

Application for mandatory licensing of House in Multiple Occupation (HMOs)

Housing Act 2004: Part 2

Please use the accompanying notes when completing this form.

If you own or manage more than one house in multiple occupation you will need to complete a separate application form for each property.

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

If you require more space to answer any question, please use additional sheets, specifying which question your answer relates to, and attach the sheets to the application form.

For **renewals with no material change** please complete Parts 1 to 6 and 12 to 13 only.

NOTE TO APPLICANT:

As the applicant, you must let certain persons know in writing that you have made this application or give them a copy of it.

The persons who need to know 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 as 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's not you)
- The proposed manager (if that's not you)

- Any person who has agreed that they 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 email address or fax number (if any)
- The name, address, telephone number and email address or fax number (if any) of the proposed licence holder (if that is not to be you)
- Whether this is an application for a 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

Part 1:

Type of application:

New Renewal

Address of property to be licensed:

Address:	
	Postcode:
Telephone number:	
Email address:	

Applicant details (note 1)

Name (If a company, please give full UK company name):	
Address (if a company, please give UK registered office address):	
	Postcode:
Telephone number:	
Email address:	

Name of company secretary (if applicable)	
Name of directors/ partners/ trustees (if applicable)	

Part 2. Proposed licence holder details (note 2)

2.1 Is the applicant the proposed licence holder? Yes No

If **yes**, please go straight to part 2.2 of the form. If **no**, please complete question 2.1

Name (If a company, please give full UK company name):	
Address (if a company, please give UK registered office address):	Postcode:
Telephone number:	
Email address:	
Name of company secretary (if applicable)	
Name of directors/ partners/ trustees (if applicable)	

2.2 Does the proposed licence holder have the powers necessary to manage the property including to:

Grant and terminate tenancies	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Access all parts of the premises	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Authorise any necessary expenditure	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.3 Explain why you think the proposed licence holder is the appropriate person to hold the licence

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If any of the responses to 2.2 are no, please provide details of the person who has control of the HMO.

Person having control:

Name (If a company, please give full UK company name):	
Address (If a company, please give UK registered office address):	Postcode:
Telephone number:	
Email address:	

Part 3. Proposed Manager details (note 3)

3.1 Has an agent or individual been employed to manage the property?

Yes No

If **yes**, please go straight to part 3.2 of the form. If **no**, please go straight to Part 4 below.

3.2 Manager details:

Name (If a company, please give full UK company name):	
Address (If a company, please give UK registered office address):	Postcode:
Telephone number:	
Email address:	

Part 4. Ownership and control (note 4)

4.1 Freeholder details

Name (If a company, please give full UK company name):	
Address (If a company, please give UK registered office address):	Postcode:
Telephone number:	
Email address:	

4.2 Mortgagee details (If none, state none) e.g. bank, building society or other who has a loan secured against the property

Name (If a company, please give full UK company name):	
Address (If a company, please give UK registered office address):	Postcode:
Telephone number:	
Email address:	

4.3 Leaseholder(s) details (If none, state none)

Leaseholder 1

Name (If a company, please give full UK company name):	
Address (If a company, please give UK registered office address):	

	Postcode:
Telephone number:	
Email address:	

Leaseholder 2

Name (If a company, please give full UK company name):	
Address (If a company, please give UK registered office address):	Postcode:
Telephone number:	
Email address:	

4.4 Details of person who collects the rent

Name (If a company, please give full UK company name):	
Address (If a company, please give UK registered office address):	Postcode:
Telephone number:	
Email address:	

4.5 Details of person who receives the rent,

Name (If a company, please give full UK company name):	
Address (If a company, please give UK registered office address):	

	Postcode:
Telephone number:	
Email address:	

4.6 Details of any other person who may be bound by a condition of the proposed licence and not referred to so far in Parts 1, 2, 3, or 4 of the form (If none, state none)

Name (If a company, please give full UK company name):	
Address (If a company, please give UK registered office address):	Postcode:
Telephone number:	
Email address:	

Part 5. Plan of property (note 5)

Please provide a sketch plan of the property on a separate sheet of paper. Use the key provided in the example plan to show the following details:

- every room on every floor of the property (i.e. living room, dining room, kitchen and bedroom)
- all the facilities and amenities in the property (i.e. bathrooms, shower rooms, toilets, wash hand basins and sinks)
- location of fire precautions equipment, including the number and location of smoke alarms in the property
- details of the fire escape routes and other fire safety training provided to occupiers.
- any part of the property that is not used for residential purposes, this includes commercial and storage areas, and;
- hallways, stairs and lobbies.

Part 6. Amenities and Occupiers (note 6)

Amenities	Total	Shared	State which lettings share the amenities
e.g. Number of bathroom and shower rooms	4	2	Rooms 3, 5, 6
6.1 Number of bathrooms and shower rooms			
6.2 Number of toilets and wash hand basins			
6.3 Number of toilets in separate compartments			
6.4 Number of wash hand basins			
6.5 Number of kitchens			
6.6 Number of kitchen sinks			

6.7 How many separate lettings, in total does the property have?

6.8 How many separate lettings are occupied?

6.9 How many individuals live at the property?

6.10 How many households live at the property?

6.11 How many storeys does the HMO or house comprise of?

6.12 Are any of the people listed in Parts 1, 2, 3 and 4 living at the property?

Yes No

If **yes**, please state their names below

Part 7. Property and Occupancy information (note 7)

Please complete the table below ensuring that the details you provide correspond with those on your sketch plan. You may find it helpful to draw your floor plan before completing the section.

Please list every habitable room on every floor of the property, include all occupiers, including children and babies. Continue on a separate sheet if necessary.

Location of the Letting (When looking at the property from the front at street level)	Letting name	Description (kitchen, bedroom, living room, WC, bathroom, bedsit room)	Floor area (m ²)	Number of Households	Number of occupiers
E.g. Ground floor front right	Room 1	Bedsit (inc. kitchenette)	15m ²	1	2

Part 8. Property information (note 8)

8.1 When was the property built?

Pre – 1919 1919 – 45 1945 – 64

1965 – 80 Post 1980

8.2 Property type

House in single occupation

House in multiple occupation

Flat in single occupation

Flat in multiple occupation

A house converted only into self contained flats

A purpose built block of flats

Mixed residential and commercial

Other (please specify)

8.3 Description of occupation

Bedsit

Studio

Flats in multiple occupation

Hostels, Vocational, Student and staff accommodation

Shared house

Self-contained single household unit

Other (please specify)

8.4 Please tick all the floors the property has

Basement residential Basement storage Basement unused

Ground floor First floor Second floor

Third floor Fourth floor Fifth floor

Please specify which floors are used for commercial purposes (If none, state none)

Part 9. Fire safety (note 9)

9.1 I confirm a fire risk assessment of the property has been undertaken?

Yes No

9.2 I confirm that the fire precautions equipment has been serviced and inspected by a competent person (as defined at note 13) at regular intervals?

Yes No

If **yes**, provide details of the competent person and frequency of servicing. Refer to Note 13 – required information

Part 10. Property management (note 10)

10.1 I confirm that a notice giving the name and telephone number of the manager is displayed in a suitable location?

Yes No

10.2 Please specify how the property is heated

Gas central heating Electric central heating

Storage Heaters None (please go to 10.3)

If a mixture of the above or other, please specify

Please specify which rooms and areas are not heated, this includes bathrooms, toilets and common parts.

10.3 Please list the type, number and location of gas appliances in your property (for example 1 x boiler 2nd floor rear room)

10.4 I confirm that there is a current Gas Safety Certificate for all appliances dated within the last 12 months of this application?

Yes No

10.5 Is there a maintenance programme in place?

Yes No

If **yes**, provide details of the programme and any supporting documentation.

10.6 Is there a cleaning programme in place?

Yes No

If **yes**, provide details of the programme and any supporting documentation.

10.7 Is there a portable appliance testing programme in place?

Yes No

If **yes**, provide details of the programme and any supporting documentation.

10.8 Is there a current Electrical Installation Condition Report (EICR)?

Yes No

If **yes**, provide details and any supporting documentation

10.9 I confirm that all furniture is compliant with the Furniture and Furnishing (Fire Safety) Regulations 1988 (as amended)?

Yes No

Part 11. Relevant information (note 11)

11.1 Please provide relevant details (see below), which include unspent convictions of any person named in Parts 1, 2, 3 or 4 or any person associated or formerly

associated on a personal or work/business basis e.g. a business partner of those named in Parts 1, 2, 3 or 4 (continue on a separate sheet if necessary).

If not applicable please write 'NONE'.

Name	Date	Court	Offence	Sentence

The relevant details that MUST be disclosed are those relating to:

1. Any unspent convictions involving: Fraud, other Dishonesty, Violence, Drugs, or any offence listed in Schedule 3 of the Sexual Offences Act 2003 (c42 offences attracting notification requirements).
2. Any findings of a court or tribunal regarding the practising of discrimination on the grounds of sex, colour, race, ethnic or national origins or disability, or in connection with, the carrying on of any business.
3. Contravention of any provision of any enactment relating to housing, public health, environmental health and/or landlord and tenant law that has led to civil or criminal proceedings resulting in a judgement being made against them. These include but are not limited to:
 - a. Proceedings by a local authority
 - b. A Management Order under the Housing Act 2004
 - c. Harassment or illegal eviction.
4. Contravention of any Approved Code of Practice (ACoP) under Section 233 of the Housing Act 2004.
5. Any criminal offence or where they are subject to any other proceedings brought by a local authority or other Regulatory Body (for example breaches of the Environmental Protection Act 1990, planning control or compulsory purchase proceedings or fire safety requirements).

11.2 Does the proposed licence holder hold a licence of another HMO whether in this area or another local authority area?

Yes No

If **yes**, please provide the addresses of these properties and details of the local authorities that issued the licence (continue on a separate sheet if necessary).

Address of HMO	Name of Local Authority

11.3 Does the proposed licence holder or manager currently own or manage or have they owned or managed an HMO or house which:

- (a) was the subject of a control order under s.379 of the Housing Act 1985 within the last 5 years preceding the date of this application;
- (b) has an interim or final management order; or
- (c) was subject to enforcement action described in s5(2) of the Housing Act 2004

Yes No

If so, please provide the following information:

Address of HMO	Name of Local Authority	Details of Control Order/Management Order or Enforcement (including dates/outcome)

11.4 Has any person named in Part 1, 2, 3 or 4 of this form ever applied for and been refused or had a licence for an HMO revoked due to breaching the conditions of the licence?

Yes No

If **yes**, which local authority refused to grant or revoked a licence? When and why was it refused or revoked?

Address of HMO	Name of Local Authority	Details of Refusal (including reasons given/dates)	Details of Revocation (including reasons given, details of conditions breached and dates)

PART 12. DECLARATION (Note 12)

Note to applicants: It is a criminal offence to knowingly supply information which is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application with regard to this property may be required at a later date.

We may approach other departments in the Council or other authorities such as the Police, Fire and Rescue Service, Office of Fair Trading etc. and tenants for additional information and verification. The signing of this application will be taken as your agreement to any such action.

If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be revoked or further action taken.

- I/we declare that the information contained in this application 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 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 declare that I/we have served 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 persons interest in the property or the application	Date of Service

If this is a renewal please also tick the appropriate box below.

I/we declare that the house in respect of which a licence is sought under Part 2/Part 3 of the Housing Act 2004 is subject to a licence under that Part at the time this application is made. I/we further declare that to the best of my/our knowledge either:

- a) None of the information described in paragraphs 2 (c) to (g) of that Act and previously submitted to the authority has materially changed since the previous licence was granted; or
- b) the only material changes to that information are described as follows (include description of all material changes):

Name of applicant:	
Signature:	
Date:	

Name of proposed licence holder:	
Signature:	
Date:	

Name of manager:	
Signature:	
Date:	

Part 13. Required documentation (Note 13)

Please note your licence application will not be processed unless we have received a copy of all documentation below.

Current Electrical Installation Condition Report from a competent electrician (BS 7671 as amended)	
Current Portable Appliance Certificate (PAT) (if applicable)	
Current Gas Safety Certificate(s) from a Gas Safe Registered approved engineer (if applicable)	
Current Test Certificate for the fire alarm system (BS 5839 as amended)	
Current Test Certificate for the emergency lighting (BS 5266 as amended) (if applicable)	
A current sketch plan of your property (Please use the key provided in Appendix 1 of the notes)	
HMO licence fee – Part 1	

The Council may require you to submit other documents to support your application e.g. tenancy agreements.

Please note the information you have supplied will be used in the Public Register for Licensed Houses in Multiple Occupation.

Please return this application form and all documentation to:

Private Sector Housing
New Forest District Council
Appletree Court
Beaulieu Road
Lyndhurst
New Forest
SO43 7PA