes		٤
Medical or nursing care	No	Yes		٤
Cleaning the inside of the accommodation	No	Yes		٤
Personal laundry	No	Yes		٤
Laundry facilities	No	Yes		٤
Satellite/cable subscription	No	Yes		£
TV licence	No	Yes		£
Garage or parking space or facility or permit	No	Yes		£
Gardening	No	Yes		£
Does the rent include money for meals?	No	Yes		£
If 'Yes', please tick which meals you pro	ovide	Breakfast	Lunch	Evening Meal
Are there any other services included in	the rent?	No	Yes	

If 'Yes', please state what these other services are in the box below.

DECLARATION

Please read this declaration carefully before you sign and date it.

I understand the following

- That Housing Benefit payments are not payments of rent. If I receive Housing Benefit payments on behalf of my tenant, it does not mean that there is a rental contract between myself and Lancaster City Council. It is my tenant's responsibility to pay rent to me.
- That if I receive Housing Benefit payments on behalf of my tenant, I will be obliged to repay any monies that are overpaid and which are recoverable from me by law. I understand that you can take the amount of overpaid benefit from the payments I get for other tenants without this affecting their rent liability to me.
- That you can only give me information about my tenant's claim if you pay Housing Benefit directly to me or if my tenant has given their express permission for you to do so.
- That I must inform you immediately, in writing, of any changes in my tenant's circumstances which I may be expected to know about and which may affect their entitlement to Housing Benefit. This specifically includes when a tenant changes address including a flat or room at the same address.
- That it is a criminal offence for a person who dishonestly, knowingly, or without reasonable excuse, fails to promptly notify the Council of a change in circumstances that could affect Housing Benefit entitlement or the amount of benefit payable.
- That if I receive any payments of Housing Benefit for this tenant and I know or believe that they are not entitled to Housing Benefit, I will be committing an offence and will be prosecuted.

I **declare** that the information I have given on this form is correct and complete and I understand that I will be liable for prosecution should any statement I have made be found to be false.

Your Signature				
Your full name	Date	/	/	
(please print)				

All the information you supply will be held in confidence by the Council and will only be disclosed in accordance with the terms of the Data Protection Act. Information may be shared with other services within Lancaster City Council and other agencies and organisations, as allowed by law.

The Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.