

Change of Address Form For Private Tenants

- Only complete this form if you pay rent to a private landlord (except Peddars Way and Kings Forest Housing Association tenants).
- Please provide a **Tenancy Agreement** or **Proof of the rent you pay your landlord signed**.
- Complete this side of the form and boxes 1-9 on the reverse.
- Return the form immediately to avoid delay.
- Any information on this form may be passed to the Rent Officer.

A. Landlord's Surname: Mr/Mrs/Miss/Ms _____

Other Names: _____

Landlord's Address: _____

Postcode: _____ Tel. No: _____

Are you or your partner related to your Landlord? Yes No

If 'Yes', what is your relationship? _____

B. Has a fair rent been registered on your property? Yes No

How much rent do you pay? £ _____ per _____.

What services are included in your rent?

Please tick and state the amounts if known	Yes	No	Weekly	
			£	P
Council Tax				
Sewerage Rates				
Water Rates				
Heating				
Lighting				
Hot Water				
Meals a. Breakfast				
Meals b. Lunch				
Meals c. Evening Meal				
Cleaning				
Fuel for cooking facilities				
Laundry				
Laundry Room				
Cleaning/Lighting of Communal Areas				
Other (Please specify)				

C. Do you give permission for the Council to contact your Landlord? Yes No

Would you like us to pay your Landlord directly? Yes No

- Please tell us of any changes from your previous claim.

Declaration: Please read this declaration carefully before sign and date it.

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- You will use the information I have provided to process my claim for housing benefit or Council Tax benefit or both, You may check the information with other sources as allowed by law.
- I know I must let the council know immediately about any change in my circumstances or the circumstances of anyone living me, which may affect my claim, if I do not, you may take action against me. This may include court action.
- I declare that this is my claim for benefit, the information I have given on this form is correct and complete. I authorise the council to make any necessary enquires to verify the information in this form

Applicant's Signature: _____ Date: _____

Partner's Signature: _____ Date: _____

HOUSING BENEFIT: RENT OFFICER REFERRAL – Anglia Revenues Partnership

Authorised Officer _____ Ext _____ Date in _____ Date out _____ Ref _____

1. Your surname _____ Mr / Mrs / Ms / Miss Telephone _____

Other names _____ Date of birth _____

R.O. STAMP	ADDRESS you are renting _____ _____ _____ Postcode _____	ADDRESSES TO INCLUDE ANY ROOM OR FLAT NUMBER	Correspondance address _____ _____ _____ Postcode _____
2. Other people who will live with you as part of your family or household (household includes joint tenants). Date of birth Sex Relationship to you (the claimant)			

3. Date occupancy _____ Is this Exact/ Approximate? How long is the tenancy? _____
 Have you had previous tenancies with the same landlord dating back before 15th January 1989? Yes / No

4. Special types of tenancy

MEALS: Will you receive
 Breakfast Lunch Evening meal

Landlord resident on the premises Agricultural tenancy
 Housing Association tenancy Other – Please state below:
 Shorthold Notice served _____

5. Type of accommodation

<input type="checkbox"/> Terraced house	<input type="checkbox"/> Semi-detached house	<input type="checkbox"/> Detached house	<input type="checkbox"/> Room(s) in house
<input type="checkbox"/> Terraced bungalow	<input type="checkbox"/> Semi-detached bungalow	<input type="checkbox"/> Detached bungalow	<input type="checkbox"/> Maisonette
<input type="checkbox"/> Flat in house	<input type="checkbox"/> Flat in block	<input type="checkbox"/> Flat over shop	<input type="checkbox"/> Other – Please state below:
<input type="checkbox"/> Hostel	<input type="checkbox"/> Guest house	<input type="checkbox"/> Hotel	_____

No. of floors in whole building If single rooms give location Front Centre Rear

On which floor is your room(s) or flat to be? Basement Ground First Second Third Other – Please state _____

6. Number of	Living rooms	Bedrooms	Bed sitting rooms	Kitchens	Bathrooms	Toilets	Other rooms	TOTAL	
In whole house/flat									TICK BOXES BELOW AS APPROPRIATE <input type="checkbox"/> Central heating <input type="checkbox"/> Garage
For sole use of tenant & household									
Shared with other households									

7. Tenancy Details Whether to be let furnished Fully Partly Bare
 Responsibility for internal decoration Landlord Tenant Unknown

8. GROSS RENT total monies paid to landlord £ _____ per _____	TICK BOXES AS APPROPRIATE Will you rent include Council Tax? <input type="checkbox"/> or Water Rates? <input type="checkbox"/> Will your landlord provide care? <input type="checkbox"/>	OFFICE USE ESTIMATES £ _____ £ _____
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9. Services	Will your landlord pay for fuel to provide:					Will your landlord provide any other services?							
	Hot Water	Heating	Cooking	Lighting	Power	Cleaning	Caretaker or Porter	Lift	Gardening	Laundering	Laundry Facilities	Satellite TV	None
In your room or private accommodation													
In common / Shared parts													

10. OFFICE USE ONLY – REMARKS:

