

# SCARBOROUGH BOROUGH COUNCIL

**BENEFITS SERVICE - "Striving for Excellence"**



*A great place to live, work & play*

## Housing Benefit Landlord Form

Benefits Office  
P.O. Box 148  
Town Hall, St Nicholas Street  
Scarborough  
YO11 2ZH  
Telephone: 01723 232372

### To the claimant

Please ask your landlord to complete this form if you do not have a current tenancy agreement.

PLEASE RETURN IT AS SOON POSSIBLE.

Ref. No.

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### To be completed by the landlord or agent of the property

Please complete both sides of this form to confirm rent details for housing benefit purposes.

Name(s) of tenant(s)	<input type="text"/> <input type="text"/> <input type="text"/>	Address of property (to include flat/room number/name)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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The total gross rent for this property is	£ <input type="text"/>	How often is this charged? (weekly, monthly etc.)	<input type="text"/>
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Are water rates included in the rent?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If Yes, how much are the water rates? (weekly equivalent)	£ <input type="text"/>
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The rent is due to be paid on? (day)	<input type="text"/>	Date of last rent increase if applicable	<input type="text"/>
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What is the start date of the tenancy?	<input type="text"/>	What date is the tenancy due to end ?	<input type="text"/>
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When did the tenant move into this property? (exact date)	<input type="text"/>	How much notice is your tenant required to give you prior to vacating your premises?	<input type="text"/>
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What type of tenancy is this?	pre-1989 tenancy <input type="checkbox"/>	assured shorthold <input type="checkbox"/>	bed & breakfast <input type="checkbox"/>
	regulated tenancy <input type="checkbox"/>	guest house <input type="checkbox"/>	other (please state) <input type="text"/>

If the tenancy/occupation is for 6 months or less, what are the arrangements (if any) to review the tenancy or continue to occupy the property?

Are you related to the claimant or anyone in the claimant's household?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
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If Yes, please give further details.	<input type="text"/>
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Are any services included in the rent?

No

Yes

If Yes, please list with actual amounts (if specified)

Common areas:

cleaning

lighting

heating

Accommodation:

cleaning

lighting

gardening

hot water

fuel for cooking

lifts

heating

power

emergency alarm system

laundry

TV aerial/  
satellite dish

window cleaner

laundry facilities

personal or nursing care

caretaker/warden (resident)

caretaker/warden (non-resident)

general counselling & support

Meals:

breakfast

mid-day meal

evening meal

other - please give details

Your details

I am completing this form in my capacity as:

landlord/owner

company representative

housing association

registered charity

local authority (e.g. NYCC)

agent

Your contact telephone number

Your name

Your address

  
  

Postcode

Bank details

(where payment has been agreed to go direct)

Bank sort code

 -  - 

Bank account number

Name of account holder

If completing as an agent, please give landlord's details

Landlord name

Landlord address

  

Postcode

Landlord contact telephone number

Landlord reference (from remittance, advice notice, if known)

Please sign below to confirm that the above details are correct and, IF HOUSING BENEFIT IS TO BE PAID DIRECT TO YOU FOR THIS TENANT, that in accepting this and any future payment for this tenant, YOU ARE AGREEING TO REPAY to Scarborough Borough Council any overpayment of benefit which may occur on circumstances where it is considered reasonable for you to have been aware of the change.

Signature

Dated