

Landlord Declaration Form

Only your landlord or their agent must fill in this form.
Please return the completed form to your local authority

About the tenant

Surname or family name

Other names

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

Phone number

Code	Number
------	--------

Is the person above a joint
tenant?No Yes Tell us about this below.

Other tenants' names

About you, the landlord or agent

Surname or family name

Other names

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

Phone number

Code	Number
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Do you own the property the
tenant is living in?No Tell us about the property owner below.Yes Go to the next page

About the property owner

Surname or family name

Other names

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

Phone number

Code	Number
------	--------

About the occupancy and rent

How much rent do you charge? £

How often does the tenant pay?

When did the tenant move in?

When did you start charging the tenant rent?

What was the date of the last increase in rent?

What is the date of the next increase in rent?

Does the tenant have any rent arrears at the moment? **No**

Yes Please tell us about this below.

What period do they cover? From To

If the rent includes payments for any of the following please state the amount charged

Council Tax

Lighting

Gardening

Garage

Water rates

Heating

Laundry

Meals

Hot water

Fuel for cooking

Emergency alarm

General counselling and support

Cleaning rooms or windows

Any other services

If you have included an amount for meals please tell us which meals are included

Breakfast Lunch

Evening meal

Please tell us how many rooms of each type there are in this property and how many are for the sole use of your tenant

	Number of rooms in the whole property	Number of rooms that only the tenant uses	Number of rooms that tenant shares with other people
Living Rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bed-sitting rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Separate toilet	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the property

Furnished Partly furnished Unfurnished

Are you related to the tenant or any member of the household?

No

Yes Please tell us about this below.

What is the relationship?

Declaration

Please read and sign the 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 you can check the information I have given on this form.

Signature

Date