



Rent Pro Forma

Name of tenant(s)

Address

.....

.....

I confirm that the above named, rent accommodation at the above address for which they are required to pay £.....per week/calendar monthly/4 weekly* , effective from20.....

* Delete as applicable

The above figure is represented by:

Rent	£.....
Water charges	£.....
Heating	£.....
Lighting	£.....
Cooking	£.....
Hot water	£.....
Meals	£.....
Other	£.....

Name of Landlord.....

Signature of Landlord..... Date.....

Please also tell me if your tenant is in arrears with rent payments, and if so, by how much. £.....

Landlord's Full Name.....
Business Address.....
.....
.....
.....

Managing Agents (if applicable).....
Business Address.....
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.....
.....

When completed return to: Woking Borough Council
Benefits Section
Civic Offices
Gloucester Square
Woking
Surrey
GU21 6YL