



Notes

This form should be completed by your landlord if there is no tenancy agreement or if the tenancy agreement is more than 52 weeks old.

If you need help to complete this form, please contact us at the address/phone number below.

Benefits
City Hall
Norwich NR2 1NH

t: 0344 980 3333

Rent certificate

Name of tenant _____

Address of tenant _____

_____ Postcode _____

Name of landlord _____

Address of landlord _____

How much rent is charged? _____ weekly four weekly monthly

When did the tenancy start? _____

Are you or your partner related to your tenant? If so, please state relationship _____

How many of these meals do you provide each week? breakfasts lunches evening meals

Does the rent include money for:	Yes	How much	No		Yes	How much	No
Heating	<input type="checkbox"/>	_____	<input type="checkbox"/>	Hot water	<input type="checkbox"/>	_____	<input type="checkbox"/>
Cooking (fuel and facilities)	<input type="checkbox"/>	_____	<input type="checkbox"/>	Lighting	<input type="checkbox"/>	_____	<input type="checkbox"/>
Cleaning of room(s)	<input type="checkbox"/>	_____	<input type="checkbox"/>	Lift	<input type="checkbox"/>	_____	<input type="checkbox"/>
Gardening	<input type="checkbox"/>	_____	<input type="checkbox"/>	Laundry facilities	<input type="checkbox"/>	_____	<input type="checkbox"/>
Having laundry done	<input type="checkbox"/>	_____	<input type="checkbox"/>	TV/satellite	<input type="checkbox"/>	_____	<input type="checkbox"/>
Garage	<input type="checkbox"/>	_____	<input type="checkbox"/>	Water rates	<input type="checkbox"/>	_____	<input type="checkbox"/>
Council tax	<input type="checkbox"/>	_____	<input type="checkbox"/>	Personal care	<input type="checkbox"/>	_____	<input type="checkbox"/>

Please give details of any other services _____

- I declare that the information given on this form is true and complete to the best of my knowledge.
- I agree to Norwich City Council making any enquiries needed to check the information I have given.

Signed _____ Date _____
(Landlord)