

| YOUR PROPERTY | | | | | |
|---|--|------------------------|--------------------------------|----------------------|---------|
| Please tick type of property | | | | | |
| Detached House | | Semi-detached bungalow | | Flat in House | Room(s) |
| Semi-detached House | | Terraced House | | Flat over Shop(s) | Caravan |
| Detached Bungalow | | Flat in Block | | Other (please state) | |
| If you rent a room(s) only please answer the following questions | | | | | |
| Number of floors in the building | | | Which floor is your room(s) on | | |
| Location of room(s) | | Front | Centre | Back | |

| ABOUT YOUR OCCUPATION OF THE PROPERTY | | | |
|--|-----------------------|---|--|
| Please state how the property is occupied by completing the number of rooms in the boxes below | | | |
| Number of rooms | In the whole property | For sole use of you and your family | Rooms shared other than with your family |
| Living Rooms | | | |
| Bedrooms | | | |
| Kitchens | | | |
| Bathrooms | | | |
| Toilets | | | |
| Bed-sitting rooms | | | |
| Other rooms | | | |
| TOTAL | | | |
| TENANCY DETAILS (Please Tick) | | | |
| Fully furnished | Partly furnished | Carpets & Curtains only | Unfurnished |
| Central Heating | Garage | Are you responsible for internal decoration YES NO | |

IT IS ESSENTIAL FOR YOU TO PROVIDE THE FOLLOWING :
1. Your Rent Book or Receipts of Payment AND
2. Your Original Tenancy Agreement
 (These will be returned to you)

DECLARATION

I declare that the information given on this form is true and complete to the best of my knowledge. I will notify you should my income or circumstances, or those of any person in my household alter. I authorise the Council to make whatever enquiries are necessary to verify my claim.

Signature (Yourself)

Signature (Your Partner) *Date*

Would you like the Council to send payments direct to your Landlord / Agent ? YES NO

If YES please sign

In addition I require your Landlord to complete the following declaration :
 "I agree to receive payments from The District of Bolsover in respect of the above tenant and undertake in the event of there being any overpayment of Housing Benefit (whatever the cause) to repay on demand the sum notified to me by The District of Bolsover."

Landlord's Signature Date