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| **BSPEC – updated 05Jun25**  **Supported accommodation**  This form must be completed by the **landlord**. | | A black and white logo  Description automatically generated |
| Date form issued |  | |
| Claim reference |  | |
| Housing Benefit claimant’s full name |  | |
| Room number (if applicable) |  | |
| Address and postcode |  | |
| Date the rental agreement started |  | |
| Rental agreement end date |  | |
| Date the tenant/licensee moved in |  | |
| **About the landlord** | | |
| Landlord’s name, address and postcode |  | |
| Landlord telephone number |  | |
| Landlord email address |  | |
| Landlord website address |  | |
| What client group(s) do you mostly work with? |  | |
| Are you a registered charity?  If yes, please state your registration number |  | |
| Are you in the process of becoming a registered charity? |  | |
| Are you a registered housing association? If yes, please state your registration number |  | |

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| If you are an unregistered housing association,  please explain why.  We will need a copy of the constitution or the rules which govern the landlord’s activities. |  |
| Are you a registered company?  If yes, please state your registration number |  |
| Date incorporated and company type |  |
| Nature of business We will need a copy of the company’s constitution, accounts, and Articles of Association |  |
| Are you a community benefit society? |  |
| Is the Community benefit society registered with the Financial Conduct Authority (FCA)?  If yes, please state your registration number  We will need a copy of the constitution, accounts, and Articles or Association |  |
| **About the accommodation provided by the landlord** | |
| Please explain why this property was chosen by your organisation to operate as supported accommodation and what research was carried out. |  |
| Number of accommodation units you  provide at this address |  |
| Is the property a licensed HMO?  If yes, please state the registration number |  |
| Please give details of any adaptations made to the  property based on the needs of the tenant/licensees |  |

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| Do you own or lease the property? |  | |
| If leased, please state the full name of each lessee |  | |
| If leased, when did it start and how long is it for? |  | |
| If leased, was the property unoccupied when the lease started? If occupied, please state who was resident. |  | |
| If leased, do the freeholder/property owner have any say on rent setting, service, and support charges? |  | |
| If yes, please explain. |  | |
| **About the property being rented** | | |
| When was the property built? | Before 1918 |  |
| Between 1918 & 1988 |  |
| After 1988 |  |
| Is the property a flat, house or bungalow? |  | |
| If it is a flat, is it in a block, over a shop  or in a converted house? |  | |
| If it is a house or bungalow, is it terraced,  semi-detached or detached? |  | |
| Does the tenant/licensee rent the whole  property or a room? |  | |
| How many floors does the building have? |  | |
| If it is a flat or room, on which floor is the tenant/licensee’s accommodation? | A diagram of a building with text  Description automatically generated | |

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| Room only: Looking at the front of the building, is the rented room at the front, middle rear? |  | | |
| Room only: Looking at the front of the building, is the rented room on the right, middle or left? |  | | |
| Use of accommodation | Tenant/licensee only | Shared with other people | Number in the property |
| Number of living rooms |  |  |  |
| Number of bedrooms |  |  |  |
| Number of kitchens |  |  |  |
| Number of bathrooms |  |  |  |
| Number of toilets |  |  |  |
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| **Total rooms** |  |  |  |
| Is there an extra bedroom for overnight carer? |  | | |
| Was the accommodation rented as fully furnished, partially, minimally or unfurnished? |  | | |
| Does the accommodation have central heating? |  | | |
| Does the tenant/licensee have use of a garden? |  | | |
| Is use of a garage included in the rent? |  | | |
| Is parking included in the rent? |  | | |

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| **About the Core Rent (A)**  This is the direct cost of owning or leasing the building.  For example, insurance, Council Tax, repairs, sinking fund, maintenance, housing management  & pro-rata surcharge representing general overheads and central office costs. | |
| **Description** | **Amount** |
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| Total core rent (A) | £ |
| **We will ask you to provide a new breakdown if the total core rent doesn’t exactly add up** | |

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| **About service charges payable as a condition of the rental agreement (B)**  Service charges are additional costs beyond a core rent charge which  must be met by the tenant/licensee to pay for services provided by the landlord. | | |
| Please list all service charges below | Is it an optional service?  Y/N? | Amount |
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| Total service charges (B) | | £ |
| **We will ask you to provide a new breakdown if the service charge total doesn’t exactly add up** | | |

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| **About Intensive/Enhanced Management charges payable as a condition of the rental agreement (C)**  Intensive and Enhanced Housing Management is a term sometimes used to describe the services provided by a supported housing landlord, differentiating it from a general needs’ landlord. The services are provided to ensure the ongoing viability of the tenancy with respect to the needs of the tenant. | | |
| Please list all service charges below | Is it an optional service?  Y/N? | Amount |
| Rent collection and arrears maintenance |  | £ |
| Administration and maintenance of tenancy agreements |  | £ |
| Liaison with other agencies |  | £ |
| Concierge duties and access controls |  | £ |
| Providing information on tenancy related matters |  | £ |
| Staff training relating to housing management |  | £ |
| Tenant consultation on tenancy related matters |  | £ |
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| Total Enhanced/Intensive housing management charges (C) | | £ |
| Total rent charge (A+B+C) | | £ |
| **We will ask you to provide a new breakdown if the total doesn’t exactly add up** | | |

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| **About the charges payable as a condition of the rental agreement** | |
| Does the core rent (A), services charges (B) & intensive/enhanced housing management (C)  include any of the following?  Please answer all questions “Yes” or “No” | |
| Personal water and sewerage charges | Yes/No |
| Cleaning of tenant/licensee’s room | Yes/No |
| Cleaning of interior windows (not communal areas) | Yes/No |
| Personal fuel for heating, lighting, cooking  & hot water | Yes/No |
| Laundry, other than for the provision of premises or  equipment to enable the tenant/licensee to  do their own laundry | Yes/No |
| Meals including the preparation of meals  or provision of unprepared food | Yes/No |
| Sports facilities, except children’s play area | Yes/No |
| Television rental | Yes/No |
| TV licence | Yes/No |
| TV subscription fees | Yes/No |
| Transport | Yes/No |
| Personal emergency alarm system for tenant/licensee  (not fire system or staff alarms) | Yes/No |
| Furniture or household charges where it will become the property of the claimant by virtue of an agreement  with the landlord | Yes/No |
| General counselling or support services, irrespective of whomever provides those services | Yes/No |
| Making medical or hospital appointments | Yes/No |
| Attending medical or hospital appointments | Yes/No |
| Managing prescriptions or medication | Yes/No |
| Medical expenses, including the cost of treatment  of counselling related to mental disorder,  mental handicap, physical disablement or  past or present alcohol or drug dependence | Yes/No |
| Nursing or personal care, including assistance at mealtimes  or with personal appearance of hygiene | Yes/No |

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| **About the tenant/licensee’s needs** | |
| How did the tenant/licensee find the accommodation? |  |
| If they were referred by a local authority, please state the name of the authority and why they need to live in the borough of Reading |  |
| Is the tenant/licensee entitled to s117 aftercare from a local authority?  A person who has been detained becomes eligible for S117 aftercare if they have been detained under sections 3, 37, 45A, 47 or 48 of the Mental Health Act (MHA) and then they are discharged from S117 places an enforceable duty on both Health (Clinical Commissioning Group (CCG)) and Social (local authority/Council (LA)) Services to provide aftercare services to P on discharge from hospital.  Neither the CCG nor the LA can charge for the services engaged to meet those needs – s117 aftercare is free. | Yes/No |
| Is the tenant/licensee considered vulnerable? | Yes/No |
| If yes, please explain why |  |
| Has the tenant/licensee been a former resident of a specialist hostel for homeless persons for at  least three months? | Yes/No |
| If yes, please given details including dates. |  |
| Does the tenant/licensee have a care needs assessment, support or supervision plan or agreement? | Yes/No |
| Was the tenant/licensee assessed before being  offered the accommodation? | Yes/No |
| Date of assessment |  |
| Name and job title of the person who carried  out the tenant/licensee’s assessment |  |

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| Please explain the criteria used to assess suitability |  |
| Would the tenancy/licence have been granted if they weren’t in need of and in agreement to the provision of care, support or supervision that is attached to this accommodation? | Yes/No |
| Is there a clear “move on” pathway with  regular monitoring? If yes, please give details |  |
| What is the maximum length of stay? |  |
| How long is the tenant/licensee likely to stay? |  |

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| **About care, support and/or supervision provided by the landlord** | |
| **Care and Supervision**  This involves being present in the building and in the direct physical presence of the claimant. For example, in a house shared by people with learning disabilities it is may be necessary to have staff on site to ensure the residents do not endanger themselves or damage equipment through misuse.  **Support**  In general, activity by the landlord will not amount to support if it is comprised in ordinary housing management. To amount to support the landlord must be doing something which goes beyond ordinary housing management. In general, carrying out repairs and maintenance will not amount to “support” if all that the landlord is doing is fulfilling its repairing obligations.  Support could include:     * A structured programme addressing personal issues, such as substance misuse or reoffending * Befriending, reassuring, and counselling * Intensive property management, especially repairs, cleaning and maintenance arising from the tenant’s personal issues   A landlord does not have to be the main or only support provider. For example, tenants with a learning disability may have support commissioned by Adult Social Care and delivered by a care agency.  The landlord may still have a support role in the form of Enhanced or Intensive Housing Management. | |
| Does the landlord provide any care, support &/or supervision to the tenant/licensee? | Yes/No |
| Is the landlord’s care, support &/or supervision  a condition of the rental agreement? | Yes/No |
| If yes, please confirm which page or section of the rental agreement confirms this. |  |
| Please explain why the tenant/licensee requires the care, support &/or supervision being  provided by the landlord. |  |
| Please describe how and when the landlord’s  care, support &/or supervision is provided to  the tenant/licensee. |  |

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| On average, how many hours per week does the landlord provide the tenant/licensee with  care, support, &/or supervision? | **In person** | **Telephone** | **Online** |
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| How much is the tenant/licensee charged? | £ | £ | £ |
| Does the tenant/licensee’s charge cover the full cost?  If no, please explain how the shortfall is funded. |  | | |
| How often are the tenant/licensee’s needs  reviewed & how is this done? |  | | |
| When is the next review due? |  | | |
| Do you expect the number of hours care, support, &/or supervision to reduce in the foreseeable future?  If yes, please say when and why. |  | | |

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| **About care, support and/or supervision provided by a third-party on the landlord’s behalf** | |
| **Care and Supervision**  This involves being present in the building and in the direct physical presence of the claimant.  For example, in a house shared by people with learning disabilities it is may be necessary to have staff on site to ensure the residents do not endanger themselves or damage equipment through misuse.  **Support**  This must be more than minimal, but there is no defined number of hours per week. As well as the number of hours we must consider whether the support makes a difference to the tenant’s ability to maintain the tenancy. Support could include:     * A structured programme addressing personal issues, such as substance misuse or reoffending * Befriending, reassuring, and counselling * Intensive property management, especially repairs, cleaning and maintenance arising from the tenant’s personal issues | |
| Do you (the landlord) have a contract with a third party to provide care, support, &/or supervision on  your behalf? | Yes/No |
| If yes, what is the name and address of the third-party providing care, support &/or supervision?  We will need a copy of the agreement |  |
| Is the care, support, &/or supervision provided  on your (the landlord) behalf a condition of the rental agreement? | Yes/No |
| If yes, please confirm which page or section of the rental agreement confirms this. |  |
| Please explain why the tenant/licensee requires  the care, support &/or supervision provided by your (the landlord) third-party provider. |  |
| Please describe how and when the care, support  &/or supervision is provided by your third  party to the tenant/licensee. |  |

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| On average, how many hours per week does the  your (the landlord) third party provide the  tenant/licensee with care, support, &/or supervision? | In person | | Telephone | | Online | |
| Hours | Cost | Hours | Cost | Hours | Cost |
|  | £ |  | £ |  | £ |
| Please explain how often the tenant/licensee’s  needs are reviewed & how this is done? |  | | | | | |
| Are the tenant/licensee’s need for care, support,  &/or supervision expected to reduce in the  foreseeable future?  If yes, please say when and why. |  | | | | | |
| Please use the space below to tell us any other information relating to the care, support  &/or supervision provided on behalf of the landlord. | | | | | | |
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| **About** c**are, support and/or supervision that is not provided by the landlord or on your behalf** | |
| Who is the care, support &/or supervision provided by? |  |
| Approximately how many hours a week care, support  &/or supervision is provided each week?  Do not include any time provided by you (the landlord) or on your behalf. |  |
| What is the cost of the care, support, &/or supervision?  This information is required by the Department for Work and Pensions to identify costs |  |
| Who funds the care, support &/or supervision? |  |
| Please describe the level of care, support &/or supervision provided to the tenant/licensee.  Do not include anything provided by you (the landlord) or on your behalf. |  |
| Is the care, support, &/or supervision a condition  of the tenancy or licence? |  |
| If yes, please confirm which page or section of the rental agreement confirms this. |  |
| Is the care, support &/or supervision specifically  connected to the property being rented?  If yes, please explain how and why. |  |
| Are the number of hours to reduce in the  foreseeable future?  If yes, please explain when and why. |  |
| Please use the space below to tell us any other information relating to the care, support  &/or supervision that is not provided by you (the landlord) or on your behalf. | |
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| **Landlord declaration**  Please read the following declaration carefully before signing   * I am the landlord. * I declare the information I have given on this form is true and complete. * I understand that if I give information that is false or incomplete, I may be prosecuted. * I understand that if supply or allow to be supplied any documents or information that I know to be false I may be prosecuted. * I understand that the information on this form may be shared with: * Other council teams, including Adult Social Care, Commissioning, Council Tax, HMO licensing. * Department for Work and Pensions. * Pension Service. * Rent Officer Service. * I will immediately tell the Benefits Team in writing or by emailing [benefits@reading.gov.uk](mailto:benefits@reading.gov.uk) if: * there is a change of landlord. * landlord bank details change. * tenant/licensee changes address, even if it is temporary. * tenant/licensee changes room, even if it is temporary. * total rent charge changes * amount charged for services changes. * amount of care, support, or supervision changes or stops. * tenant/licensee ceases to require care, support, or supervision. * I understand the Benefits Team may need some or all the following: * floor plan of the property. * rental agreement. * rent breakdown showing the cost of all charges. * agreement with landlord’s third-party carer provider. * Articles of Association. * care plan/needs assessment. * company accounts. * company constitution. * head lease agreement. * organisational chart showing staffing, roles. * images of the tenant’s room and communal areas * I understand the “working age” Housing Benefit supported accommodation assessment is individualto each tenant/licensee. As such, if an individual does not need, receive, or take up the support provided then Universal Credit housing costs must be claimed. * I understand this form and any information and evidence must be sent to [benefits@reading.gov.uk](mailto:benefits@reading.gov.uk) or posted to:   Benefits Team  Civic Offices  Bridge Street  Reading  RG1 2LU | | | |
| Form completed by |  | Date |  |
| Job title |  | | |
| Contact number |  | | |
| Email address |  | | |

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| **Landlord checklist** | |
| I have answered all questions on the form and am providing the following information: | |
| Rental agreement | Yes/No/To follow |
| Rent breakdown shown the cost of all charges | Yes/No/To follow |
| Floor plan of property | Yes/No/To follow |
| Landlord Articles of Association | Yes/No/To follow |
| Company Accounts | Yes/No/To follow |
| Company constitution | Yes/No/To follow |
| Head lease agreement | Yes/No/To follow |
| Organisational chart showing staff and roles | Yes/No/To follow |
| Tenant/licensee’s care/support needs assessment | Yes/No/To follow |
| Landlord’s agreement/contract with any third-party provider | Yes/No/To follow |
| Photos of the tenant’s room | Yes/No/To follow |
| Photos of the communal areas | Yes/No/To follow |
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| The completed form and supporting documents can be emailed to [benefits@reading.gov.uk](mailto:benefits@reading.gov.uk)  or posted to:  Benefits Team  Civic Offices  Bridge Street  Reading  RG1 2LU | |