

October 2020

To be Completed by the Landlord/Landlord's Agent

RA2

DO NOT DELAY IN RETURNING THIS FORM TO THE HOUSING BENEFIT SECTION
 Ty Elwyn, Llanelli, SA15 3AP | 01554 742100 | benefitadmin@carmarthenshire.gov.uk

Claim Reference: Landlord's Name:

Claimant's Name: Address:

Partner's Name:

 Post Code: Tel No.:

Address (include Room/Flat No):

 Agent's Name:.....
 Address:

Postcode:.....

 Tel No.:.....

 Post Code: Tel No.:

(Agents should also supply Landlord's Address & Tel No.)

Date Tenant moved to this address Date Tenant liable to pay rent from.....

Please state name of previous tenant.....

Is the Landlord/Landlord's partner related to any member of Tenant/Tenant's household? YES NO

If YES, please state relationship.....

Is the Landlord the current partner or ex-partner of the tenant or tenants partner? YES NO

Type of Tenancy - sole tenant of property YES NO - sole tenant of room YES NO

If NO Joint tenant with whom

Do you have a Tenancy Agreement? YES NO If YES how long is it for?

How much notice does Tenant have to give to end the tenancy (if applicable)?

How much is the rent? £ Monthly/Fortnightly/Weekly/4 Weekly

If Joint tenancy, please state the amount of rent for the whole property £

Have you allowed any Rent Free Weeks? YES NO If YES how many?

DOES THE RENT INCLUDE PAYMENTS FOR THE FOLLOWING? Please tick and enter amount if known

Council Tax YES NO £ Laundry Facilities YES NO £

Water Rates YES NO £ Personal Care YES NO £

Lighting YES NO £ Counselling/Support YES NO £

Hot Water YES NO £ Who washes the tenant's clothes? Landlord Tenant £

Cooking Fuel YES NO £ Who washes the tenant's bedlinen? Landlord Tenant £

Heating YES NO £ Who cleans the tenant's room? Landlord Tenant £

Garage YES NO If YES: Does the tenant have the option to rent the Garage separately? YES NO

Does the Landlord provide the tenant with any meals as part of the rental agreement? YES NO

If YES please complete the following.

						Who prepares the meals?	
	Name	Age	Full Board	Half Board	Breakfast Only	Landlord or Agent	Tenant
1							
2							

DETAILS OF ACCOMMODATION (Please Tick where appropriate)

Flat in part of house Detached House Detached Bungalow Hostel
 Flat in a block of flats Semi-Detached House Semi-Detached Bungalow Bedsit
 Flat over a shop Terraced House Terraced Bungalow Caravan
 Room(s) in a house Maisonette Ground Rent Mobile Home

Is the accommodation furnished? YES NO If YES, is it: Fully Furnished Partly Minimally

Does the accommodation have Central Heating? YES NO

Who is responsible for internal decoration? Landlord Tenant

DO NOT TICK	Living Rooms	Bedrooms	Bed-sitting Rooms	Kitchen	Bathroom	Separate Toilet	Other	Total Rooms
Total rooms in property								
No. of rooms used only by tenant								
No. of rooms shared								

How many floors are there in the property?

Which floor does the tenant live on? All Basement Ground 1st 2nd 3rd

TENANT OCCUPING ONE ROOM ONLY

ROOM NO

What heating is in the tenant's bedroom (e.g. Radiator, Fire or None)?

Where is this room in the property? Back Front Side Other

Does the Tenant share the room with anyone else? YES NO If YES with whom

HOW WE USE YOUR INFORMATION

Carmarthenshire County Council collects personal data about you using this form so that we can deal with your application for Housing Benefit. To find out more about how we use your information, please contact **01554 742100** to obtain our Privacy Notice, or visit our website www.carmarthenshire.gov.wales

For the majority of new claims and where a change of address has occurred, payments MUST be made to the tenant. There will be some circumstances where we will be able to pay the Landlord.

WHERE DIRECT PAYMENTS OF RENT ALLOWANCE ARE MADE TO LANDLORD OR AGENT.

Please complete the section below to enable us to make payments directly into your bank account:-

Name of Bank/Building Society:

Sort Code: **Account Number:**

Building Society Roll Number: **Account Name:**

DECLARATION

I Declare that the information given is to the best of my knowledge correct and complete and I agree to inform the Housing Benefit Section as soon as any details change. I agree to accept any rent allowance due to the tenant directly from Carmarthenshire County Council and agree:-

1. To inform the authority immediately in writing of any changes in the tenant's circumstances which I might reasonably expect to know could affect his/her entitlement.
2. To repay any overpayment of rent allowance that might be made for whatever reason.

Landlord's or Agent's Signature : Date :

The Authority reserves the right not to make direct payments to a landlord.

**IF YOU DELIBERATELY GIVE FALSE INFORMATION
YOU MAY BE PROSECUTED**

