

## Licensing of Houses in Multiple Occupation

### Mandatory and Additional Licensing Application Form

### Housing Act 2004 Part 2

Licensing of houses in multiple occupation ensures that certain types of rented property meet necessary standards to ensure a house is safe for the occupants, also that the landlord is competent, qualified and the most appropriate person to manage it. The houses must have adequate fire precautions and sufficient kitchen and bathroom amenities for the number of occupants. The Council will take into account any criminal convictions that the landlord may have and may refuse to grant a licence if the landlord is considered not to be a 'fit and proper' person.

Please answer all questions carefully, and sign the declaration at the back of the form. If you have more than one property in multiple occupation you will need to complete a separate application form for each property. If you find there is insufficient space to supply your answers to a question, please use a continuation sheet and attach it to the application marking the sheet with the section number to which the information relates.

Complete the form carefully and legibly using black or blue ink and refer to the guidance notes to assist you in completing it. The following checklist provides details of the documentation that **must** be provided with this completed application form. (Please tick).

- Appropriate fee
- One passport sized photo (35mm x 45mm only)
- Landlords Gas Safe Record / or
- OFTEC CD/12 Landlord Oil Installation Check form
- Electrical Installation Condition Report BS7671:Part P
- Energy Performance Certificate (EPC)
- Sketch plans of the layout of the property

Please carefully attach photo of the proposed licence holder here

The following documentation **must** be provided if available and applicable:-

- Fire alarm Installation/Inspection and servicing report
- Emergency Lighting Periodic inspection and testing certificate
- Fire Safety Risk Assessment
- Building Regulations Completion Certificate
- Planning Approval (for any conversion or change of use to HMO)
- PAT Test for portable electrical equipment
- Fire extinguisher maintenance certificate

For Office use only  
Date received

Fee amount

Reference

## 1. APPLICATION FORM FOR THE LICENCING OF HOUSES IN MULTIPLE OCCUPATION (PART 2 HOUSING ACT 2004)

- 1a. Address of property to be licensed \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_
- 1b. Type of application      New            Renewal
- 1c. Type of application      Mandatory            Additional
- Licence Start date: \_\_\_\_\_

## 2. APPLICANT DETAILS (Person completing this application form)

**Complete this section, if you are completing the form on behalf of the proposed licence holder. If you are the proposed licence holder, go to Section 3.**

- 2a. Surname \_\_\_\_\_ Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_
- Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
- Contact details  
 Home Tel. No. \_\_\_\_\_ Work Tel. No. \_\_\_\_\_  
 Mobile Tel. No. \_\_\_\_\_  
 Email address \_\_\_\_\_
- 2b. What is your relationship to the proposed licence holder? (please tick appropriate box).
- Friend         Relative         Agent         Solicitor
- Other (please give details) \_\_\_\_\_

### 3. PROPOSED LICENCE HOLDER DETAILS (person, business or organisation whose name will be on the licence)

3a. Status of the proposed licence holder.

Individual or sole trader  Company  Partnership   
 Charity or Trust  Other \_\_\_\_\_

3b. If company, partnership, charity or Trust, please give details:-

Business/organisation name (if registered, use the registered name) \_\_\_\_\_

Registration No. (if applicable) \_\_\_\_\_

3c. Name of proposed licence holder (if company, please give full company name)

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Contact details

Home Tel. No. \_\_\_\_\_ Work Tel. No. \_\_\_\_\_

Mobile Tel. No. \_\_\_\_\_

Email address \_\_\_\_\_

3d. Provide details about all, company directors and the secretary (if the proposed licence holder is a company), all partners (if it is a partnership), and all the trustees (if it is a charity or trust).

Name and address of company secretary (if applicable) \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Names and addresses and dates of birth of directors/partners/trustees  
(as applicable)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

#### 4. PROPOSED MANAGER OF THE PROPERTY TO BE LICENSED

4a. Will the proposed licence holder be the manager of the property? Yes/No  
 If no, please provide details about the manager.

Surname \_\_\_\_\_ First Name(s) \_\_\_\_\_

Business Name \_\_\_\_\_

Address (if an organisation, give the registered office or other official address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Contact details

Home Tel. No. \_\_\_\_\_ Work Tel. No. \_\_\_\_\_

Mobile Tel. No. \_\_\_\_\_

Email address \_\_\_\_\_

#### 5. OWNERSHIP & CONTROL OF THE PROPERTY TO BE LICENSED

5a. Is the proposed licence holder the owner of the property? Yes/No

5b. Does the proposed licence holder have control of the property?  
 (i.e. is legally entitled to receive the rental income from the property). Yes/No

5c. Does the proposed licence holder have the powers necessary  
 to manage the property? Including:- Yes/No

- Let to and evict tenants Yes/No
- Access to all parts of the premises Yes/No
- Authorise any necessary expenditure Yes/No

5d. Does anybody else have a legal interest in the property  
 (e.g. as freeholder, leaseholder, mortgage provider)? Yes/No

If Yes, please give details in Section 5e.

5e. Please provide details about the owner(s) of the property (**including your mortgage provider**), anybody else who has a legal interest in the property and/or anybody who has agreed to be bound by the conditions of the licence (if it is granted). Please continue on a separate sheet if necessary.

## 5. OWNERSHIP AND CONTROL OF THE PROPERTY TO BE LICENSED cont'd

1. Interest in the property \_\_\_\_\_

Surname \_\_\_\_\_ First Name(s) \_\_\_\_\_

Address (if an organisation, give the registered office or other official address)

\_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Contact details:**

Home Tel. No. \_\_\_\_\_ Work Tel. No. \_\_\_\_\_

Mobile Tel. No. \_\_\_\_\_

**Email address** \_\_\_\_\_

2. Interest in the property \_\_\_\_\_

Surname \_\_\_\_\_ First Name(s) \_\_\_\_\_

Address (if an organisation, give the registered office or other official address)

\_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Contact details:**

Home Tel. No. \_\_\_\_\_ Work Tel. No. \_\_\_\_\_

Mobile Tel. No. \_\_\_\_\_

Email address \_\_\_\_\_

3. Interest in the property \_\_\_\_\_

Surname \_\_\_\_\_ First Name(s) \_\_\_\_\_

Address (if an organisation, give the registered office or other official address)

\_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Contact details:**

Home Tel. No. \_\_\_\_\_ Work Tel. No. \_\_\_\_\_

Mobile Tel. No. \_\_\_\_\_

Email address \_\_\_\_\_

## 6. FIT AND PROPER PERSON

6a. Has any person named in Parts 2, 3, 4 & 5 and/or any person associated with any of them :-

- |                                                                                                                                                                                                                                      |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 1. Committed any offence involving fraud, or other dishonesty (including benefit fraud), violence, drugs, or any offence listed in Schedule 3 to the Sexual Offences Act 2003 (subject to the Rehabilitation of Offenders Act 1974)? | Yes/No |
| 2. Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with, any business?                                                                              | Yes/No |
| 3. Contravened any legislation relating to housing, public health, environmental health or landlord and tenant law?                                                                                                                  | Yes/No |
| 4. Been refused a licence under Part 2 or 3 of the Housing Act 2004?                                                                                                                                                                 | Yes/No |
| 5. Had a licence revoked for breach of any conditions under Parts 2 or 3 of the Housing Act 2004?                                                                                                                                    | Yes/No |
| 6. Contravened any Code of Practice relating to the management of HMOs?                                                                                                                                                              | Yes/No |
| 7. Been subject to a Control Order under the Housing Act 1985 (in the past 5 years)?                                                                                                                                                 | Yes/No |
| 8. Been subject to a Management Order under the Housing Act 2004?                                                                                                                                                                    | Yes/No |

**Please see guidance notes a back of form for further information.**

- |                                                                                                                                                                 |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 9. Failed to comply with a Housing Notice (requiring works etc.) served by a Local Authority?                                                                   | Yes/No |
| 10. Been subject to complaints from tenants or other sources, regarding serious or repeated breaches of the conditions of a licence under the Housing Act 2004. | Yes/No |
| 11. Been declared bankrupt?                                                                                                                                     | Yes/No |

6b. If yes, please provide details of the person(s) involved together with full details, including the address of the property concerned if applicable:-

Name	Offence	Sentence	Date	Court

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## 7. DETAILS OF PROPERTY TO BE LICENSED

### 7a. Type of property (HMO or house)

- House in multiple occupation  Flat in multiple occupation
- A purpose built block of flats  Flat in single occupation
- Other (please specify) \_\_\_\_\_

### 7b. Type of building

- Detached house  Semi-detached house  Terraced house
- End terrace house  Mixed residential and commercial
- Back to back house  Grouped structure (dwelling which shares a party wall in a cluster or around a courtyard)
- Other (please specify) \_\_\_\_\_

### 7c. When was the property originally built?

- Before 1919  1919-1945  1946-1964  1965-1980  After 1980

### 7d. How many storeys (include ground floor, basements, attic conversion and mezzanines).

- One  Two  Three  Four  Five  Six  Seven

### 7e. Give details of any commercial use e.g. shop on ground floor, shop, restaurant, office.

\_\_\_\_\_

\_\_\_\_\_

### 7f. Is the property to be licensed:-

- Purpose built with its present design
- Converted from a previous residential dwelling
- Converted from a non-residential structure
- If converted, approximately date of conversion \_\_\_\_\_

Do you have documents that give evidence of planning permission and/or building regulation approval of the conversion?

Yes/No

You may be required to submit these documents with your application.

## 7. DETAILS OF PROPERTY TO BE LICENSED (cont'd)

7g. Have you completed any improvements or repairs on the house prior to submitting your application? Yes/No  
 If yes, provide details:-

\_\_\_\_\_

\_\_\_\_\_

Means of escape  Insulation  Amenities  Security

Other (please specify) \_\_\_\_\_

\_\_\_\_\_

## 8. OCCUPANCY/ TENANCY INFORMATION

8a. How many separate households live in the property? Refer to guidance for definition of household.

At time of application \_\_\_\_\_ Proposed maximum \_\_\_\_\_

How many occupants live in the property?

Total No. at time of application \_\_\_\_\_ Proposed maximum \_\_\_\_\_

No of adults. \_\_\_\_\_ No. of children \_\_\_\_\_

8b. Is there a resident landlord? Yes/No

How many people are there in the landlord's household? \_\_\_\_\_

Which parts of the property does the landlord's household occupy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8c. Provide details of any catering arrangements for occupants of the property. (eg. B&B, full board, self-catering \_\_\_\_\_

\_\_\_\_\_



## 9. ACCOMMODATION DETAILS

9a. Give details of the number of letting units in property. **Please see guidance for further information**

Unit details	Total No.
Separate letting units in property (rooms or units)	
Self-contained letting units (flats or bedsits)	
Non - self-contained units (flats or bedsits)	
Units with dormitories	

9b. Complete the table on pages 10 & 11 giving details of the number of rooms and facilities available in the property.

9c. Give details of number of habitable rooms for the HMO for which this application is being made (includes all bedrooms and living rooms). See Guidance notes in respect of kitchen/diners)

9d. Are all kitchens equipped with the following:-

- |                                                     |        |
|-----------------------------------------------------|--------|
| - a sink with draining board                        | Yes/No |
| - a means of cooking food                           | Yes/No |
| - electrical sockets                                | Yes/No |
| - worktops for food preparation                     | Yes/No |
| - storage cupboards                                 | Yes/No |
| - refrigerator and freezer (or freezer compartment) | Yes/No |
| - refuse storage facilities                         | Yes/No |

9e The Council must decide how many people can live at a House in Multiple Occupation. That decision will be made having regard to the dimensions of habitable rooms and the level of provision of basic amenities. We need to have a basic plan of the property in order to make that decision.

If you have scale plans, please provide them. Alternatively you may sketch your own on a separate sheet of paper.

Please clearly indicate the location of each bedroom, living room, kitchen and bathroom(s)/wc facilities. Please also detail any fire doors, escape windows, fire detection and the full room dimensions of each internal wall in linear metres.

Floor Type	Room Type	Bedroom occupants *	Room Size	Room Amenities and Facilities (✓)							Fire Precautions					
				Ventilation**	WHB/Sink***	Hot / Cold water****	WC/Toilet	Shower	Bath	Heating	Smoke detector/ alarm*****	Interlinked/Control Panel*****	Fire Door*****	Fire Blankets	Fire Extinguishers	Emergency Lighting
<i>e.g. Basement</i>	<i>Kitchen</i>	<i>A + A etc</i>	<i>(mxm=m<sup>2</sup>)</i>	<i>NV</i>	<i>S</i>	<i>H</i>	<i>WC</i>				<i>SD_M</i>	<i>IL</i>	<i>SS</i>			
<b>TOTAL</b>																

\*A = adult, C = child (under 12), M = male, F = female  
 \*\*\*\*\*SD = smoke detector , B = Battery, M = mains  
 \*\*\*\*\*IL = interlinked, CP = control panel

\*\* NV = natural, MV = Mechanical  
 \*\*\*\*\*IL = interlinked, CP = control panel  
 \*\*\*\*\*SC = self closers, IS = intumescent strips, SS = smoke seals

\*\*\*WHB / S - sink  
 \*\*\*H = hot, C = cold

Floor Type	Room Type	Bedroom occupants *	Room Size	Room Amenities and Facilities (✓)							Fire Precautions					
				Ventilation**	WHB/Sink***	Hot / Cold water****	WC/Toilet	Shower	Bath	Heating	Smoke detector/ alarm*****	Interlinked/Control Panel*****	Fire Door*****	Fire Blankets	Fire Extinguishers	Emergency Lighting
<i>e.g. Basement</i>	<i>Kitchen</i>	<i>A + A etc</i>	<i>(mxm=m<sup>2</sup>)</i>	<i>NV</i>	<i>S</i>	<i>H</i>	<i>WC</i>				<i>SD_M</i>	<i>IL</i>	<i>SS</i>			
<b>TOTAL</b>																

\*A = adult, C = child (under 12), M = male, F = female  
 \*\*\*\*\*SD = smoke detector , B = Battery, M = mains  
 \*\*\*\*\*IL = interlinked, CP = control panel

\*\* NV = natural, MV = Mechanical  
 \*\*\*\*\*IL = interlinked, CP = control panel  
 \*\*\*\*\*SC = self closers, IS = intumescent strips, SS = smoke seals

\*\*\*WHB / S - sink      \*\*\*H = hot, C = cold

## 10. HEATING AND ENERGY EFFICIENCY

10a. What type of heating does the property have? (Please tick all that apply)

Gas central heating       Electrical central heating/night storage heaters   
 Fixed gas heaters/fires       Fixed electrical heaters/fire   
 Solid fuel fires       Oil       Other

If other, please provide details. \_\_\_\_\_

\_\_\_\_\_

10b. Do all the rooms in the property have a source of heating?      Yes/No  
 (eg. Radiator or fire)  
 If no, please provide details.

\_\_\_\_\_

\_\_\_\_\_

10c. Do all bathrooms and kitchens have a means of natural or      Yes/No  
 mechanical ventilation?  
 If no, please provide details.

\_\_\_\_\_

\_\_\_\_\_

10d. Are windows double glazed?      All/some/none

10e. Is the roof space insulated?      All/some/none/not applicable

If all or some, please provide details including the thickness of insulation in mm.

\_\_\_\_\_

\_\_\_\_\_

10f. Are cavity walls insulated?      All/some/none/not applicable

10g. Are hot water tanks lagged?      All/some/none/not applicable

10h. Is there an Energy Performance Certificate for the property?      Yes/No

**NB You must submit an Energy Performance Certificate with this application.**

## 11. GAS AND ELECTRICITY

11a. Does the property have a gas supply? Yes/No

**Gas installations**

You **must** supply with this application, a copy of the current gas safety certificate(s) covering all gas appliances in the property. (You are required to have all appliances etc. checked annually by a Gas Safe registered engineer).

11b. **Electrical installations**

You **must** supply with this application, a copy of a current and satisfactory Electrical Installation Condition Report for the property, completed by a competent electrical engineer. Certificates with code 1 or code 2 defects are not accepted as satisfactory.

11c. **Electrical appliances**

Electrical appliances are any portable appliance provided for use by the occupants? (e.g) kettle, refrigerator, vacuum cleaner). Yes/No

Are any of these appliances more than 12 months old? Yes/No

I/we declare that any gas appliances, electrical appliances provided for the use of tenants in the property are in good safe working order and comply with all relevant safety legislation.

**Applicant**

Full name \_\_\_\_\_ Capacity \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Proposed licence holder**

Full name \_\_\_\_\_ Capacity \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Proposed manager**

Full name \_\_\_\_\_ Capacity \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 12. FURNITURE SAFETY

12. Do you provide upholstered furniture within the lettings? YES/NO

If yes, does all the furniture comply with the Furniture and  
Furnishings (Fire Safety) Regulations 1988? YES/NO

I/we declare that any furniture provided for the use of tenants in the property are in good safe working order and comply with all relevant safety legislation.

### **Applicant**

Full name \_\_\_\_\_ Capacity \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Proposed licence holder**

Full name \_\_\_\_\_ Capacity \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Proposed manager**

Full name \_\_\_\_\_ Capacity \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### 13. ACCREDITATION AND QUALIFICATIONS

13a. Is the proposed licence holder and/or the manager:-

- |    |                                                                                                                                                |        |
|----|------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 1. | a member of a landlord or property accreditation scheme?                                                                                       | Yes/No |
| 2. | a member of a landlords association?                                                                                                           | Yes/No |
| 3. | a member of a professional body relevant to the ownership and management of residential property?                                              | Yes/No |
| 4. | the holder of any relevant qualifications or undertaken any training courses relevant to the ownership and management of residential property? | Yes/No |

If yes, please provide details (add an additional page if required):-

Name of person	Organisation/Scheme/Awarding body	Membership No. / Qualification

### 14. MANAGEMENT OF THE PROPERTY TO BE LICENSED

- |      |                                                                                                                                                                             |        |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 14a. | Are occupants given a tenancy agreement (or other written statement of terms of occupancy)?<br>You may be required to submit a copy of this document with your application. | Yes/No |
| 14b. | Does the written statement of terms include any clauses relating to clauses relating to anti-social behaviour?                                                              | Yes/No |
| 14c. | Does the written statement of terms include guidelines on procedures for tenants to report necessary repairs and make complaints about the property?                        | Yes/No |
| 14d. | Is a deposit required at the start of a new tenancy?                                                                                                                        | Yes/No |
| 14e. | Are the terms of the tenancy deposit clearly set out in writing?                                                                                                            | Yes/No |
| 14f. | Is the proposed licence holder or manager a member of any government authorised scheme that protects tenants' deposits.                                                     | Yes/No |

If yes, provide details of scheme provider and landlord reference no.

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## 15. MANAGEMENT OF THE PROPERTY TO BE LICENSED

15g. Are tenants given a rent book? Yes/No

15h. Are tenants given receipts for rent payments? Yes/No

15i. Provide details of any procedures/arrangements you have in place to:-

Vet prospective tenants (e.g. use of a vetting service or accreditation scheme, take up references etc).

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Ensure the property is clean, safe and fit to live in, before each new tenancy.

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Agree an inventory with each tenant, detailing the furniture and appliances supplied, including the condition of individual items.

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Review the general condition of the property (internal, external, garden, etc) sufficiently regularly to ensure it is maintained in good and safe repair.

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Deal with repairs and complaints which have been reported within a reasonable time period.

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Cover the cost of major emergency repair work or improvements to the property.

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Receive and respond to complaints of antisocial behaviour involving or affecting the tenants and/or their children or visitors.

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## 15. MANAGEMENT OF THE PROPERTY LICENSED (Cont'd)

15j Has a fire safety risk assessment been undertaken? YES/NO

You may be required to submit a copy of the fire risk assessment with this application if available.

15k Provide details of the fire escape routes from the property and how you ensure they are kept clear \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15l Provide details of any fire safety information or training provided to the occupiers of the property \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15m Has the fire safety equipment been serviced in the last 12 months? YES/NO

I/we declare that the smoke and heat detectors/alarms installed in the house as described in this form are in good safe working order and comply with all the relevant safety information.

**Applicant**

Full name \_\_\_\_\_ Capacity \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Proposed licence holder**

Full name \_\_\_\_\_ Capacity \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Proposed manager**

Full name \_\_\_\_\_ Capacity \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 16. OTHER PROPERTIES LICENSABLE UNDER THE HOUSING ACT 2004

16a. Does the proposed licence holder and/or manager own or manage other properties which require a licence under the Housing Act 2004? Yes/No  
If no, please go to question no. 17.

If yes, provide the following information:-

16b. Number of properties in this authority area \_\_\_\_\_

Have details about these properties been provided in a previous Licence application? Yes/No

Reference No. of previous application or licence \_\_\_\_\_

Please provide details about each property:- (Please continue on a separate sheet if necessary)

Address	Is property licenced (✓)	Ref. No.

16c. Number of properties outside this authority area \_\_\_\_\_

Have details about these properties been provided in a previous Licence application? Yes/No

Reference No. of previous application or licence \_\_\_\_\_

Please provide details about each property:- (Please continue on a separate sheet if necessary)

Address	Is property licenced (✓)	Ref. No.

## 17. NOTIFYING PEOPLE ABOUT THE LICENCE APPLICATION

### Notification to all relevant parties

You must let certain persons know in writing that you have made an application for a House in Multiple Occupation Licence under Part 2 of the Housing Act 2004. These are:

- Any mortgagee of the property
- Any owner of the property, if that is not you
- Any other person who is a tenant or a long leaseholder of the property or any part of it other than a statutory tenant or other tenant whose lease or tenancy is for less than three years (including a periodic tenancy)
- The proposed licence holder, if that is not you
- The proposed managing agent, if that is not you
- Any person who has agreed to be bound by any conditions in the licence if granted

You must inform each of these persons in writing that you are applying for a licence for a House in Multiple Occupation and include:

- Your name, address, telephone number, email address (if any), fax (if any)
- The contact details for the applicant/proposed licence holder
- The address of the House in Multiple Occupation
- The names and address of the Local Housing Authority to which the application is to be made
- The date the application will be submitted

Alternatively you can send or give them a copy of the completed application form.

## 17. NOTIFYING PEOPLE ABOUT THE LICENCE APPLICATION Cont'd

**Please complete the table below and sign the declaration.**

I/we declare that I/we have served a notice of this application on the following persons who are the only persons known to me/us that are required to be informed that I/we have made this application. If there are no other interested parties, then please insert 'none' in the table and sign the declaration.

Name	Address	The person's interest in the property or application	Date of service

**Signed**

**Print Name**

**Position**

**Date**



## 19. DECLARATIONS

I/we declare that the information contained in this application is correct to the best of my/our knowledge.

I/we understand that I commit an offence if I/we supply any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I know is false or misleading or am/are reckless as to whether it is false or misleading.

I/we declare that I/we have notified the people listed in Section 18 above about this application and that these are the only people known to me/us that are required to be informed that I have made this application.

I/we declare that adequate financial resources are available to maintain the property ensuring the health and safety of the tenants and fulfil all other statutory obligations.

I/we understand that the Council may need to carry out investigations to assess whether I/we am/are a “fit and proper” person for the purposes of Part 2 of the Housing Act 2004. I hereby authorise the Council to make such enquiries and share information as it sees fit. Such enquiries may include Criminal Records Bureau checks, liaison with the Police, Fire Service and other Local Authorities.

### **Applicant**

Full name \_\_\_\_\_ Capacity \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Proposed licence holder**

Full name \_\_\_\_\_ Capacity \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Proposed manager**

Full name \_\_\_\_\_ Capacity \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Notification of Application for a Mandatory/Additional HMO Licence

The Licensing of (HMOs and Other Houses) Applications, Standards  
Publication of

Designations and Keeping of Registers) Regulations 2006.

The above regulations require that I inform you that a licensing application under Part II of the Housing Act 2004 has been, or will be made in respect of:

Property to be licensed \_\_\_\_\_

<b>Proposed Licence holder</b>	Name  Address  Tel. No. Email
<b>Person completing application form (if different from proposed licence holder).</b>	Name  Address  Tel. No. Email
<b>Proposed Manager</b>	Name  Address  Tel. No. Email
<b>Local Housing Authority Applied to:-</b>	<b>HMO Licensing, Community Wellbeing Ceredigion County Council Canolfan Rheidol Aberystwyth Ceredigion SY23 3UE</b>
<b>Date of HMO application</b>	
<b>Signature</b>	
<b>Date</b>	

If you would like further information on the licensing of houses in multiple occupation in Ceredigion, please contact the Community Wellbeing Service at the above address or email us at [housing@ceredigion.gov.uk](mailto:housing@ceredigion.gov.uk) or visit our website at [www.ceredigion.gov.uk](http://www.ceredigion.gov.uk)

## Guidance Notes for completing the application form

### Part 1

#### Mandatory licensing

You are legally required to license your property as a House in Multiple Occupation (HMO) if it has 3 or more storeys and is occupied by 5 or more persons forming 2 or more households.

#### Additional licensing

From 14th April 2014, subject to specific exceptions, all rented property within the areas designated on the attached map where there are **3 or more tenants** who are not of one household qualify as HMOs and will need to be licensed under the Council's Additional Licensing scheme - see map attached as Appendix A for the Wards subject to the Additional Licensing Scheme .

Buildings which are wholly comprised of self-contained flats will be regarded as single properties requiring a HMO Licence where they are not either:

- purpose built; or
- converted to the standards of the 1991 Building Regulations (please refer to Housing Act 2004 Sec. 257).

If you are in doubt with regards the requirement for your property to be licenced, please contact us at the above office or telephone 01545 572181 and ask to speak to an officer.

### Part 2

If you are the person filling in this application form, then you are the 'applicant'. As the applicant you are required to complete every part of the application form and sign the declaration at the end of the form, confirming that the information you have provided is correct to the best of your knowledge.

The 'proposed licence holder' is the person whose name will be on the licence (if issued). The proposed licence holder must be the person who is the most appropriate person to hold the licence for the property, and this is likely to be the person who receives the rent for the property.

As the applicant, you are required to provide your:-

- Name;
- Correspondence address;
- Contact details; and
- State your relationship to the proposed licence holder and your interest in the licensable property.

Your interest in the licensable property is your connection or involvement with the licensable property, which is usually of a legal nature such as, freeholder, leaseholder, managing agent.



### Part 3

As the applicant, you must provide the proposed licence holders details as follows:-

- Type of proposed licence holder;
- Name;
- Correspondence address;
- Contact details.

If the proposed licence holder is a company, you must provide the address of the registered office and the names of the company secretary and directors.

If the proposed licence holder is partnership or trust, you must provide the names of all the partners and trustees.

### Part 4

If the property is not managed by the proposed licence holder, please answer 'No' to the first question and complete the details of the person or organisation responsible for management and include the following details:-

- Name
- Address
- Contact details

### Part 5

A 'freeholder' can be a person (or persons) or a company who is registered as the proprietor of a freehold estate in the land with title absolute.

A 'leaseholder' is somebody who owns a long lease on their property (usually for a term of more than 21 years), which gives them the right to occupation and use of the property for the term of the lease.

A 'person bound by a condition of the licence' could be any person who is involved in the management and/or maintenance of the property. This will also depend on the licence conditions.

## Part 6

Before granting an HMO licence the Council must be satisfied that the licence holder, manager and any other person involved in managing the HMO are fit and proper. This part of the form therefore aims to collect information on all persons named in parts 2, 3, 4 & 5 or any other person associated with the property to enable us to determine this. Contraventions and unspent convictions must be declared for the purposes of making this judgement. Answering yes to any of the questions will not necessarily mean that the Council will refuse to issue a licence, however, the Council reserves the right to reject any person nominated as the proposed licence holder if they are not considered a fit and proper person.

**NB. Associated persons may include parents, spouses, siblings, children, business partners, maintenance workers etc. the Council will take account of the criminal record of any associated persons and may refuse to grant a licence if it feels that an associated person with relevant convictions is likely to have a significant role in the operation and management of a licensable property.**

## Part 7

'Multiple occupation' is where occupants are not all part of the same family.

'Self-contained flats' are separate and self-contained premises.

'Grouped' is a dwelling which shares a party wall in a cluster or around a courtyard.

## Part 8

A 'household' for the purposes of the Housing Act 2004 comprises:-

- A single person; or
- Co-habiting couples (whether or not of the opposite sex); or
- A family, including parents, grandparents, children (including foster children, stepchildren and children being cared for), grandchildren, brothers, sisters, uncles, aunts, nephews, nieces or cousins. Half-relatives will be treated as full relatives. Any domestic staff are also included in the household if they are living in rent-free accommodation provided by the person for whom they are working.

Therefore, 3 friends sharing together are considered 3 households because they are not related as family. If a couple are sharing with a third person that would consist of 2 households.

If a family rents a property this is a single household. If that family had an au-pair to look after their children that person would be included in their household.

An '**occupant**' is a person who occupies the property as a residence; this person can be either a tenant, leaseholder, licensee or a person having an estate or interest in the property.

Children and babies are also considered to be occupiers and should be counted as one individual.

## Part 9

9a

A separate '**letting unit**' is any rented unit of accommodation let on separate tenancy contracts or to separate households. This could be a:-

- Room/bedsit
- Studio
- Flat
- Floor by floor let etc.
- House

A **Self-contained letting unit** is a unit where the occupants have exclusive use of kitchen, bath/shower and toilet facilities. A **non-self-contained unit** is a unit where occupants share use of kitchen bath/shower and/or toilet facilities. **Dormitories** are where occupants share use of facilities including sleeping space.

You must complete the grids detailing the number of each facility within the property and individual lettings.

9b

In the table on Pages 10 & 11 of the form you are required to provide information on both the amenities and the fire safety provisions that are in the property required to be licensed. They include fire detection and emergency lighting systems and other fire precautions such as fire doors, a protected means of escape (i.e. staircases, landings etc). Please tick the appropriate boxes on the form to indicate what fire safety measures there are in the property.

All HMOs should have a safe escape route in the event of fire and adequate fire precautions, which may include fire alarms, smoke and heat detectors, emergency lighting, fire extinguishers and fire blankets. These must be well maintained and adequate for the number of residents and the size of the property.

'**Fire Safety equipment**' such as extinguishers and fire blankets where provided must be checked periodically and the correct sort of extinguisher must be provided. As a general guide, there should be a multi-purpose AFFF 6 litre foam or 2kg dry powder extinguisher on each floor within the communal escape route. This is a requirement in houses split into flats or bedsits and is recommended in all other properties.

9c

'**Sinks**' means kitchen sinks, not wash hand basins.

## Part 11

### Gas installations

You **must** supply with this application, a copy of the current gas safety certificate(s) covering all gas appliances in the property. (You are required to have all appliances etc. checked annually by a registered engineer).

### Electrical installations

You **must** supply with this application, a copy of a current and satisfactory electrical test report for the property, completed by a competent electrical engineer. Certificates with code 1 or code 2 defects are not accepted as satisfactory.

## Part 12

The **Furnishings (Fire Safety) Amendment Regulations 1993** set levels of fire resistance for domestic upholstered furniture, furnishings and other products containing upholstery. Upholstered furniture must have fire resistant filling material and must pass a cigarette resistance test and permanent covers must pass a match resistance test. Landlords letting residential property will be expected to ensure that any soft furniture complies with these regulations.

'**Upholstered furniture**' which is covered by the above regulation include; beds, headboards, mattresses, sofa-beds, nursery furniture, garden furniture which can be used indoors, furniture in new caravans, scatter cushions, seat pads and pillows and loose and stretch covers for furniture. You should be looking for furniture which is properly labelled as meeting the requirements of the regulations.

## Part 13

Accreditation is the voluntary compliance by private landlords with good standards in the condition and management of their properties and their relationships with their tenants. Accreditation schemes are run at a local level by local councils, Higher Educational Institutions and their Agents and Landlord Associations. For further information for the scheme for this area, please see <http://www.welshlandlords.org.uk>.

'Landlords Association' refers to a legally constituted body which regulates the conduct of its members and represents their interests. Other relevant professional bodies which can include the Housing Ombudsman Services and those covering real estate such as property letting or surveying. Industry bodies covering building and construction trades could also be relevant if they evidence skills relating to the management and maintenance of tenants' homes.

## Part 14

You will be required to submit a copy of the property's Fire Safety Risk Assessment if the property is covered by the Regulatory Reform (Fire Safety) Order 2005. This could include purpose built flats and bedsits, and purpose built student accommodation (including when individual dwellings are owned by different landlords within the block). You may also be required to submit a Fire Safety Risk Assessment if it is deemed appropriate after an officer has visited your property and undertaken a full licensing inspection.'

An '**emergency lighting system**' is designed to automatically illuminate the escape route upon failure of the supply to the normal artificial lighting.

## Part 17

You must complete Part 17 by using the space provided to list the names, addresses and descriptions (e.g. leaseholder, mortgagee etc). Of all persons who need to know that an application for a HMO licence has been made. The people who need to know about it are:-

- Any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessors who are known to you.
- Any mortgage provider for the property to be licensed.
- Any other person who is a tenant or long leaseholder of the property or any part of it (including any flat) who is known to you other than a statutory tenant or other tenant whose lease or tenancy is for less than 3 years (including a periodic tenancy).
- The proposed licence holder (if that is not you).
- The proposed managing agent (if any) (if that is not you).
- Any person who has agreed that he will be bound by any conditions in a licence if it is granted.

If you require more space to complete Part 18, please continue on an additional sheet of paper, making sure you clearly number the sheets and attach them securely to the form.

## CHECKLIST

You must ensure that you submit with the completed application form **all** the required documents listed in the first part of the checklist on the front of this application form. Failure to submit these documents with the completed form will render the application form incomplete and it will not be processed