Borough Council of King's Lynn & West Norfolk



## **Finance and Resources**

**Borough Council of King's Lynn & West Norfolk** PO Box 26, King's Lynn, Norfolk PE30 1PX Tel: (01553) 616200 Fax: (01553) 691663 or 767332 DX57825 King's Lynn

www.west-norfolk.gov.uk

## **Proof of Rent**

<b>RE1</b> Nam	<b>TURN THIS PAGE AS SOON AS YO</b> ne of tenant/boarder (Mr, Miss, Mrs M	UR LANDL	ORD/AGEN	tenant and have no written tenancy agreement. IT HAS COMPLETED & SIGNED IT.	
 If yo	ou are the Agent, the Landlord's fu	ll name mu	st also be ç	given	
Landlords name:			Agents name:		
Business Address:		Business Address:			
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Tel no: As landlord/agent please confirm the following details					
1.	Date tenancy started	0		,	
2.	Date of occupation				
3.		Yes	No 🗌	How many tenants	
4.		Yes		]	
5.	Total amount of rent payable			Is this charged weekly / monthly /	
0.	Total amount of tent payable			4 weekly?	
6.	Date of last increase				
7.	Does the rent include any of the fol	lowing:-			
	Council Tax	Yes	No No		
	Water Rates	Yes	No No		
	Heating	Yes	No No		
	Hot Water	Yes	No		
	Cooking Facilities	Yes	No		
	Lighting	Yes	No		
	Power	Yes	No		
	Laundry	Yes	No		
	Care & Support Char	ges Yes	No		
	Meals	Yes	No		
	If Yes. Which of the following?	Breakfast	Lunch	Evening Meal	
8.	How much furniture do you provide	? All	Some		
9.	Who is responsible for interior deco		Landlord		
10.	Is the property:-	Detached		Semi-detached Terraced	
11.	Does the property have a garage?	Yes	No No		
12.	Is the property centrally heated?	Yes		H	
13.	Does the property have a garden?	Yes			
13. 14.	Does the property include parking?	Yes			
1.7.		103			

## DECLARATION

I confirm the above information is true and correct.

The Revenues Division can make any enquiries needed to check the details	s I have given on this form.
Landlords/Agents Signature	Date