Claim Number

LANDLORD DECLARATION

This form must be completed by the LANDLORD or LETTING AGENT

Sta	ates	
of]	erse	ey

Name of Landlo	ord or Letting agent					
Address of Land	dlord/Letting Agent					
Full Name of Te address Rented						
Tenancy Start Date			Tenancy End Date			
Type of Property (Bedsit, Flat, House)		se)	No. of Bedrooms			
	ne dates the above pe st all breaks / absence			ed in the above prope	erty, please	
Dates of Tenano	су	(From)		(To)		
	ontinously during the a	bove period of te	enancy, if r	not please provide da	tes of absences	
none payment		(From)		(To)		
		(From)		(To)		
Were their perso	nal possesions left in	the property duri	ng the abo	ve absences	Yes / No	
Are you the:	Lease Holder Yes	/ No		Property Owner	Yes / No	
Did you also live in the property for the above tena			period		Yes / No	
Was a rent book issued					Yes / No	
Were they respo	nsible for their own bil	lls i.e water / elec	ctric		Yes / No	
How was the ren	t paid Dire	ect Debit		Cheque	Cash	
How long have y	ou known the above p	erson				
In what capacity	is this person known t	to you (i.e profes	sional or F	riend)		
I confirm that the	above details are cor	rect.				
Print Name			Position	in Company		
Signed			Date _	Tel: N	umber	
		Warr	ning			

Any person who knowingly makes any false statement or false representation for the purpose of obtaining benefit for themselves or for someone else commits a criminal offence for which they may be prosecuted, and may also be required to repay the amount fraudulently obtained.

Privacy Statement

The Social Security Department collects information for the purpose of dealing with all matters relating to the benefits and services it administers. We may check information about you with other information we have. We will not give information about you to anyone outside the Department unless the law allows us to or we have your consent. The Social Security Department is the Data Controller for the purposes of the Data Protection (Jersey) Law 2005.