

## APPLICATION FOR HMO LICENCE – *Housing Act 2004*

Please fill in this form in **black** or **blue** ink only. Write clearly within the boxes provided and complete in conjunction with the guidance notes. If you do not complete all the relevant sections accurately and in full, the processing of the application may be delayed.

**ONLY COMPLETE THIS APPLICATION FORM FOR A HOUSE IN MULTIPLE OCCUPATION THAT REQUIRES A LICENCE. THIS CAN BE ASSESSED BY READING THE GUIDANCE NOTES ACCOMPANYING THIS FORM.**

To: Environmental Compliance, Solihull MBC, Manor Square, Solihull, B91 3QB

I/WE APPLY for a HMO Licence.

Dated \_\_\_\_\_

Signed \_\_\_\_\_

<b>Address of HMO to be licensed:</b>
Postcode:

<b>Have you applied for a HMO licence within another local authority?</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have ticked 'yes', please indicate below which authority you have applied to for a licence or been granted a licence.

Local Authority	Date granted

<b>Please indicate the type of licence you are applying for</b>	
Application for a Licence	<input type="checkbox"/>
Variation of an existing Licence	<input type="checkbox"/>
Renewal of a Licence	<input type="checkbox"/>

<b>Have you applied for a HMO licence for another HMO within Solihull?</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have ticked 'yes', please fill in the details overleaf and go to Part 2 unless any details in previous applications have changed. If any details have changed, please go to Part 1 and complete all subsequent parts of the form.

<b>Please indicate the type of house for which the application is being made</b>	
House in multiple occupation	<input type="checkbox"/>
Flat in multiple occupation	<input type="checkbox"/>
A house converted and comprising only of self contained flats	<input type="checkbox"/>

If you have ticked 'no', please go to Part 1 and complete all the necessary parts of the form, in full.

<b>Please indicate how the HMO is operating</b>	
HMO - bed-sits	<input type="checkbox"/>
HMO with shared facilities	<input type="checkbox"/>
Household with lodgers	<input type="checkbox"/>
A hostel, B & B, care home	<input type="checkbox"/>
Supported lodgings	<input type="checkbox"/>
Other, please specify:	

The following details are required from applicants who have already submitted an HMO licensing application form to enable the Council to find the records.

### Details of the Applicant

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
Full name:
Address:
Postcode:
Telephone:

### Details of the Proposed Licence Holder, if different from applicant

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
Full name:
Address:
Postcode:
Telephone:

### Details of the Manager/Managing agent, if applicable

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
Full name:
Address:
Postcode:
Telephone:

### Details of the Person Having Control of the HMO

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
Full name:
Address:
Postcode:
Telephone:

If the proposed licence holder is NOT the person having control of the property, the person having control of the property and the proposed licence holder MUST sign the following declarations...

**I consent to being named as the proposed licence holder of the above named property.**

Name please print:	
Signature:	
Date:	

**I, as the person having control of the property, hereby give my consent to the above named being licence holder.**

Name please print:	
Signature:	
Date:	

Please remember that for an HMO requiring a licence it must meet all the following criteria:

- 1) five or more persons forming more than one household who;
- 2) live in the dwelling as their main or only residence.

# PART ONE – PERSONAL DETAILS

## SECTION 1: DETAILS OF APPLICANT

The applicant must be a named individual

1.1	<b>Title:</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
	<b>Full name:</b>					
	<b>Residential address:</b>					
	<b>Postcode:</b>					
	<b>Proof of address:</b>	Driving licence <input type="checkbox"/>	Bank statement <input type="checkbox"/>	Utility bill <input type="checkbox"/>	Other .....	
	<b>Business address:</b> if applicable					
	<b>Postcode:</b>					
	<b>Proof of address:</b>	Utility bill <input type="checkbox"/>	Business rates <input type="checkbox"/>			
<b>Home telephone no:</b>				<b>Mobile tel no:</b>		
<b>Work telephone no:</b>				<b>Fax no:</b>		
<b>e-mail address:</b>						
<b>Date of Birth:</b>						
<b>Interest in property:</b>	Owner <input type="checkbox"/>	Manager <input type="checkbox"/>	Leaseholder <input type="checkbox"/>	Other .....		

1.2	<b>Do you have control of the property?</b>
	Yes <input type="checkbox"/> No <input type="checkbox"/>

1.3	<b>Are you the proposed licence holder?</b>
	Yes <input type="checkbox"/> please go to question 2.2 No <input type="checkbox"/> please go to question 2.1

## SECTION 2: DETAILS OF PROPOSED LICENCE HOLDER

The proposed licence holder must be a named individual See Glossary

2.1	<b>Title:</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
	<b>Full name:</b>					
	<b>Residential address:</b>					
	<b>Proof of address:</b>	Postcode:				
		Driving licence <input type="checkbox"/> Bank statement <input type="checkbox"/> Utility bill <input type="checkbox"/>				
		Other .....				
	<b>Business address:</b> if applicable					
	<b>Proof of address:</b>	Postcode:				
		Utility bill <input type="checkbox"/> Business rates <input type="checkbox"/>				
<b>Home telephone no:</b>				<b>Mobile tel no:</b>		
<b>Work telephone no:</b>				<b>Fax no:</b>		
<b>e-mail address:</b>						
<b>Date of birth:</b>						
<b>Interest in property:</b>	Owner <input type="checkbox"/>	Manager <input type="checkbox"/>	Leaseholder <input type="checkbox"/>	Other .....		

2.2	<b>If the proposed licence holder is part of a company, partnership, charity or trust, please indicate which and provide contact details of all directors / partners / trustees – please use additional sheet(s) if more than two. If not part of a company, partnership, charity or trust, please go question 2.4</b>	
	Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Charity <input type="checkbox"/> Trust <input type="checkbox"/>	
	Limited Company/partnership/charity/trust name:	
	Registered Company/Charity No:	
	Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/>	Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/>
	<b>Full name:</b>	<b>Full name:</b>
	<b>Registered address:</b>	<b>Registered address:</b>
	<b>Postcode:</b>	<b>Postcode:</b>
	<b>Telephone no:</b>	<b>Telephone no:</b>
	<b>Fax no:</b>	<b>Fax no:</b>
	<b>e-mail address:</b>	<b>e-mail address:</b>
	<b>Date of birth:</b>	<b>Date of birth:</b>

2.3	<b>Please provide details of the Company Secretary/Senior Partner/Trust Secretary:</b>	
	<b>Title:</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
	<b>Full Name:</b>	
	<b>Company Secretary address:</b>	
		Postcode:
	<b>Telephone no:</b>	
	<b>Fax no:</b>	
<b>e-mail address:</b>		

2.4	<b>Please provide an address where all official correspondence should be sent. All partners / trustees should sign their agreement to this address. This will be the address used on the public register</b>	
	<b>Name of person/company:</b>	
	<b>Correspondence address:</b>	
		Postcode:
	<b>Telephone no:</b>	
<b>e-mail address:</b>		

**I, as a partner/trustee hereby give agreement to the above address being used for all official correspondence and on the public register provided by Solihull Metropolitan Borough Council.**

Name: please print:	Signature:
Name: please print:	Signature:
Name: please print:	Signature:

2.5	Is the proposed licence holder a member of any landlords association or other professional body? Please indicate which.		
	<b>Organisation</b>	<b>Since</b>	
2.6	Is the proposed licence holder an accredited landlord in this or another authority? Please indicate and provide details of the scheme operator.		
	<b>Authority</b>	<b>Scheme operator</b>	<b>Since</b>
2.7	Please list training courses / conferences attended – relevant to property management – by the proposed licence holder.		
	<b>Training course</b>	<b>Date</b>	

<b>Fit and Proper Person</b>					
The Council must consider whether the proposed licence holder, and any person associated or formerly associated with them, whether on a personal, work or other basis, is a fit and proper person.					
2.8	Has the proposed <b>licence holder</b> , or anyone associated with the proposed licence holder, ever accepted a simple caution, previously known as a formal caution, from the Police or been convicted of an offence being subject to the Rehabilitation of Offenders Act 1974 involving any of the following?				
		<b>Proposed Licence Holder</b>		<b>Associate</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
	Fraud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sexual Offences Act schedule 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9	Has the proposed <b>licence holder</b> , or anyone associated with the proposed licence holder, ever been subject to unlawful discrimination proceedings relating to their business, being subject to the Rehabilitation of Offenders Act 1974 involving the following?				
		<b>Proposed Licence Holder</b>		<b>Associate</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
	Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Colour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ethnic or national origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.10	Has the proposed <b>licence holder</b> , or anyone associated with the proposed licence holder, ever accepted a simple caution, been convicted of an offence or been served with Statutory Notices under any of the following?				
		<b>Proposed Licence Holder</b>		<b>Associate</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
	Housing Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Landlord and Tenant Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Environmental Protection Act 1990	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Public Health Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Health and Safety Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Building Regulation or Planning Laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.11	Has the proposed <b>licence holder</b> , or anyone associated with the proposed licence holder, ever been convicted for non-compliance of a Statutory Notice under any of the following?				
		<b>Proposed Licence Holder</b>		<b>Associate</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
	Housing Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Landlord and Tenant Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Environmental Protection Act 1990	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Public Health Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Health and Safety Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Building Regulation or Planning Laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.12	Has the proposed <b>licence holder</b> , or anyone associated with the proposed licence holder, been in control of a property:				
		<b>Proposed Licence Holder</b>		<b>Associate</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
	Subject to a Control Order or Management Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Where works have been carried out in default	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Been refused a licence or registration certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Breached conditions of a licence or registration certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.13	A <b>licence holder</b> must have the financial arrangement necessary to ensure that the property is properly managed and maintained. Please answer the following questions:				
		<b>Proposed Licence Holder</b>			
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
	Are you an undischarged bankrupt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there any outstanding County Court judgements against you or any company of which you are director or secretary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Has the <b>licence holder</b> obtained a Disclosure and Barring Service certificate?	
<b>Yes</b>	<input type="checkbox"/>
<b>No</b>	<input type="checkbox"/>

If you have answered 'yes' to any of the questions in sections 2.8-2.13, it is necessary for the Council to undertake a further 'fit and proper person' check on the Proposed Licence Holder and anyone associated with them. Please contact Solihull Metropolitan Borough Council on 0121 704 8000 to inform them of this so that it can be assessed.

2.13a		<b>Proposed Licence Holder</b>	
		<b>Yes</b>	<b>No</b>
	Do you have the authority to repair and maintain the property and have the financial arrangements necessary to repair the property?	<input type="checkbox"/>	<input type="checkbox"/>

## STATUTORY DECLARATION FOR RELEASE OF INFORMATION

To be completed by Proposed Licence Holder:

 All information provided will be treated in confidence and in accordance with the Data Protection Act 1998. It will only be used to progress your application.

As part of our duty under the Housing Act 2004 we may have to share and/or check your information with other agencies including the Police, Fire & Rescue Service, Office of Fair Trading, other local authorities and other relevant departments within this Council, for example Council Tax, Revenues and Benefits and Debtors.

Please sign and date the declaration below in order for us to progress your application.

**I, as the proposed licence holder, hereby authorise any statutory body holding information about**

**me, which falls within the categories above, to provide this information on request by the Council.**

Name: (please print)

Signature:

Date:



## SECTION 3: DETAILS OF MANAGER/MANAGING AGENT IF DIFFERENT FROM PROPOSED LICENCE HOLDER

The proposed licence holder must be a named individual

3.1	<b>Title:</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 50px;" type="text"/>	
	<b>Full name:</b>		
	<b>Residential address:</b>		
		Postcode:	
	<b>Proof of address:</b>	Driving licence <input type="checkbox"/> Bank statement <input type="checkbox"/> Utility Bill <input type="checkbox"/> Other .....	
	<b>Business address:</b> if applicable		
	<b>Proof of address:</b>	Utility bill <input type="checkbox"/> Business rates <input type="checkbox"/>	
	<b>Home telephone no:</b>		Mobile tel no:
	<b>Work telephone no:</b>		Fax no:
	<b>e-mail address:</b>		
	<b>Date of birth:</b>		
	<b>Interest in property:</b>	Owner <input type="checkbox"/> Manager <input type="checkbox"/> Leaseholder <input type="checkbox"/> Other.....	

3.2	<b>If the manager/managing agent part of a company, partnership, charity or trust, please indicate which and provide contact details of all directors / partners / trustees – please use separate sheet if more than two. If not part of a company, partnership, charity or trust, please go to section 3.4.</b>		
	Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Charity <input type="checkbox"/> Trust <input type="checkbox"/>		
	Limited Company/partnership/charity/trust name:		
	Registered Company/Charity No:		
	Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/>	Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/>	
	<b>Full name:</b>	<b>Full name:</b>	
	<b>Registered address:</b>	<b>Registered address:</b>	
	<b>Postcode:</b>	<b>Postcode:</b>	
	<b>Telephone no:</b>	<b>Telephone no:</b>	
	<b>Fax no:</b>	<b>Fax no:</b>	
	<b>e-mail address:</b>	<b>e-mail address:</b>	
	<b>Date of birth:</b>	<b>Date of birth:</b>	

3.3	<b>Please provide details of the Company Secretary/Senior Partner/Trust Secretary:</b>	
	<b>Title:</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
	<b>Full Name:</b>	
	<b>Company Secretary address:</b>	
		Postcode:
	<b>Telephone no:</b>	
<b>e-mail address:</b>		

3.4	<b>Please provide an address where all official correspondence should be sent. All partners / trustees should sign their agreement to this address. This will be the address used on the public register</b>	
	<b>Name of person/company:</b>	
	<b>Correspondence address:</b>	
		Postcode:
	<b>Telephone no:</b>	
<b>e-mail address:</b>		

**I, as a partner/trustee, hereby give agreement to the above address being used for all official correspondence and on the public register provided by Solihull Metropolitan Borough Council.**

Name please print:		Signature:	
Name please print:		Signature:	
Name please print:		Signature:	

3.5	Is the manager/managing agent a member of any landlords association or other professional body? Please indicate which.	
	<b>Organisation</b>	<b>Since</b>

3.6	Is the manager/managing agent accredited in this or another authority? Please indicate and provide details of the scheme operator.		
	<b>Authority</b>	<b>Organisation</b>	<b>Since</b>

3.7	Please list training courses / conferences attended – relevant to property management – by the manager/managing agent.	
	<b>Training course</b>	<b>Date</b>


	<b>Fit and Proper Person</b>	
	The Council must consider evidence whether the <b>manager/managing agent</b> is a fit and proper person.	
3.8	Has the <b>manager/managing agent</b> , ever accepted a simple caution, previously known as a formal caution, from the Police or been convicted of an offence, being subject to the Rehabilitation of Offenders Act 1974, involving any of the following?	
		<b>Manager/Agent</b>
		<b>Yes</b> <b>No</b>
	Fraud	<input type="checkbox"/> <input type="checkbox"/>
	Dishonesty	<input type="checkbox"/> <input type="checkbox"/>
	Violence	<input type="checkbox"/> <input type="checkbox"/>
	Drugs	<input type="checkbox"/> <input type="checkbox"/>
	Sexual Offences Act schedule 3	<input type="checkbox"/> <input type="checkbox"/>
3.9	Has the <b>manager/managing agent</b> , ever been subject to unlawful discrimination proceedings relating to their business, being subject to the Rehabilitation of Offenders Act 1974, involving the following?	
		<b>Manager/Agent</b>
		<b>Yes</b> <b>No</b>
	Sex	<input type="checkbox"/> <input type="checkbox"/>
	Colour	<input type="checkbox"/> <input type="checkbox"/>
	Race	<input type="checkbox"/> <input type="checkbox"/>
	Ethnic or national origin	<input type="checkbox"/> <input type="checkbox"/>
	Disability	<input type="checkbox"/> <input type="checkbox"/>
3.10	Has the <b>manager/managing agent</b> , ever accepted a simple caution, been convicted of an offence or been served with Statutory Notices under any of the following?	
		<b>Manager/Agent</b>
		<b>Yes</b> <b>No</b>
	Housing Law	<input type="checkbox"/> <input type="checkbox"/>
	Landlord and Tenant Law	<input type="checkbox"/> <input type="checkbox"/>
	Environmental Protection Act 1990	<input type="checkbox"/> <input type="checkbox"/>
	Public Health Law	<input type="checkbox"/> <input type="checkbox"/>
	Health and Safety Law	<input type="checkbox"/> <input type="checkbox"/>
	Building Regulation or Planning Laws	<input type="checkbox"/> <input type="checkbox"/>
3.11	Has the <b>manager/managing agent</b> , ever been convicted for non-compliance of a Statutory Notice under any of the following?	
		<b>Manager/Agent</b>
		<b>Yes</b> <b>No</b>
	Housing Law	<input type="checkbox"/> <input type="checkbox"/>
	Landlord and Tenant Law	<input type="checkbox"/> <input type="checkbox"/>
	Environmental Protection Act 1990	<input type="checkbox"/> <input type="checkbox"/>
	Public Health Law	<input type="checkbox"/> <input type="checkbox"/>
	Health and Safety Law	<input type="checkbox"/> <input type="checkbox"/>
	Building Regulation or Planning Laws	<input type="checkbox"/> <input type="checkbox"/>

3.12	Has the <b>manager/managing agent</b> , ever managed a property:		
		<b>Manager/Agent</b>	
		<b>Yes</b>	<b>No</b>
	Subject to a Control Order or Management Order	<input type="checkbox"/>	<input type="checkbox"/>
	Where works have been carried out in default following service of a notice	<input type="checkbox"/>	<input type="checkbox"/>
	Where a licence or registration certificate has been refused	<input type="checkbox"/>	<input type="checkbox"/>
	Where a licence or registration conditions have been breached	<input type="checkbox"/>	<input type="checkbox"/>
3.13	If you do not hold a freehold interest or long lease with full repairing obligations, please answer the following questions:		
		<b>Manager/Agent</b>	
		<b>Yes</b>	<b>No</b>
	Do you have the authority to carry out any works required to the property	<input type="checkbox"/>	<input type="checkbox"/>
	Is there any financial limitation on the amount of work you can carry out?	<input type="checkbox"/>	<input type="checkbox"/>
	Please detail below the value of work you can carry out without further authorisation and the procedure which you must follow if works exceed this limit.		
	Has the <b>manager/managing agent</b> obtained a Disclosure and Barring Service certificate?		
<b>Yes</b>	<input type="checkbox"/>		
<b>No</b>	<input type="checkbox"/>		

If you have answered 'yes' to any of the questions in sections 3.8 – 3.12 only, it is necessary for the Council to undertake a further 'fit and proper person' check on the Proposed Licence Holder and anyone associated with them. Please contact the Council on 0121 704 8000 so that this can be assessed.

## STATUTORY DECLARATION FOR RELEASE OF INFORMATION

To be completed by Manager/managing agent:

 All information provided will be treated in confidence and in accordance with the Data Protection Act 1998. It will only be used to progress your application.

As part of our duty under the Housing Act 2004 we may have to share and/or check your information with other agencies including The Criminal Records Bureau, Police, Fire & Rescue Service, Office of Fair Trading, other local authorities and other relevant departments within this Council, for example Council Tax, Revenues and Benefits and Debtors.

Please sign and date the declaration below in order for us to progress your application.

<b>I, as the manager, hereby authorise any statutory body holding information about me, which falls within the categories above, to provide this information on request by the Council.</b>	
Name - please print:	
Signature:	
Date:	

## SECTION 4: DETAILS OF PERSON/ORGANISATION HAVING CONTROL OF PROPERTY

4.1	<b>Title:</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 50px;" type="text"/>	
	<b>Full name:</b>		
	<b>Residential address:</b>		
		Postcode:	
	<b>Proof of address</b>	Passport <input type="checkbox"/> Driving licence <input type="checkbox"/> Bank statement <input type="checkbox"/> Other <input type="checkbox"/>	
	<b>Contact name:</b>		
	<b>Business address</b> if applicable		
		Postcode:	
	<b>Proof of address</b>	Utility bill <input type="checkbox"/> Business rates <input type="checkbox"/>	
	<b>Home telephone no:</b>		<b>Mobile tel no:</b>
	<b>Work telephone no:</b>		<b>Fax no:</b>
	<b>e-mail address:</b>		
	<b>Date of birth:</b>		
	<b>Interest in property:</b>	Owner <input type="checkbox"/> Manager <input type="checkbox"/> Leaseholder <input type="checkbox"/> Other .....	

4.2	<b>Are you the freeholder or the leaseholder?</b>
	freeholder <input type="checkbox"/> leaseholder <input type="checkbox"/> neither <input type="checkbox"/>

# PART TWO – PROPERTY DETAILS

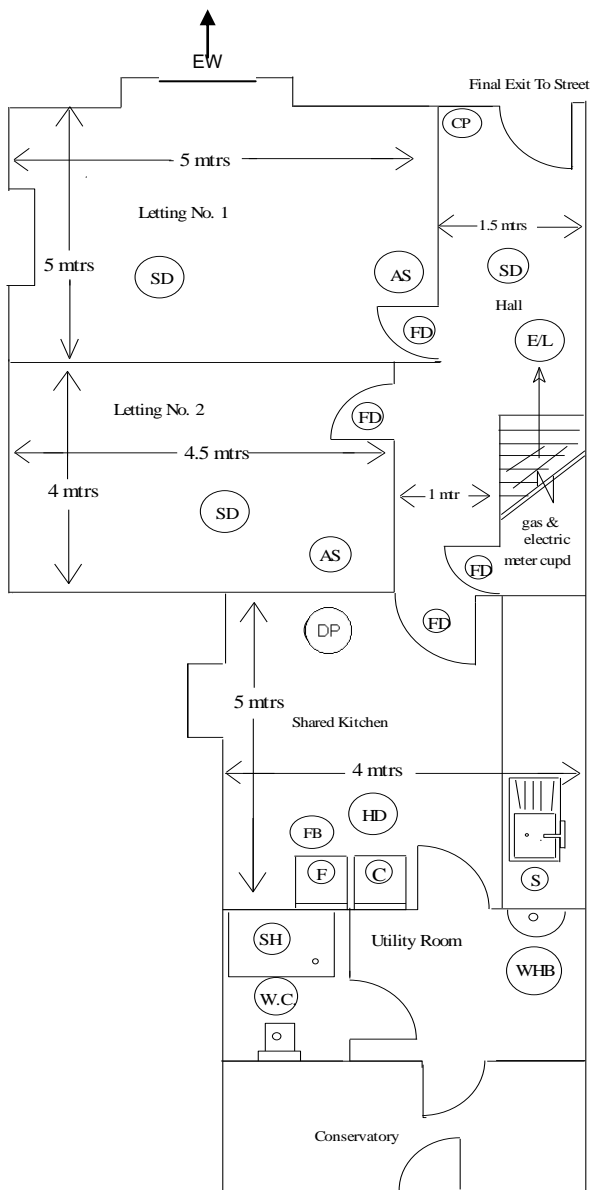
## SECTION 1: DETAILS OF PROPERTY TO BE LICENSED

To be completed for all properties requiring a licence

- 1.1 Please attach a sketch plan, with measurements, showing the location and size of each room in the property. Below is an example showing the type of sketch and detail required. Please use the abbreviations listed below to mark details on the plan. Please provide a separate sketch of each floor level of the property. Please add additional sheets if you require further space. If you already have plans of the property you may submit these separately.

### Key of symbols to be used on plan

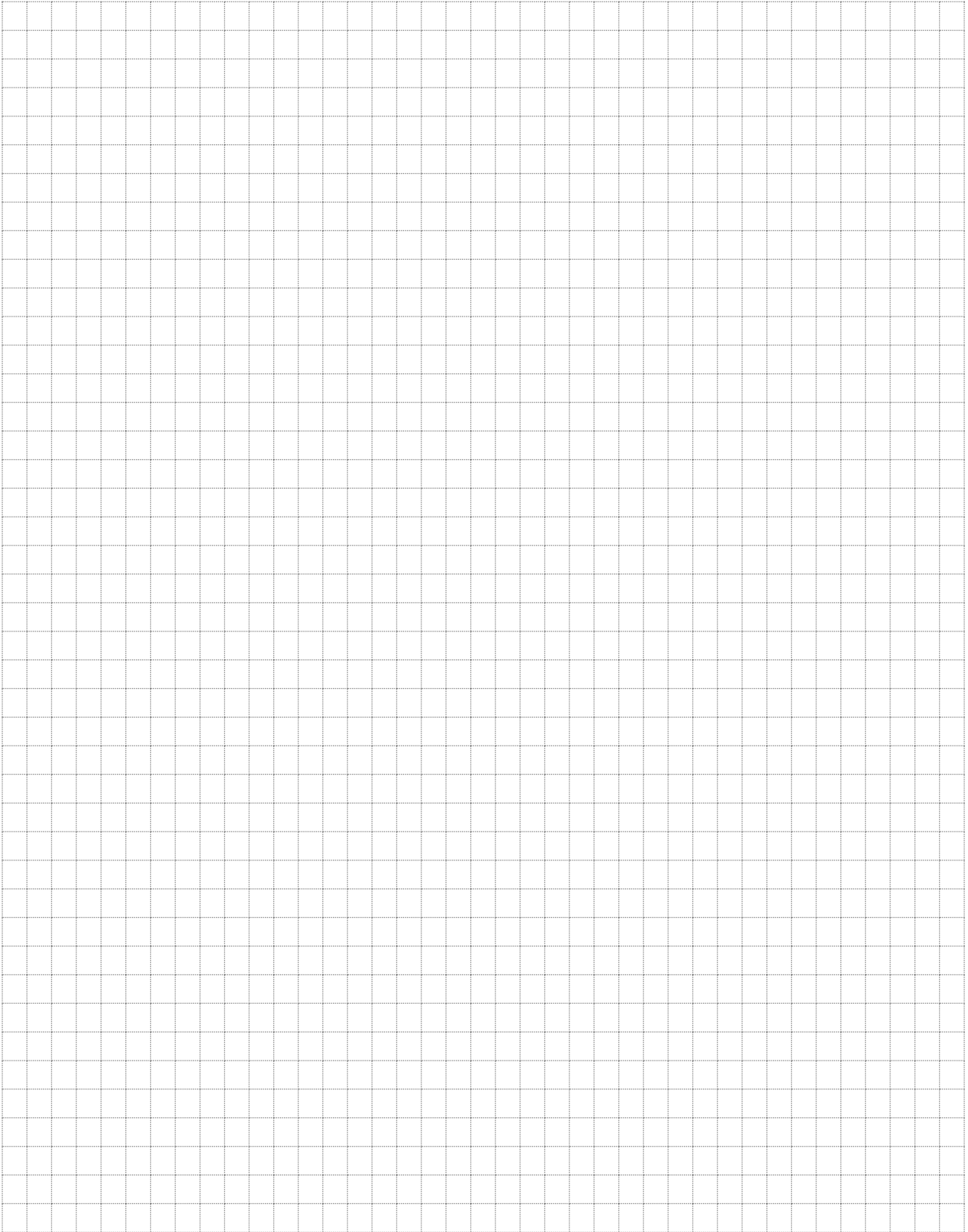
<b>FD</b>	Fire door
<b>EW</b>	Escape window
<b>EL</b>	Emergency lighting
<b>CP</b>	Manual call point
<b>FAP</b>	Fire alarm control panel
<b>SD</b>	Smoke detector linked to whole house system
<b>HD</b>	Heat detector linked to whole house system
<b>AS</b>	Alarm sounder linked to whole house system
<b>SA</b>	Combined smoke detector/alarm, maybe linked or stand-alone
<b>HA</b>	Combined heat detector/alarm, maybe linked or stand-alone
<b>FB</b>	Fire blanket
<b>WE</b>	Water extinguisher
<b>FE</b>	Foam extinguisher
<b>DP</b>	Dry powder extinguisher
<b>SH</b>	Shower
<b>B</b>	Bath
<b>WC</b>	Toilet
<b>WHB</b>	Wash-hand basin
<b>C</b>	Cooker
<b>S</b>	Sink
<b>F</b>	Fridge



EXAMPLE GROUND FLOOR PLAN

**NOTE:** All fastenings to doors required for escape purposes must be thumb-turn type locks, easily openable from the inside without the use of a key

## Sketch Plan



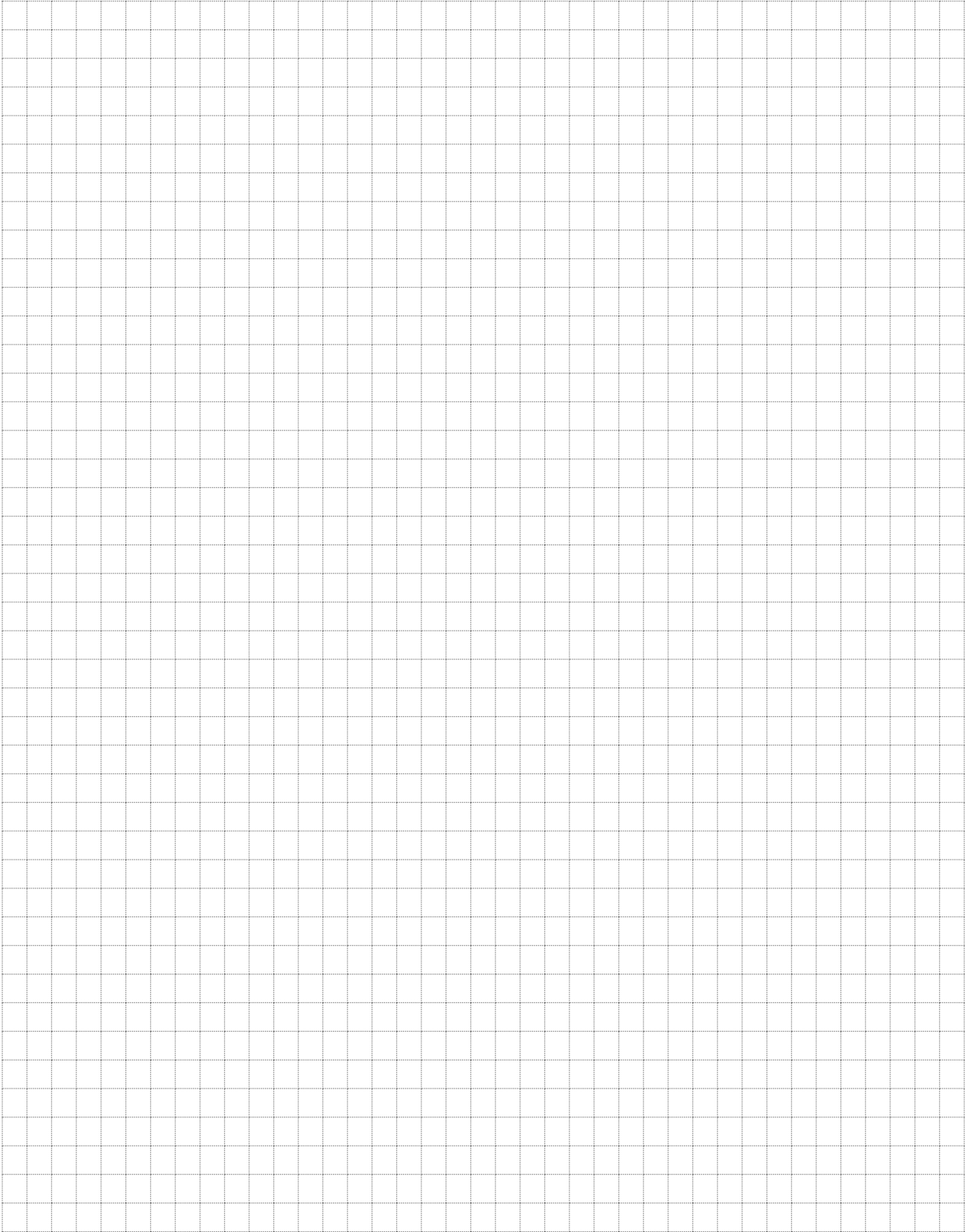
## Notes

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## Sketch Plan



## Notes

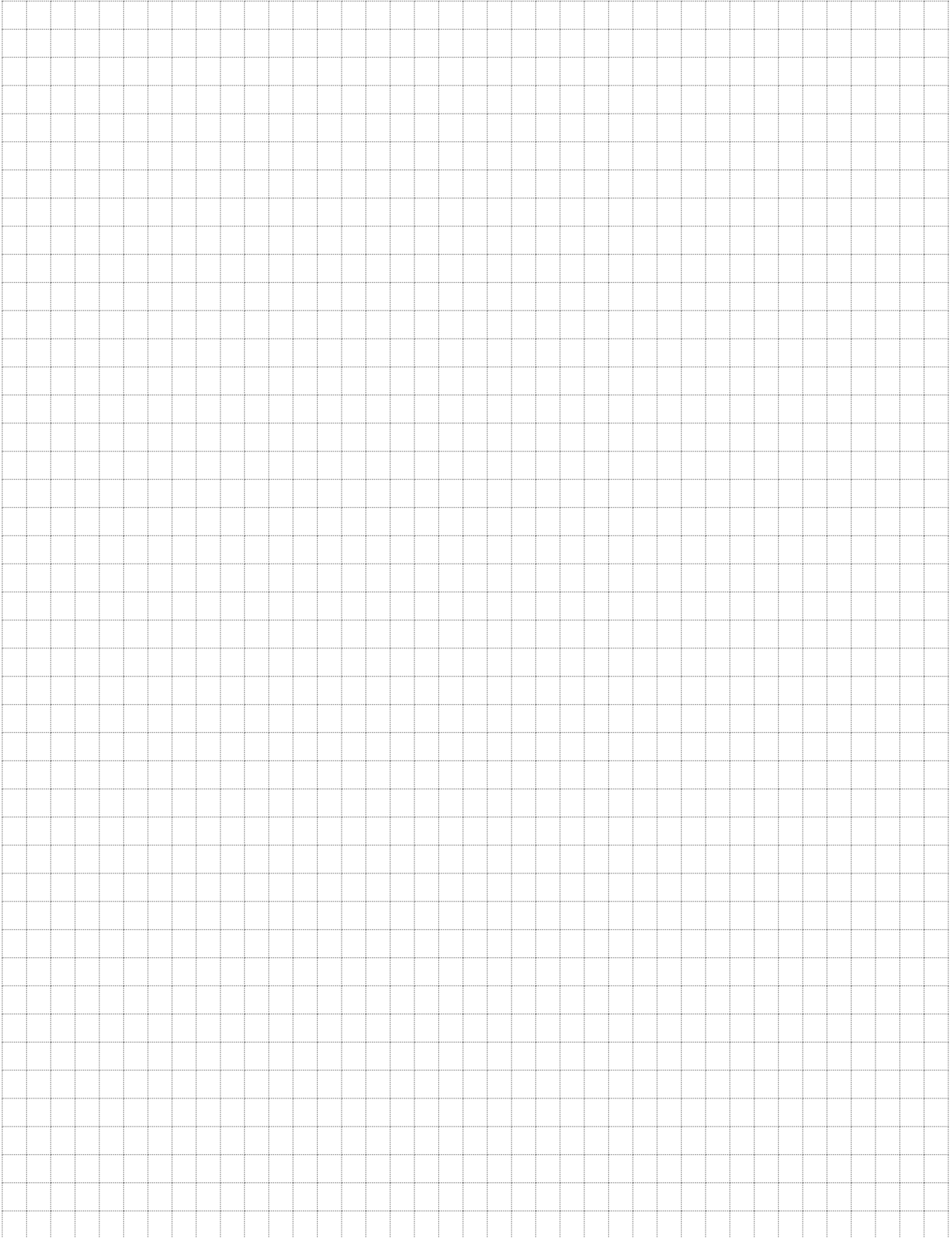
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## Sketch Plan



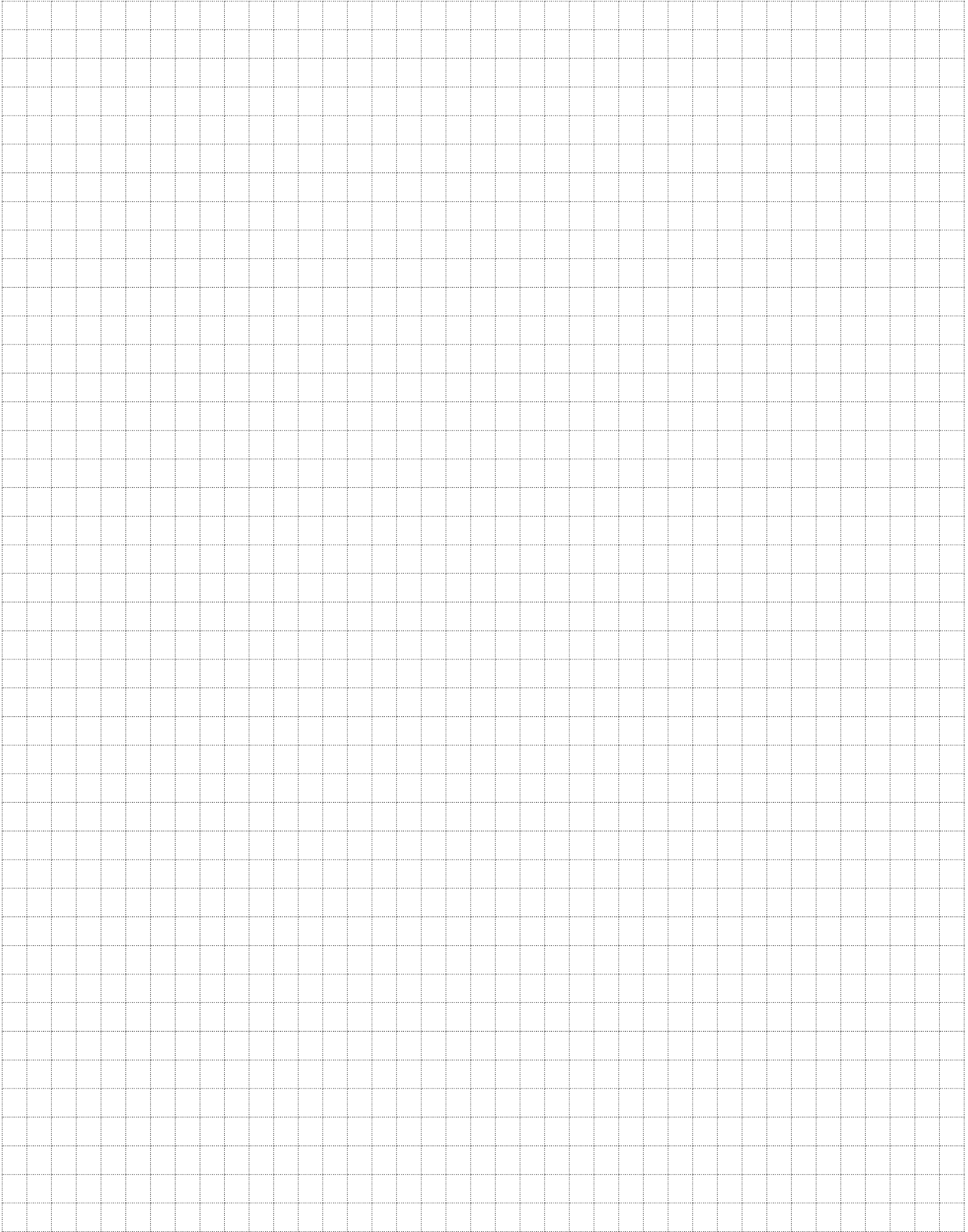
## Notes

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## Sketch Plan



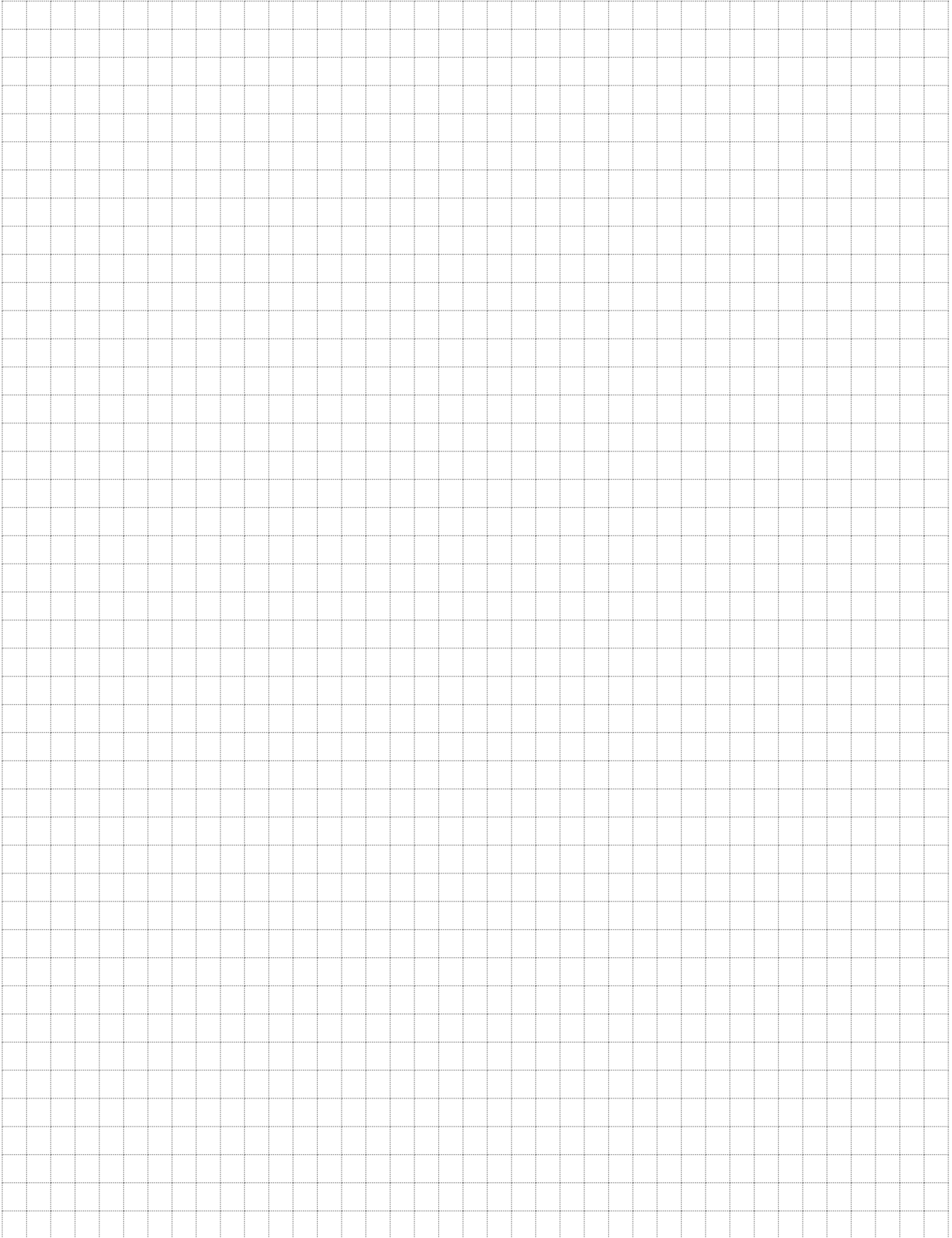
## Notes

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## Sketch Plan



## Notes

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1.2	Please indicate the type of property to be licensed.	
	Detached <input type="checkbox"/>	Terrace <input type="checkbox"/>
	Semi-detached <input type="checkbox"/>	End terrace <input type="checkbox"/>
	Other <input type="checkbox"/> please indicate: .....	
1.3	Please give approximate date of construction of the property:	
	Pre 1919 <input type="checkbox"/>	1945 – 1964 <input type="checkbox"/> Post 1980 <input type="checkbox"/>
	1919 – 1944 <input type="checkbox"/>	1965 – 1979 <input type="checkbox"/>
1.4	If the whole or part of the property has been converted, for example, into self-contained flats, what was the approximate date of conversion:	
	Date:	
1.5	Please provide details of any building works carried out to the property. Please include copies of planning consents, building regulations approval or certificates issued on completion of works.	
	<b>Description of works</b>	<b>Date of completion</b>
1.6	How many storeys are there in the property? Include basement and attic conversions, but not cellars	
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>	
1.7	Over which levels are the storeys situated, such as ground floor, first floor, second floor?	
	Basement <input type="checkbox"/>	First floor <input type="checkbox"/> Third floor <input type="checkbox"/>
	Ground floor <input type="checkbox"/>	Second floor <input type="checkbox"/> Fourth floor <input type="checkbox"/>
	Other <input type="checkbox"/> please indicate: .....	
1.8	Is any part of the property used for separate commercial activity?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
1.9	If yes, please give details and location of the commercial activity:	
2.0	How many separate letting units, such as self contained flats/bedrooms are there in the property?	
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> other <input type="text"/>	
2.1	How many households occupy the property at present? see guidance	
2.2	What is the maximum number of households that could occupy the property?	
2.3	Please indicate the number of households you would like the licence for.	

2.4	How many individual people occupy the property at present?
2.5	What is the maximum number of people who could occupy the property?
2.6	Please indicate the number of occupants you would like the licence for.
2.7	Is there a resident landlord? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please go to question 3.0
2.8	Is the proposed licence holder the resident landlord? Yes <input type="checkbox"/> No <input type="checkbox"/>
2.9	Number of people resident in landlord's household, excluding landlord?
2.10	Which rooms in the property are occupied by resident landlord's household?

3.0	What form of heating is there in the shared bathroom/s?	<b>Yes</b>	<b>No</b>
	Radiator/s as part of the gas/oil fired central heating system	<input type="checkbox"/>	<input type="checkbox"/>
	Individual wall-mounted electric heater/s	<input type="checkbox"/>	<input type="checkbox"/>
	Other, please state:		
3.1	What form of heating is there in the shared kitchen/s?	<b>Yes</b>	<b>No</b>
	Radiator/s as part of the gas/oil fired central heating system	<input type="checkbox"/>	<input type="checkbox"/>
	Individual wall-mounted electric heater/s	<input type="checkbox"/>	<input type="checkbox"/>
	Electric storage heater/s	<input type="checkbox"/>	<input type="checkbox"/>
	Other, please state:		
3.2	What form of heating is there in the common parts such as hallways and stairwells?	<b>Yes</b>	<b>No</b>
	Radiator/s as part of the gas/oil fired central heating system	<input type="checkbox"/>	<input type="checkbox"/>
	Individual wall-mounted electric heater/s	<input type="checkbox"/>	<input type="checkbox"/>
	Electric storage heater/s	<input type="checkbox"/>	<input type="checkbox"/>
	Other, please state:		
3.3	Are there any gas appliances in the property? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of a valid gas safety certificate		
3.4	Do you have a copy of a valid electrical periodic inspection report (P.I.R) provided by a competent electrical engineer? Yes <input type="checkbox"/> No <input type="checkbox"/> A copy of the certificate must be provided		

Please complete the table below indicating the facilities that are provided within the whole dwelling by ticking the boxes relevant to indicate the facilities that each individual letting unit has use of within the property.

FACILITIES	LETTING UNIT										TOTAL
	1	2	3	4	5	6	7	8	9	10	
Number of people sharing unit											
Number of bedrooms											
Wash basin in bedroom - if shared property											
Shared Living room											
Exclusive living room											
Dining room											
Shared kitchen/s											
Exclusive kitchen											
4 hob cooker, oven and grill											
Microwave											
Dedicated cooker point											
Sink with drainer and base unit											
Refrigerator/s with freezer compartment											
Freezer											
Shared bathroom/s inc WC & WHB											
Shared shower room – separate											
Shared WC & WHB – separate											
Exclusive bathroom inc WC & WHB											
Fixed heating such as gas central heating											
Electric storage heating											
Other heating – non portable – please specify:											

## SECTION 2: DETAILS OF FACILITIES AND MANAGEMENT

To be completed for all properties requiring a licence

4.1	Is there a system of fire detection incorporating:			
		<b>YES</b>	<b>NO</b>	
	▪ a fire alarm panel	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ sounders / alarms on all levels	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ emergency lighting in the common hallways	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ mains powered smoke/heat alarms in kitchen/common rooms and hallways	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ battery operated smoke alarms	<input type="checkbox"/>	<input type="checkbox"/>	
4.2	Is there a current fire alarm system in compliance with BS5839-6: 2013?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide a copy of the test certificate			
4.3	Is a contractor employed to inspect and maintain the fire alarm system?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please state who:			
4.4	Is there a current emergency lighting system in compliance with BS5266-8: 2004?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide a copy of the test certificate			
4.5	Is the kitchen/s / kitchen areas protected by fire doors?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes, are they fitted with:			
	self closers		<input type="checkbox"/>	<input type="checkbox"/>
	smoke seals		<input type="checkbox"/>	<input type="checkbox"/>
	intumescent strips		<input type="checkbox"/>	<input type="checkbox"/>
4.6	Are all the doors opening onto the main escape route 30 min fire resistant doors that incorporate self closers, smoke seals and intumescent strips?			
		<input type="checkbox"/>	<input type="checkbox"/>	
	If no, which doors are not:			
4.7	Are fire extinguishers provided and tested annually?		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state type and location:			
	Type of extinguisher		Location of extinguisher	

		Yes	No
4.8	Are fire blankets provided in the shared kitchen/s?	<input type="checkbox"/>	<input type="checkbox"/>
4.9	Is the escape route kept clear of flammable material and other obstructions?	<input type="checkbox"/>	<input type="checkbox"/>
4.10	Is the main exit door openable from the inside without the use of a key?	<input type="checkbox"/>	<input type="checkbox"/>
4.11	Does the property incorporate a sprinkler system?	<input type="checkbox"/>	<input type="checkbox"/>
4.12	Has a fire safety risk assessment been undertaken at the dwelling?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide a copy		
4.13	Is upholstered furniture provided in the property?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, does it comply with The Furniture and Furnishings (Fire) (Safety) Regulations 1988 (as amended in 1989 and 1993)?	<input type="checkbox"/>	<input type="checkbox"/>



# PART THREE - DECLARATIONS

## DECLARATION OF APPLICANT AND PROPOSED LICENCE HOLDER

Please note that it is a criminal offence to knowingly supply information that is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application may be required at a later date. If we subsequently discover something that is relevant and that you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled or other action taken. Operating an HMO that should be licensed without a licence is an offence liable to a fine not exceeding £20,000. In addition, a Residential Property Tribunal may make a rent repayment order requiring you to repay any rents due during the period for which the property was unlicensed.

I declare that the information provided in this application is true and correct to the best of my knowledge. I understand that a criminal offence is committed if I supply any information to a local housing authority in connection with this application for a mandatory licence of a House in Multiple Occupation that is knowingly false or misleading and on conviction may be fined up to £5,000.

**NOTE: if you are the applicant AND the proposed licence holder/manager you must sign all relevant sections below**

<b>Applicant</b>	Name – please print:	
	Signature:	Date:
<b>Proposed licence holder</b>	Name – please print:	
	Signature:	Date:
<b>Manager/managing agent</b>	Name – please print:	
	Signature:	Date:
<b>Person having control of property</b>	Name – please print:	
	Signature:	Date:

### Enclosures

a.	Evidence of permanent residential address of proposed licence holder	<input type="checkbox"/>
b.	Building Regulations completion certificate and planning consents – if applicable	<input type="checkbox"/>
c.	Current fire alarm test certificate	<input type="checkbox"/>
d.	Current emergency lighting system test certificate	<input type="checkbox"/>
e.	Service contract for alarm and fire systems	<input type="checkbox"/>
f.	Current landlord's Gas Safety Certificate	<input type="checkbox"/>
g.	Most recent periodic test certificate for the electrical installation	<input type="checkbox"/>
h.	Most recent PAT certificate – if applicable	<input type="checkbox"/>
i.	Fire Safety Risk Assessment, if applicable	<input type="checkbox"/>
j.	Licensing fee. For fee and methods of payment, please see guidance and website	<input type="checkbox"/>

## DECLARATION OF APPLICANT AND PROPOSED LICENCE HOLDER

You must let certain people know in writing that you have made this application, or give them a copy of it, as follows:

- any mortgagee of the property
- any owner of the property to which this application relates, if that is not you, such as the freeholder – and any head lessees who are known to you
- any other person who is a tenant or 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 of 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 condition or conditions in a licence if it is granted.

You must tell each of these people:

- your name, address, telephone number and e-mail address
- the name, address, telephone number and e-mail address of the proposed licence holder – if it will not be you
- whether this is an application under Part 2 (Houses in Multiple Occupation) of the Housing Act 2004
- the address of the property it relates to
- the name and address of the local authority to which the application will be made
- the date the application will be submitted.

**I confirm that I have served notice of this application on the following people, who are the only people known to me that are required to be informed that I have made this application.**

Name:  
*(please print)*

Signature:

Date:

Name:  
*(please print)*

Signature:

Date:

**Name:**

**Address:**

Postcode:

**E-mail address:**

**Interest in the property or  
the application:**

**Date of service of Notice:**

**Name:**

**Address:**

Postcode:

**E-mail address:**

**Interest in the property or  
the application:**

**Date of service of Notice:**

**Name:**

**Address:**

Postcode:

**E-mail address:**

**Interest in the property or  
the application:**

**Date of service of Notice:**

**Name:**

**Address:**

Postcode:

**E-mail address:**

**Interest in the property or  
the application:**

**Date of service of Notice:**

**Name:**

**Address:**

Postcode:

**E-mail address:**

**Interest in the property or  
the application:**

**Date of service of Notice:**

The following information is discretionary and you do not need to answer the questions. However, if you do answer the questions it will assist the Local Authority in assessing its housing stock.

<b>Ethnicity of the proposed licence holder</b>	<b>Asian/Asian British</b>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Asian <input type="checkbox"/>	
	<b>Black/Black British</b>	Caribbean <input type="checkbox"/>	Black <input type="checkbox"/>	Other black background <input type="checkbox"/>		
	<b>Chinese or other ethnic group</b>	Chinese <input type="checkbox"/>	Any other ethnic group – please write in:			
	<b>Dual heritage</b>	White and Black Caribbean <input type="checkbox"/>	White and Black African <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Other dual heritage background <input type="checkbox"/>	
	<b>White</b>	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Other <input type="checkbox"/>		

How old are the kitchen fittings? <input type="text"/>
How old are the bathroom fittings? <input type="text"/>
Is there adequate noise insulation between converted flats? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the property have cavity wall insulation? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the property have loft insulation Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what thickness is the insulation <input type="text"/>