

# PROOF OF RENT

Please return to:  
FLINTSHIRE COUNTY COUNCIL, BENEFIT SECTION, COUNTY HALL, MOLD, FLINTSHIRE, CH7 6NA.  
Tel. 01352 704848 Fax: 01352 702906

**From: (LANDLORD'S FULL NAME AND ADDRESS)**

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Tel. No. \_\_\_\_\_ Date \_\_\_\_\_

**OWNER'S ADDRESS (IF DIFFERENT)**

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Landlord Reference

Tenant's Address

Tenant's Name

Rent Charges  £ every  (period)

Tenancy Start Date  Length of Tenancy

Is this a sole tenancy?  Joint tenancy?

Does the tenant have your permission to sub-let? Yes  No

Is your tenant in arrears? Yes  No  If Yes how many weeks?

Does the rent include: -

A. Water Rates Yes  No  If Yes please state amount  £

B. Council Tax Yes  No  If Yes please state amount  £

C. Any of the following amenities (please state the amounts)

Heating/Lighting (shared areas only)   £

Heating   £

Lighting   £

Hot Water   £

Fuel for Cooking   £

Meals: Breakfast  Lunch  Dinner

Anything Else (please specify on separate sheet)   £

Data may be checked against other information or passed to other public bodies for verification.

**IT IS AN OFFENCE TO DELIBERATELY WITHHOLD INFORMATION  
OR TO MAKE A STATEMENT KNOWING IT TO BE FALSE**

Signed \_\_\_\_\_ (Landlord)

Date \_\_\_\_\_