



Housing Act 2004 Part 2

House in Multiple Occupation (HMO)
Licence Application Form

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House in Multiple Occupation (HMO) Licence Application Form

Licence Holder & Property Section 1

Please refer to the accompanying guidance notes when completing the application form.

Please complete this form in **BLOCK CAPITALS** and in black ink.

Please submit your completed application form to:

Environmental Health Service
Richmondshire District Council
Mercury House
Station Road
Richmond
North Yorkshire
DL10 4JX
Tel: 01748 829100
Email: environment@richmondshire.gov.uk

1.1 Basic Details

1.1.1	Address of HMO to be licensed	Post Code	
1.1.2	Please tick <input checked="" type="checkbox"/> to indicate if this application is:	A first application <input type="checkbox"/>	A renewal <input type="checkbox"/>
		Full Name or Registered Company Name	Companies House Registration Number (if applicable)
1.1.3	Proposed Licence Holder		
1.1.4	Manager		
1.1.5	Owner		
1.1.6	If the proposed licence holder is not also the property owner, please state the reasons why. Please describe the relationship (if any) between the owner and proposed licence holder		

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Section 1 Part 2	Ownership Details
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Please complete this section with all owners details.

In the case of a limited company, limited liability partnership or registered charity, state the full name and registered office.

In the case of an ordinary partnership, give the name and address of the principal partner and attach a sheet with full details of all other partners.

In the case of joint ownership, please attach a sheet giving full details of all joint owners.

If the owner is a leaseholder, enter their details below and attach a sheet with the freeholders full details.

1.2		Ownership			
Details					
1.2.1	The person named is	Freeholder <input style="width: 40px; height: 20px;" type="checkbox"/>	Leaseholder <input style="width: 40px; height: 20px;" type="checkbox"/>	If 'other' state connection below e.g. "Trustee"	
			Other <input style="width: 40px; height: 20px;" type="checkbox"/>		
1.2.2	Full Name				
1.2.3	Address				
1.2.4	Post Code	1.2.5	Tel. No.		
1.2.6	e-mail address	1.2.7	Fax No.		
1.2.8	Date of Birth (not for companies)				
1.2.9	Companies House Registration Number (if applicable)				
1.2.10	For corporate bodies, give the full name and position in the organisation of the person responsible for the property				
1.2.11	Do you jointly own the property with anyone else?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please continue on a separate sheet if necessary

Section 1 Part 3		Description of the Property
1.3.1	<p>Please tick <input checked="" type="checkbox"/> to indicate the type of house for which the application is being made</p> <p>Please note that some of the options (indicated by grey boxes) are unlikely but are required by law to be included in the options</p>	<p>House in Single Occupation <input type="checkbox"/></p> <p>House in Multiple Occupation <input type="checkbox"/></p> <p>Flat in Single Occupation <input type="checkbox"/></p> <p>Flat in Multiple Occupation <input type="checkbox"/></p> <p>A house converted into and comprising only self-contained flats <input type="checkbox"/></p> <p>A purpose built block of flats <input type="checkbox"/></p> <p>A house in a building used for both residential and business purposes <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>
1.3.2	<p>Please tick <input checked="" type="checkbox"/> to indicate the type of property</p>	<p>Detached <input type="checkbox"/></p> <p>Semi-Detached <input type="checkbox"/></p> <p>Terraced <input type="checkbox"/></p> <p>End Terrace <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>
1.3.3	<p>If "Other" please describe the type of property</p>	
1.3.4	<p>Please tick <input checked="" type="checkbox"/> to give the approximate date of construction of the property</p>	<p>pre 1919 <input type="checkbox"/></p> <p>1919-1945 <input type="checkbox"/></p> <p>1945-1964 <input type="checkbox"/></p> <p>1965-1980 <input type="checkbox"/></p> <p>post 1980 <input type="checkbox"/></p>
1.3.5	<p>Year of construction (if known)</p>	<input type="text"/>

1.3.6	<p>How many storeys does the property have?</p> <p>Include attics with rooms</p> <p>Note that basements often count as storeys – see guidance notes</p>	<p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>5 <input type="checkbox"/></p> <p>If more than 5 state how many <input type="text"/></p>
1.3.7	How many storeys above ground level?	<input type="text"/>
1.3.8	If the HMO does not take up all the floors (storeys) of the building, please state which floors comprise the HMO, e.g. '2nd & 3 rd Floors'	
1.3.9	<p>Are any parts of the building used for non-residential purposes such as an office, shop, warehouse etc?</p> <p>Please tick <input checked="" type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
1.3.10	If Yes, please describe the parts of the building and their use	
Section 1 Part 4		Planning & Building Regulation Details
1.4.1	Approximately when did the building first become a House in Multiple Occupation?	
1.4.2	<p>Has any approval under Building Regulations ever been obtained for the building?</p> <p>Please tick <input checked="" type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/></p>
1.4.3	If Yes, please state briefly what work this was for and the date completed (if known). Enclose a copy of any approval document and/or completion certificate if you have one	
1.4.4	<p>Has any Planning Consent ever been obtained for the building?</p> <p>Please tick <input checked="" type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/></p>

1.4.5	If Yes, please state the date and enclose a copy of the consent letter together with any planning conditions if you have this	
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Section1 Part 5	Accommodation & Amenity Details
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1.5.1	How many habitable rooms are there in the HMO?	<input style="width: 50px; height: 20px;" type="text"/>
1.5.2	How many rooms in the premises provide sleeping accommodation?	<input style="width: 50px; height: 20px;" type="text"/>
1.5.3	How many rooms in the premises provide living accommodation?	<input style="width: 50px; height: 20px;" type="text"/>
1.5.4	Is the HMO divided into flats? Please tick <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.5.5	If Yes, please state: 1) The number of flats which are self-contained 2) The number of flats which are not self-contained	<input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>
	Please indicate which of the following amenities are provided. Give the total number in the HMO and then indicate how many are shared between two or more households:	
1.5.6	Bath/shower Rooms	Number <input style="width: 50px; height: 20px;" type="text"/> Number Shared <input style="width: 50px; height: 20px;" type="text"/>
1.5.7	Toilets within bath/shower rooms	Number <input style="width: 50px; height: 20px;" type="text"/> Number Shared <input style="width: 50px; height: 20px;" type="text"/>
1.5.8	Separate toilet compartments	Number <input style="width: 50px; height: 20px;" type="text"/> Number Shared <input style="width: 50px; height: 20px;" type="text"/>
1.5.9	Do all toilets referred to in 1.5.7 & 1.5.8 contain a wash hand basin within the same room?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.5.10	If no, please list which toilets don't have a wash hand basin within the same room	
1.5.11	Washbasins with hot & cold water supplies	Number <input style="width: 50px; height: 20px;" type="text"/> Number Shared <input style="width: 50px; height: 20px;" type="text"/>
1.5.12	Kitchens	Number <input style="width: 50px; height: 20px;" type="text"/> Number Shared <input style="width: 50px; height: 20px;" type="text"/>

1.5.13	Sinks with hot & cold water supplies	Number <input type="text"/>	Number Shared <input type="text"/>
Section 1 Part 6		Provisions for Heating	
1.6.1	What provisions for room heating are there in the property? Please tick <input checked="" type="checkbox"/> all types provided	Gas fired central heating	<input type="checkbox"/>
1.6.2		Oil fired central heating	<input type="checkbox"/>
1.6.3		Electric storage radiators on an "off-peak" tariff	<input type="checkbox"/>
1.6.4		Individual gas fires in rooms	<input type="checkbox"/>
1.6.5		Individual wired-in electric heaters in rooms	<input type="checkbox"/>
1.6.6		Plug-in electric heaters in rooms	<input type="checkbox"/>
1.6.7		Other types of room heating	<input type="checkbox"/>
1.6.8	If you have specified 'other types' of room heating, please explain briefly what these are		
1.6.9	Is there a suitable fixed room heater within each bathroom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.6.10	Is the roof space above all rooms insulated with at least 100mm of glass fibre insulation (or equivalent)	Yes <input type="checkbox"/>	No <input type="checkbox"/> Not Sure <input type="checkbox"/>
1.6.11	What type of windows are fitted in the property? Please tick <input checked="" type="checkbox"/> the description which applies to most habitable rooms	Single glazed with timber frames	<input type="checkbox"/>
1.6.12		Single glazed with metal frames	<input type="checkbox"/>
1.6.13		Single glazed with secondary glazing	<input type="checkbox"/>
1.6.14		Double glazed with any frame type	<input type="checkbox"/>
1.6.15		A combination of the above	<input type="checkbox"/>
1.6.16	Do all windows in habitable rooms, provide adequate natural lighting to the rooms? Please tick <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.6.17	Do all windows in habitable rooms, bathrooms and kitchens provide adequate natural ventilation to the rooms? Please tick <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/> Not Sure <input type="checkbox"/>
1.6.18	If you have answered 'No' to question 1.6.17, is there provision for mechanical ventilation in rooms where no natural ventilation is provided? Please tick <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Section 1 Part 7		Occupation Details	
1.7.1	How many separate Letting Units	<input type="text"/>	

	are there in the HMO?	
1.7.2	How many of these units are vacant at the date of making this application?	<input type="text"/>
1.7.3	How many persons live in the property at the date of making this application? Note: please include everyone, regardless of age	<input type="text"/>
1.7.4	What is the maximum number of persons you are likely to accommodate in the property?	<input type="text"/>
1.7.5	How many separate households live in the property at the date of making this application?	<input type="text"/>
1.7.6	What is the maximum number of households you are likely to accommodate in the property?	<input type="text"/>
1.7.7	Does the landlord or proposed licence holder or any person connected with them live on the premises? Please tick <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.7.8	If Yes, please give details	
Section 1 Part 8		Gas, Electrical & Fire Safety
1.8.1	Does the property have a gas supply? Please tick <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.8.2	If Yes, do you have a 'Landlord's Gas Safety Record' issued within the last 12 months? Please tick <input checked="" type="checkbox"/> (Please enclose the original document with your application)	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.8.3	Do you supply any of your tenants with portable electrical appliances (i.e. kettles, microwave ovens, televisions, table lamps etc?) Please tick <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

1.8.4	<p>If Yes, have you had all your portable appliances tested by a competent electrician within the last 12 months (this is known as Portable Appliance Testing)?</p> <p style="text-align: right;">Please tick <input checked="" type="checkbox"/></p> <p>(Please enclose the original electrician's test certificate with your application)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
1.8.5	<p>Have you had the electrical installation to the property (that is, the electrical power and lighting circuits etc.) inspected by a competent electrician within the last five years</p> <p style="text-align: right;">Please tick <input checked="" type="checkbox"/></p> <p>(Please enclose the original electrical test certificate with your application)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
1.8.6	<p>Is the property fitted with a fire alarm system (also known as a fire detection & warning system or automatic fire detection (AFD))?</p> <p style="text-align: right;">Please tick <input checked="" type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
1.8.7	<p>If Yes, has the fire alarm system been inspected by a competent person in the last 12 months?</p> <p style="text-align: right;">Please tick <input checked="" type="checkbox"/></p> <p>(Please enclose the latest and original test certificate with your application)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
1.8.8	<p>How many smoke alarms and heat detectors are fitted? (The positions of these alarms should be shown on the property plan)</p>	<div style="border: 1px solid black; width: 80px; height: 25px; margin-left: auto;"></div>
1.8.9	<p>Is the property fitted with an emergency lighting system to the communal hallway(s), staircase(s) and landing(s)?</p> <p style="text-align: right;">Please tick <input checked="" type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
1.8.10	<p>If Yes, has the emergency lighting system been inspected by a competent person within the last 12 months preceding the date of this application?</p> <p style="text-align: right;">Please tick <input checked="" type="checkbox"/></p> <p>(Please enclose the latest and original test certificate you're your application)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
1.8.11	<p>Do you supply, as part of any tenancy, any upholstered furniture to which the Furniture and Furnishings (Fire)(Safety) Regulations 1988 (as amended) apply?</p> <p style="text-align: right;">Please tick <input checked="" type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

1.8.12	If Yes, can you confirm that all such upholstered furniture complies with the relevant fire safety criteria? Please tick <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Section 1 Part 9 Tenure, Mortgage, Services & Accreditation		
1.9.1	Is the property Leasehold? Please tick <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.9.2	If Yes, please state the length of lease remaining (in years)	<input type="text"/>
1.9.3	Is there a mortgage outstanding on the property? Please tick <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.9.4	If Yes, please give the name and address of the mortgage lender and the mortgage account number	Name: Address: Post Code: Account Number:
1.9.5	Are any housekeeping or similar services provided for the residents? Examples might include breakfast, all meals, laundry, cleaning of rooms etc. Please tick <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.9.6	If Yes, please give brief details	
1.9.7	Is the property or the proposed licence holder accredited under any Local Authority Accreditation Scheme? Please tick <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.9.8	If Yes, please give the title of the accreditation scheme and the reference number (if any) (Please provide a copy of the accreditation certificate with your application form)	Title of Scheme: Reference:
1.9.9	Is any accreditation application pending? Please tick <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.9.10	If Yes, please give the date of your application	
1.9.11	Is the property included on any approved accommodation list of a University or College? Please tick <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.9.12	If Yes, please indicate which University or College	

1.9.13	<p>If a separate manager is to be employed, please confirm that the manager has authority to:</p> <p>a) Create and terminate tenancies in accordance with the law</p> <p>b) access all parts of the premises to the same extent as the landlord</p> <p>c) authorise expenditure of up to 25% of the yearly rental income of the property for repairs etc</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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In order to license a House in Multiple Occupation, the Council has to obtain certain information from you about the property so that it can assess the type of property it is, and what amenities and installations there are

A plan is the most effective way of providing this information and can very quickly sum up the nature of a property on just one page. Sometimes it takes more but one page is often sufficient

The Council is not insisting that you have plans professionally drawn although for some people a professionally drawn plan may be the best option. Detailed plans such as those required for a Buildings Regulations application are not required - just sufficient to understand the proportions and layout of the house along with the locations of amenities and fire safety measures

You may already have some plans of the property drawn for some other purpose. It is perfectly acceptable to use these so long as they show all the information the Council requires

A separate guide entitled "Providing a plan of your property" is included with your application pack and shows you how to go about producing plans for yourself. You may have a friend or relation who could do the job for you so long as you are satisfied that the plans produced are reasonably accurate

However the plans are produced, you should ensure that your plans contain all of the following:

Please tick the boxes below to confirm all these features are included in the plan:

Address of the property	<input type="checkbox"/>
Date plan was drawn	<input type="checkbox"/>
Scale used (e.g. 1cm = 1metre) or an indication that your plan is not drawn accurately to scale	<input type="checkbox"/>
Clear indication of which floor is which (i.e. Ground, First etc.)	<input type="checkbox"/>
Location of all smoke detectors	<input type="checkbox"/>
Location of all fire doors	<input type="checkbox"/>
Location of all extinguishers	<input type="checkbox"/>
Location of all emergency lighting units	<input type="checkbox"/>
An indication as to whether smoke detectors are interlinked	<input type="checkbox"/>
An indication as to whether smoke detectors are battery or mains powered	<input type="checkbox"/>

Licence Holder SECTION 2

This section should be completed by the person who proposes to hold the HMO licence.

Section 2 Part 1	Licence Holder's Basic Details				
2.1.1	Full Name				
2.1.2	Address				
2.1.3	Post Code		2.1.4	Tel. No.	
2.1.5	e-mail address		2.1.6	Fax No.	
2.1.7	Date of Birth (not for companies)				
2.1.8	Companies House Registration Number (if applicable)				
2.1.9	For companies, give the full name and position in the company of the person responsible for applying for the licence				
2.1.10	Please indicate the extent of your ownership of the property		Own <input type="checkbox"/> Part-own <input type="checkbox"/> Do not own <input type="checkbox"/>		

Section 2 Part 2	Qualifications	
Please give details of any qualifications you have or training courses you have attended which are relevant to your responsibilities as the proposed licence holder:		
Date awarded	Qualification/Course	Name of Awarding Body

Please give details of your membership of any professional or trade organisations relevant to your responsibilities as the proposed licence holder:		
Date membership gained	Nature of membership e.g. 'associate'	Organisation

Please continue on a separate sheet if necessary

Section 2 Part 3

Fit & Proper person Details

Have you or any person who will be involved in the management of the property (do not include "spent" convictions)? please tick <input checked="" type="checkbox"/>	Yes	No	Not Sure
1) Committed any offence involving:			
a) Fraud or dishonesty (including benefit fraud)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Matters listed in Schedule 3 to the Sexual Offences Act 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Or received a caution, informal reprimand or formal warning in respect of any of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in or in connection with the carrying on of any business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Contravened any provision of the law relating to housing or of landlord and tenant law. You must include any civil proceedings in which judgement was made against the proposed licence holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Acted in contravention of any relevant Approved Code of Practice (a code of practice issued by the government under section 233 of the Housing Act 2004 relating to the management of HMOs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Been refused a licence for an HMO under Parts 2 or 3 of the Housing Act 2004 anywhere in England or Wales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Breached the conditions of an HMO Licence in England or Wales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Been subject to a HMO Control Order or Management Order in England or Wales in the five years preceding the date of this application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Failed to comply with a housing notice (requiring works etc.) served by a Local Authority in respect of any property currently or previously owned by the proposed licence holder. Give details of the notice below and detail any work that the Council carried out as a result of default on the part of the proposed licence holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Been declared bankrupt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'Yes' or 'Not Sure' to any of the above questions, please give full details below. Continue on a separate sheet if necessary

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Manager SECTION 3

This part of the form only needs to be completed if the proposed licence holder intends to appoint someone else to take on responsibility for the management of the property.

If the proposed licence holder also intends to manage the property, please leave this section blank and proceed to Section 4.

Section 3 Part 1			Basic Details		
3.1.1	Full Name				
3.1.2	Address				
3.1.3	Post Code		3.1.4	Tel. No.	
3.1.5	e-mail address		3.1.6	Fax No.	
3.1.7	Date of Birth (not for companies)				
3.1.8	Companies House Registration Number (if applicable)				

Section 3 Part 2		Qualifications
Please give details of any qualifications you have or training courses you have attended which are relevant to your responsibilities as the property manager:		
Date awarded	Qualification/Course	Name of Awarding Body

Please give details of your membership of any professional or trade organisations relevant to your responsibilities as the property manager:		
Date membership gained	Nature of membership e.g. 'associate'	Organisation

Please continue on a separate sheet if necessary

Section 3 Part 3	Fit & Proper person Details		
Have you or any person who will be involved in the management of the property (do not include "spent" convictions)? please tick <input checked="" type="checkbox"/>	Yes	No	Not Sure
1) Committed any offence involving:			
a) Fraud or dishonesty (including benefit fraud)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Matters listed in Schedule 3 to the Sexual Offences Act 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Or received a caution, informal reprimand or formal warning in respect of any of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in or in connection with the carrying on of any business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Contravened any provision of the law relating to housing or of landlord and tenant law. You must include any civil proceedings in which judgement was made against the proposed licence holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Acted in contravention of any relevant Approved Code of Practice (a code of practice issued by the government under section 233 of the Housing Act 2004 relating to the management of HMOs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Been refused a licence for an HMO under Parts 2 or 3 of the Housing Act 2004 anywhere in England or Wales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Breached the conditions of an HMO Licence in England or Wales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Been subject to a HMO Control Order or Management Order in England or Wales in the five years preceding the date of this application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Failed to comply with a housing notice (requiring works etc.) served by a Local Authority in respect of any property currently or previously owned by the proposed licence holder. Give details of the notice below and detail any work that the Council carried out as a result of default on the part of the proposed licence holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Been declared bankrupt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'Yes' or 'Not Sure' to any of the above questions, please give full details below.
Continue on a separate sheet if necessary

Property & Tenancy Management **SECTION 4**

Before issuing a licence, the Council must be satisfied that the arrangements for managing the property are satisfactory. The following questions are designed to assess the procedures you have, or intend to have in place to ensure good management of the property. An example answer is given alongside each question

	Question	Your Answer	Example Answer (not necessarily the ideal answer)
4.1 Fire Safety			
4.1.1	What arrangements are in place to ensure that fire detection and warning devices continue to work correctly?		All visible detectors checked by manager daily for damage or warning indicators. Every month I test the alarm system to check it is working and can be heard throughout the building. I keep a book on the premises which records these checks.

4.1.2	What measures are there to ensure that the escape routes are kept free of obstructions and that the final exit doors are openable from the inside without the use of a key?		I check for obstructions each time I visit and if I find any I warn tenants that they must be removed immediately. If they are not removed I dispose of them myself.
4.1.3	What arrangements have been made to ensure that tenants are made aware of fire safety procedures and the proper use of fire safety installations and equipment?		I explain to all new tenants what the fire safety precautions are and how they should be used. I also explain why they are there and why they should not be abused. In particular I explain how to use the fire blankets and extinguishers.
4.2 Gas Safety			
4.2.1	What arrangements are in place to ensure that the gas installation and appliances are kept in a safe and good working order?		I have a yearly check done by ABC gas contractors.
4.3 Electrical Safety			
4.3.1	What arrangements are in place to ensure that the electrical installation and appliances are kept in a safe and good working order?		I keep an eye on all the electrical equipment myself but have it tested properly every five years by a proper electrician
4.4 Maintenance & Repairs			

4.4.1	What arrangements are in place to ensure that the common parts (e.g. shared kitchens, stairwells, bathrooms) are kept clean and in good order?		A cleaner is employed to visit and clean the common parts of the property weekly. The cleaner reports any problems and these are acted upon quickly
4.4.2	Do you have contracts or arrangements with firms or contractors to attend to maintenance work?		No. I can do most of the jobs myself. I will select a contractor if there's a job I can't handle
4.4.3	Do you have arrangements in place to cover the cost of major emergency repair work (e.g. a central heating boiler) if it became necessary?		I have a good credit rating!
4.4.4	What arrangements are in place to review the general condition of the property and to plan for programmed maintenance work?		I generally have a quick look round every so often and decide if anything needs doing.
4.4.5	What arrangements are in place for the storage of refuse before it is collected? How do you ensure refuse is efficiently collected?		I have three "wheelie-bins" on a hard standing in the back yard. Tenants empty their bins into this whenever it suits them. I take the bins to the kerbside for emptying every Tuesday. And return them after the bin-men have been
4.4.6	What arrangements are in place to ensure the gardens, yards and fencing are kept in good order?		I have a good look round at least once a year and do any maintenance needed. I have a bit of a tidy up and apply weed killer to stop any plants growing.

4.4.7	What procedures do you have for dealing with any complaints tenants have concerning conditions in the property?		Obviously I investigate them straight away and arrange to put them right as soon as I can after consulting the tenant
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4.5 Security

4.5.1	If there are key-operated locks on any windows what procedures do you follow to ensure every new tenant has keys available?		I keep the original keys and I get copies cut if any go missing. I ensure new tenants always have keys. I deduct £5 from tenants' bond money if they cannot return all keys at the end of their tenancy.
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4.5.2	If you have an intruder alarm with an audible sounder, what arrangements are there to ensure that activations and false alarms are properly dealt with and that the sounder is silenced within a reasonable time? Mention the procedure to be followed if the alarm sounds when the house is unoccupied		The alarm system has been explained to all the tenants. They all have the code to silence the alarm and there's a card by the control panel reminding them what to do. I have given my emergency number to neighbours and have informed the noise people at the council who they should contact if anyone is annoyed by it.
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4.6 Tenancy Management

4.6.1	Has each tenant been provided with a true copy of a written tenancy agreement or a written statement of the terms on which they occupy the property?		Yes, they are all given a copy at the start of their tenancy and further copies are available on request
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4.6.2	Is the tenants' rent payable weekly, monthly or over some other term? If weekly, is a rent book provided?		Weekly, but I give my tenants a written receipt for each payment
4.6.3	What arrangements have been made for minimising potential problems between tenants? Such problems might include noise, use of hot water, sharing cooking equipment etc.		I enforce a general rule that no-one can play music which can be heard in other rooms after 11pm. Otherwise most people seem to get on OK.
4.6.4	What procedures do you have to deal with disputes between tenants?		I don't usually have any problems but if I did have a dispute of some kind I would try to involve some independent arbitrator
4.6.5	What procedures will you adopt if you are satisfied that a particular tenant is the cause of anti-social behaviour towards people sharing the property or people living in the neighbourhood?		I would discuss the matter with the tenant and warn them in writing that continued trouble will lead to them being evicted
4.6.6	Do you require a bond or deposit from tenants? Are the terms of the deposit clearly set out in writing?		Yes, I ask for four weeks rent in advance - this is included in the tenancy agreement
4.6.7	Are you a member (or do you intend to become a member) of any scheme which protects tenants' deposits? Give details		I'm thinking of subscribing to a local scheme though it has not yet started.

4.6.8	Do you provide each tenant with an inventory of furniture and items provided?		Yes - and I take photos!
4.6.9	What arrangements are in place to ensure the tenants can contact the licence holder or other responsible person in the event of an emergency?		My name and address is displayed in the hallway along with my mobile telephone number and my brother's phone number if I am not available
4.6.10	Does the property have buildings insurance?		Yes, with CoverU insurance Company
4.6.11	Does the property have contents insurance?		My own contents are insured with CoverU insurance

Advising Others of your Application **SECTION 5**

Under Schedule 2 to the Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006 there is an obligation to advise other people that an application for an HMO licence is to be submitted

You must let certain people know in writing that you have made this application or give them a copy of it. You can do this by completing the attached form. The persons who need to know about it are:

Any mortgagee of the property to be licensed

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 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 three 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

You must tell each of these persons -

Your name, address, telephone number and e-mail address or fax number (if any)

The name, address, telephone number and e-mail address or fax number (if any) of the proposed licence holder (if it will not be you)

Whether this is an application for an HMO licence under Part 2 or for a house licence under Part 3 of the Housing Act 2004

The address of the property to which the application relates

The name and address of the local housing authority to which the application will be made

The date the application will be submitted

To help you comply with the requirements of these regulations the Council has produced a form which is printed on the next page. Use Section 5A to supply the required information to the persons who are required to be notified by law as listed in the paragraph above.

Fill in the lower part of the form with your details, then photocopy it as many times as you need and fill in the name & address of the person you must notify.

Complete the box at the top with the names and addresses of persons you need to notify about your application and deliver them individually

When you have completed and given/sent copies to everyone that you need to, you must fill in Section 5B to confirm to the Council that you have notified everyone about your licence application.

Section 5A

Notification of Intention to apply for an HMO Licence

To:

Name and Address of person you must notify

This document is to inform you that I		(Your full name)
of		(Your address)
My telephone number is		-
My e-mail address is		-
My fax number is		-
Intend on		(Intended date of application)
To apply under Part 2 of the Housing Act 2004 to		(Name of local authority)
for an HMO licence in respect of		(Address of HMO to be licensed)
The licence holder will be		(Licence holder's name)
of		(Licence holder's address)
The licence holder's telephone number is		-
The licence holder's e-mail address is		-
The licence holder's fax number is		-

Section 5B

**Confirmation that notification of intention to apply for HMO licence
has been served on all relevant persons**

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

Please continue on a separate sheet if necessary

Other Houses licensed to proposed Licence Holder **SECTION 6**

Under Schedule 2 to the Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006, there is a requirement that the proposed licence holder for an HMO licence must provide details of other HMOs or houses which are licensed under Part 2 or Part 3 of the Housing Act 2004. You must provide details of such HMOs both in the area of the Local Authority in which you are applying for a licence and those for which you have a licence in other local authorities

6.1.1	If you have not been awarded a licence in respect of any houses other than the one for which you are now applying please tick <input checked="" type="checkbox"/> the box here If you tick this box you may ignore the rest of this form	<input type="checkbox"/>
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List all other HMOs or houses for which the applicant also holds a licence under Part 2 or 3 of the Housing Act 2004

	Address of House	Local Authority
1.	Post Code	
2.	Post Code	
3.	Post Code	
4.	Post Code	
5.	Post Code	
6.	Post Code	

If you have more than six other houses for which you hold licences, please attach a sheet listing all such properties. The list must clearly show the addresses of each house and the name of the Local Authority with which they are licensed.

Declarations & Enclosures

I enclose: the following (please tick & enter details where applicable).
All original forms will be returned to you

A copy of any relevant Building Regulations approval or completion certificate

A copy of any relevant planning consent

Plans of the property

A report of the last professional inspection of the fire detection & warning system

A report of the last professional inspection of the emergency lighting system

An original certificate showing that the gas installation and appliances have been inspected by a Gas Safe registered contractor in the last 12 months.
Provision of this certificate is obligatory if there is a gas supply

An original certificate of electrical inspection showing that the electrical installation has been inspected by a competent electrician in the last 5 years

An original test certificate showing that the portable electrical appliances have been inspected by a competent electrician in the 12 months prior to this application

The fee (see schedule of fees)	<input type="checkbox"/>	Amount:	£ <input style="width: 80%;" type="text"/>
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I/We declare that the information contained in this application (all forms) is correct to the best of my/our knowledge. I/We understand that I/we 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/we know is false or misleading or am/are reckless as to whether it is false or misleading

I/We understand that the Council may need to carry out investigations to assess whether I/we am/are (a) "fit and proper" person(s) for the purposes of Part 2 of the Housing Act 2004. I/We authorise the Council to make such enquiries and share information as it sees fit in connection with this application. Such enquiries may include Criminal Records Bureau checks, liaison with the police, fire service and other local authorities. Applicants may have to bear the costs of such checks

Property Owner(s) to sign:	Date
Print name	
Proposed licence holder to sign:	Date
Print name	
Manager to sign (if there is a separate manager):	Date
Print name	

