

Revenue and Benefit Service

North Tyneside Council Quadrant East Silverlink North Cobalt Business Park North Tyneside

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e-mail: benefits@northtyneside.gov.uk

www.northtyneside.gov.uk

Landlord Declaration Form Only your Landlord or their Agent must complete this form				
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1) Full name and address of the Tenant:				
Name				
Address & postcode				
Tel No				
Is the person named above a joint tenant? Yes No				
If yes, please g tenant(s)	give the name(s) of the other			
2) Your full name and address (or your agent's):				
Name				
Address & postcode				
Tel No				
Do you own the property the tenant is living in? Yes No				
If 'No', please give the full name and address of the person who does				
Name				
Address & postcode				
Tel No				
0) Dataila at 0	And the second s			
3) Details of Occupancy and Rent:				
How much ren	t do you charge?			
How often does the tenant pay for example weekly, fortnightly, monthly?				
When did the tenant move in?				
When did you	start charging the tenant rent?			
When was the	date of the last rent increase?			
When is the date of the next rent increase?				
	Section 3 continued on next page ⇒			

3) Details of Occupancy and Rent (continued):				
We need to know if the rent includes payments for any of the following, if so please state the amount charged.				
Council Tax £	Heating £		Gardening £	
Lighting £	Laundry £	General Counsell	General Counselling & Support £	
Cleaning £	Meals £	Cleaning of roor	ns & windows £	
Garage £	Hot Water £	Eme	ergency alarm £	
Water Rates £	Cooking £			
If you have included an amount for meals please tick which meals are provided.				
Breakfast	Lunch		Evening meal	
We need to know which rooms your tenant uses solely, shares with other people and the total number of rooms in the property. Please write a number in each box below. If the answer is none then please write 'none'.				
in the property. Please wr	ite a number in each box i		•	
Rooms	Number of rooms in the whole property	Number of rooms that only the tenant uses	Number of rooms the tenant shares with other people	
Living rooms Bedrooms				
Bed-sitting rooms				
Kitchens				
Bathrooms Separate toilet				
Other				
Is the property	Fully furnished	Part furnished	Unfurnished	
Are you related to the tenant	or any member of the hous	sehold? Yes	No 🗌	
If 'Yes', what is the relationsh	ip (for example, father, mo	ther, son or daughter?		
4) Declaration. Please read and sign the following declaration:				
I confirm that the information I have given is correct and complete.				
I understand I may be prosecuted if I give incorrect or incomplete information.				
I agree that you can check the information I have given on this form.				
If I receive Housing Benefit payment direct, I understand that I must tell you immediately in writing if the circumstances change, for example:				
My tenant moves out of the property				
My tenant moves between rooms in the same property				
Someone else moves in with the tenant or				
I become aware that my tenant has started work.				
I understand I may be prosecuted if I do not tell you of any change in circumstances that I become aware of.				
I understand that if I receive direct payment of Housing Benefit for the tenant named over the page, I may be asked to pay back any Housing Benefit that is overpaid.				
Your name				
Your signature				
Date				
Dale				
Thank you for taking the time to complete this form				