








# Tenancy Details

Tel. No. 01786 233210

Please answer all questions, as any left blank may delay the processing of your claim.

<p> Name _____</p> <p> Present address _____ (include room or flat nos and position) _____</p> <p> Telephone nos _____</p> <p> Date tenancy began _____</p> <p> Date you moved in _____</p>	<p> Previous address _____ _____</p> <p> Date you left above address _____</p> <p>Did you receive Housing Benefit?      Yes <input type="checkbox"/> ✓      No <input type="checkbox"/> ✓</p>
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Are you or your partner related to your landlord or landlord's partner? ✓      Yes       No

If **Yes**, please state what the relationship is and who it is with \_\_\_\_\_

**Your accommodation** (please tick all relevant boxes ✓)

**a Type of Tenancy**

Housing Association       Resident Landlord       Other

*(landlord's written proof essential)*

**b Type of Accommodation**

detached house       semi-detached house       terraced house

detached bungalow       semi-detached bungalow       terraced bungalow

detached cottage       semi-detached cottage       terraced cottage

tenement flat       flat over commercial premises       flat in house       villa flat       upper

lower

room or rooms (if room, location on floor of building       front       centre       rear

hostel       static caravan       touring caravan       other

Number of floors in the whole building

**c Use of Accommodation** (please enter a tick in all relevant boxes ✓)

Floors that your home is on: all floors       basement       ground       1st       2nd       3rd

	In the whole house or flat	For sole use of you and your family	Shared with other tenants or residents
Number of living rooms	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
bedrooms	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> *
bedsitting rooms	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> *
kitchens	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
bathrooms	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
toilets	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
other rooms	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Total number</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

\* state number sharing

Central heating system      Yes       No       Garage      Yes       No

Furnished      Fully       Partly       Unfurnished

## Rent Charge

a How much rent do you pay ?

£  every

(A copy of your lease, rental agreement or letter from your landlord must be provided.)



b Date of last rent increase ?

/  /

c Does your rent charge cover any of the following services ? (tick appropriate box ✓)

Heating	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Breakfast	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Cleaning	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Lighting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Lunch	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Laundry	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hot Water	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Dinner	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Cooking Facilities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

d Do you have to pay any other charge in addition to your rent ? (If so, please give details)

Please give names of people you share with who also pay rent or if you need an extra bedroom for an overnight carer (for an extra room rate you need to also receive middle/ higher rate care in DLA/PIP/Attendance Allowance)



Shared Tenants

Overnight Carer



Name and address of your landlord

Name and address of person you pay rent to if not your landlord



## Benefit Payments (paid in arrears by BACS – please note HB can't be paid without bank details)

Housing Association Tenants: Do you wish your benefit paid to your landlord? Yes  ✓ No  ✓  
(Local Housing Allowance is paid direct to the claimant. Please see enclosed Guidance notes for exceptions)

If benefit is paid direct to yourself, do you want it paid every 2 weeks  ✓ 4 weeks  ✓

Bank details for benefit payments (landlords' details if being paid direct-not required for Housing Associations):

Bank / Building Society Name

Sort Code   -   -

Account Number

Account Holder Name

## Landlord's Declaration (to be completed by your landlord if they are to be paid direct-not required by Housing Associations)

- a I declare that the information given with regard to the tenancy details is true and complete.
- b I authorise Stirling Council to make any enquiries necessary to confirm the information given.
- c I understand and accept that if Housing Benefit is paid direct to me or my agent, that I am personally liable for any overpayment that may arise.
- d I will tell you about any changes in my tenant's circumstances which I become aware of which may affect their entitlement to Housing Benefit. This includes any relevant changes to their tenancy conditions.



Landlord's signature



Date

## Claimant's Declaration: The facts that I have declared are correct and complete



Claimant's signature



Date