Renting your property to a relative or friend who is claiming Housing Benefit

This form must be filled in by someone who is renting their property to a relative or friend who is claiming Housing Benefit

About you

First name

Last name

Daytime phone number

Email address

Your address

Postcode:

Address of the property you’re renting to your friend or relative

Benefit claim number (if known)

Postcode:

Reason for purchase

Why did you buy the property?

Have you rented the property to anyone else before? Yes No

Was the property advertised publicly? Yes No
Why are you renting this property to your relative or friend?

Do you have any other properties that you rent out? Yes [ ] No [ ]

If yes, please give details

Tenancy details

Is there a written tenancy agreement? Yes [ ] No [ ]

If no, please give details of the agreement that you have reached with your tenant

How was the amount of rent charged decided?

Would the amount of rent charged be different if the tenant didn’t claim Housing Benefit?

Please give details of the deposit paid and where this is deposited
Payment of rent

Please give details of all rent payments made to date

Is the tenant in arrears with their rent?  
Yes  No

If yes, what arrangements have been made to clear these arrears?

Is the rent charge reduced if the tenant isn’t working?  
Yes  No

Are there any rent-free periods  
Yes  No

Will you allow the tenant to stay in the property if Housing Benefit is refused?  
Yes  No

Tenancy terms

Who is responsible for the upkeep of the property?

Who pays for the buildings and contents insurance for the property?

Who pays the other utility bills?

Do you hold the keys for the property?  
Yes  No

Are you able to enter the property without your tenant’s permission?  
Yes  No
When was the last gas safety check carried out?

Please provide a copy of the current Gas Safety record.

Please provide the Energy Performance Certificate for the property.

Declaration

Please make sure you have filled in all parts of this form and signed it.

I declare that the information I have given is correct. I understand that if I give information that is false, I may be prosecuted.

Your signature: ___________________________ Date: __/__/__

The section below must be filled in if someone has filled in the application form for you. This includes an agent, appointee, relative or friend.

I have filled in this form on behalf of ___________________________

As they can’t fill in the form because ___________________________

I am (block capitals please) ___________________________

Relationship to the person applying ___________________________

As far as possible, I have confirmed with the person applying that the answers I have written on this form are correct.

Your signature: ___________________________ Date: __/__/__

Once you have filled in this form and signed the declaration please return it to your local authority

Canterbury City Council  Dover District Council  Thanet District Council
Benefit Payments Section  Benefit Payments Section  Benefit Payments Section
Military Road  White Cliffs Business Park  PO Box 9, Cecil Street
Canterbury, Kent  Dover, Kent  Margate, Kent
CT1 1YW  CT16 3PJ  CT9 1XZ