



Licensing of Houses in Multiple Occupation (HMO)

APPLICATION PACK

Please read and refer to the guidance notes before completing the application form.
The form is to be completed by the person who proposes to hold the licence

SECTION 1 – LICENSEES DETAILS

1.1 Address of the property to be licensed

1.2 Please provide details of the proposed licence holder (please refer to guidance notes)

Name: Date of Birth:

| | | |
|------------------------------|--------------------------|--|
| Address (including postcode) | Telephone Number 1 | |
| | Telephone Number 2 | |
| | Fax Number | |
| | Ethnicity (see note 1.2) | |
| | National Insurance No. | |
| | Email | |

1.3 If applicable, please state reasons why the owner is not the licence holder:

1.4 Please state the proposed number of people you would like the property to be licensed for:

1.5 Please state other properties that are licensed (or for which there is a licence required) under Parts 2 or 3 of the Act by the proposed licence holder. Please indicate which local housing authority area the properties are in:

HMO APP:

| Premises address | Local authority |
|------------------|-----------------|
| | |
| | |
| | |

For any additional properties please use a separate sheet

1.6 Please provide details of any other local housing authority(s) in which the proposed licence holder, owns or manages residential accommodation:

| | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

INFORMATION TO OTHERS

WHEN YOU SIGN YOUR APPLICATION, YOU ARE SIGNING THAT THE FOLLOWING DECLARATION IS TRUE: I declare that I have served a notice of this application on the following persons who are the only persons known to me that are required to be informed that I have made this application.

| Name | First line of address and postcode | Description of the person's interest in the property or the application | Date of service |
|------|------------------------------------|---|-----------------|
| | | | |
| | | | |
| | | | |

Fit and proper person check

The following information will be used to decide if you meet the 'fit and proper' person requirements. The questions in this section relate to all properties within your portfolio, whether within our boundaries or elsewhere within Great Britain.

1.7 We need to know whether:

- ◆ you have any unspent convictions
- ◆ in the last 5 years you have received a caution, informal or formal warning
- ◆ you are currently being investigated

HMO APP:

| In respect of any of the following | Please tick | Yes | No |
|---|-------------|-----|----|
| 1. Fraud or dishonesty (including benefit fraud) | | | |
| 2. Violence | | | |
| 3. Drugs | | | |
| 4. Matters listed in Schedule 3 to the Sexual Offences Act 2003 | | | |

1.8 If you answer yes to any of the following questions, please give details in space provided overleaf – **1.10**

| Have you, at any time | Please tick | Yes | No |
|--|-------------|-----|----|
| 1. Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability in, or in connection with, the carrying on of any business | | | |
| 2. Contravened any provision of the Landlord and Tenant Acts, Housing Legislation, Public Health Act, Environmental Protection Act, which led to criminal or civil proceedings | | | |
| 3. Been refused a licence / had a licence revoked under the Housing Act 2004 | | | |
| 4. Breached the conditions of an HMO licence issued under the Housing Act 2004 | | | |
| 5. Had a property that has been subject to an HMO Control Order or Management Order (Control Order within the last 5 years only) | | | |
| 6. Been served with a statutory notice relating to residential property you own or manage. If yes, have you complied with this notice in the specified time period | | | |
| 7. Has a Council undertaken works in default in respect of above notices | | | |
| 8. Acted in contravention of any Code of Practice approved under S233 of the Housing Act 2004. The Management of Houses in Multiple Occupation (England) Regulation 2006. | | | |

| 1.9 | Yes | No |
|---|-----|----|
| Are there any outstanding statutory notices relating to residential property you own? | | |

1.10 If applicable, please provide details as requested in question 1.8 / 1.9

| 1.11 | Yes | No |
|---|-----|----|
| Does any of the above apply to anyone associated or formally associated with you on a work personal or other basis? | | |
| If yes, does this person influence the management of the property? | | |

If yes, please give details of the matter of concern and the role of the person involved:

HMO APP:

| | | |
|---|------------|-----------|
| 1.12 | Yes | No |
| Have you suitable management and funding arrangements in place and authority to ensure the health, safety and welfare of your tenants and to fulfil all your other statutory obligations? | | |

TO BE SIGNED BY THE PROPOSED LICENSEE

Having read and understood the application guidance, I declare that the information contained in this application is correct to the best of my knowledge. I understand that I commit an offence if I supply any information to a Local Housing Authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I know is false or misleading or am reckless as to whether it is false or misleading.

I declare that in the employment of all my staff and contractors I take appropriate steps to ensure that they are 'fit and proper' persons to undertake their respective duties. I take into account offences, etc. relating to fraud or dishonesty (including benefit fraud), violence, drugs and matters listed in Schedule 3 to the Sexual Offences Act 2004 and the work for which they are responsible.

| Signed | Date |
|---------------|-------------|
| | |



SECTION 2 – OWNERS DETAILS

This section must be completed in respect of all owners of the property

2.1 Please provide details of all owners (add on a separate sheet if the space is not adequate)

| | | | |
|------------------------------|--|------------------------|--|
| a) Name | | Date of Birth | |
| Address (including postcode) | | Telephone Number 1 | |
| | | Telephone Number 2 | |
| | | National Insurance No. | |
| | | Email | |
| b) Name | | Date of Birth | |
| Address (including postcode) | | Telephone Number 1 | |
| | | Telephone Number 2 | |
| | | National Insurance No. | |
| | | Email | |
| c) Name | | Date of Birth | |
| Address (including postcode) | | Telephone Number 1 | |
| | | Telephone Number 2 | |
| | | National Insurance No. | |
| | | Email | |
| d) Name | | Date of Birth | |
| Address (including postcode) | | Telephone Number 1 | |
| | | Telephone Number 2 | |
| | | National Insurance No. | |
| | | Email | |

If the property is owned by a company:

2.2 Name of Company:

Registered Address:

.....

.....Postcode:

Company House Registration Number:

2.3 Who do you propose to be the licence holder?

Name:

HMO APP:

Address:.....
.....
..... Postcode:.....

TO BE SIGNED BY ALL THE OWNERS

Having read and understood the application guidance, 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 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 I am/we are reckless as to whether it is false or misleading.

I/we declare that in the employment of all my/our staff and contractors I/we take appropriate steps to ensure that they are 'fit and proper' persons to undertake their respective duties. I/we take into account offences, etc. relating to fraud or dishonesty (including benefit fraud), violence, drugs and matters listed in Schedule 3 to the Sexual Offences Act 2004 and the work for which they are responsible.

I confirm that I wish..... (as stated in 2.3) to be the licence holder.

I have given them authority to undertake the duties of the Licence Holder to include the power to:

- let and evict tenants,
- access all parts of the premises to the same extent as the owner,
- authorise any expenditure necessary to ensure the health safety and wellbeing of the tenants and other who may be effected by the property (including neighbours and passers-by).

| Signed | Date |
|--------|------|
| | |
| | |
| | |

| Signed | Date |
|--------|------|
| | |
| | |
| | |

SECTION 3 – MANAGERS DETAILS

If you sign this form as a partnership or company, you must ensure that any persons to whom you delegate manager's duties are fit and proper persons for the purposes of their duties. Any failure in management duties or responsibilities by such persons may affect your standing as an HMO Manager and lead to any or all licences for HMOs which you manage being withdrawn.

3.1 Full name of company / partnership:

Company Registered Office:.....

.....

.....Postcode:

Company House Registration Number:

3.2 Please provide details of person authorised to manage property:

| | | | |
|------------------------------|--|------------------------|--|
| Name | | Date of Birth | |
| Address (including postcode) | | Telephone Number 1 | |
| | | Telephone Number 2 | |
| | | National Insurance No. | |
| | | Email | |

Fit and proper person check

The following information will be used to decide if you meet the 'fit and proper' person requirements. The questions in this section relate to all properties within your portfolio, whether within our boundaries or elsewhere within Great Britain.

3.3 We need to know whether:

- ◆ you have any unspent convictions
- ◆ in the last 5 years you have received a caution, informal or formal warning
- ◆ you are currently being investigated

| In respect of the following, please tick... | Yes | No |
|---|--------------------------|--------------------------|
| 1. Fraud or dishonesty (including benefit fraud) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Violence | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Drugs | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Matters listed in Schedule 3 to the Sexual Offences Act 2003 | <input type="checkbox"/> | <input type="checkbox"/> |

3.4 *If you answer yes to any of these questions, please give details in space provided overleaf – 3.6*

HMO APP:

| Have you at any time, please tick... | Yes | No |
|--|-----|----|
| 1. Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability in, or in connection with, the carrying on of any business | | |
| 2. Contravened any provision of the Landlord and Tenant Acts, Housing Legislation, Public Health Act, Environmental Protection Act, which led to criminal or civil proceedings | | |
| 3. Been refused a licence / had a licence revoked under the Housing Act 2004 | | |
| 4. Breached the conditions of an HMO licence issued under the Housing Act 2004 | | |
| 5. Had a property that has been subject to an HMO Control Order or Management Order (Control Order within the last 5 years only) | | |
| 6. Been served with a statutory notice relating to residential property you own or manage. If yes, have you complied with this notice in the specified time period | | |
| 7. Has a Council undertaken works in default in respect of above notices | | |
| 8. Acted in contravention of any Code of Practice approved under S233 of the Housing Act 2004. The Management of Houses in Multiple Occupation (England) Regulation 2006. | | |

| 3.5 | Yes | No |
|--|-----|----|
| Are there any outstanding statutory notices relating to residential property you manage? | | |

3.6 If applicable, please provide details as requested in question 3.5 / 3.6

| 3.7 | Yes | No |
|---|-----|----|
| Does any of the above apply to anyone associated or formally associated with you on a work personal or other basis? | | |
| If yes, does this person influence the management of the property? | | |

If yes, please give details of the matter of concern and the role of the person involved:

| 3.8 | Yes | No |
|---|-----|----|
| Have you suitable management and funding arrangements in place and authority to ensure the health, safety and welfare of your tenants and to fulfil all your other statutory obligations? | | |

HMO APP:

3.9 Please give details of any qualifications you have relevant to your responsibilities as a manager:

| Date Awarded | Qualification | Name of Awarding Body |
|--------------|---------------|-----------------------|
| | | |
| | | |
| | | |

3.10 Please give details of your membership of any professional organisations relevant to your responsibilities as a manager:

| Date Gained | Nature of Membership | Organisation |
|-------------|----------------------|--------------|
| | | |
| | | |

TO BE SIGNED BY THE MANAGER

Having read and understood the application guidance, I declare that the information contained in this application is correct to the best of my knowledge. I understand that I commit an offence if I 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 this is false or misleading and which I know is false or misleading or I am reckless as to whether it is false or misleading.

I declare that in the employment of all my staff and contractors I take appropriate steps to ensure that they are 'fit and proper' persons to undertake their respective duties. I take into account offences, etc. relating to fraud or dishonesty (including benefit fraud), violence, drugs and matters listed in Schedule 3 to the Sexual Offences Act 2004 and the work for which they are responsible.

| Signed | Date |
|--------|------|
| | |



SECTION 4 – PROPERTY DETAILS

Please provide details of the property to be licensed:

4.1 **Approximate date of construction of building – please tick:**

| | | | | | | | | | |
|----------|--|-----------|--|-----------|--|-----------|--|--------------|--|
| Pre 1919 | | 1919-1944 | | 1945-1964 | | 1965-1979 | | 1980 onwards | |
|----------|--|-----------|--|-----------|--|-----------|--|--------------|--|

| | |
|---|--------------------|
| 4.2 Was it... | Please tick |
| a) Purpose built as a dwelling with its present design. | |
| b) Converted from a previous residential dwelling or dwellings. | |
| c) Converted from a structure which was previously used for non residential purposes. | |
| If converted please give an approximate date of the conversion: | |

4.3 Please indicate how many storeys the building consists of:

| | | | | | | | |
|-----------------------------|----------|--------|-----|-----|-----|-----|----|
| | Basement | Ground | 1st | 2nd | 3rd | 4th | 5+ |
| Tick all applicable: | | | | | | | |

4.4 How many letting units of accommodation are there in the property?

4.5 How many people currently live in the property?

4.6 Is the building.....?

| | | | | |
|----------|---------------|-------------|-------------|--------------------|
| Detached | Semi-detached | End Terrace | Mid Terrace | Flats / Maisonette |
| | | | | |

Fire Safety

4.7 Please indicate which type of fire alarm system is in the property (See guidance)

| | | | | |
|----------------|------------------------|----------------|----------------|-------------|
| GRADE A | GRADE A & D | GRADE D | BATTERY | NONE |
| | | | | |

| | | |
|---|------------|-----------|
| 4.8 | Yes | No |
| Is the fire detection warning system fully operational? | | |

| | | |
|--|------------|-----------|
| 4.9 | Yes | No |
| Do you have a current test certificate for the fire detection and warning system? <i>(If 'Yes', please enclose a copy with this application)</i> | | |

HMO APP:

4.10 What arrangements are in place to ensure that fire detection and warning devices continue to work correctly? Please tick all that apply:

| | | | |
|---|--------------------------|--------------------------------------|--------------------------|
| Six monthly / annual inspection by a competent person | <input type="checkbox"/> | Fire log book kept | <input type="checkbox"/> |
| Visual check by licensee weekly / monthly | <input type="checkbox"/> | Tenants asked to report any problems | <input type="checkbox"/> |

| | | |
|--|--------------------------|--------------------------|
| 4.11 | Yes | No |
| Is there a notice displayed in the property providing instructions to the occupiers what to do in the event of a fire? | <input type="checkbox"/> | <input type="checkbox"/> |

4.12 What other fire precautions are in the building? Please tick all that apply:

| | | | |
|---------------|--------------------------|--------------------|--------------------------|
| Fire Doors | <input type="checkbox"/> | Emergency Lighting | <input type="checkbox"/> |
| Fire Blankets | <input type="checkbox"/> | Fire Extinguishers | <input type="checkbox"/> |

4.13 Please provide any certificates in respect to the last examination of the emergency lighting and fire extinguishers

Gas and Electric Safety

| | | |
|--------------------------------------|--------------------------|--------------------------|
| 4.14 | Yes | No |
| Does the property have a gas supply? | <input type="checkbox"/> | <input type="checkbox"/> |

4.15 Please provide a copy of the last annual gas safety certificate

4.16 Please provide a copy of the last periodic inspection of the electrical installation along with any documentary evidence that any faults have been rectified

4.17 What arrangements are in place to ensure the **electrical appliances** are kept in a safe and good working order?

Furniture Safety

| | | |
|---|--------------------------|--------------------------|
| 4.18 | Yes | No |
| Does the landlord provide any items of furniture in the property? | <input type="checkbox"/> | <input type="checkbox"/> |
| If 'Yes', do all such items comply with the Furniture & Furnishings (Fire) (Safety) Regulations 1988? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all such furniture and furnishings safe in all other aspects? | <input type="checkbox"/> | <input type="checkbox"/> |

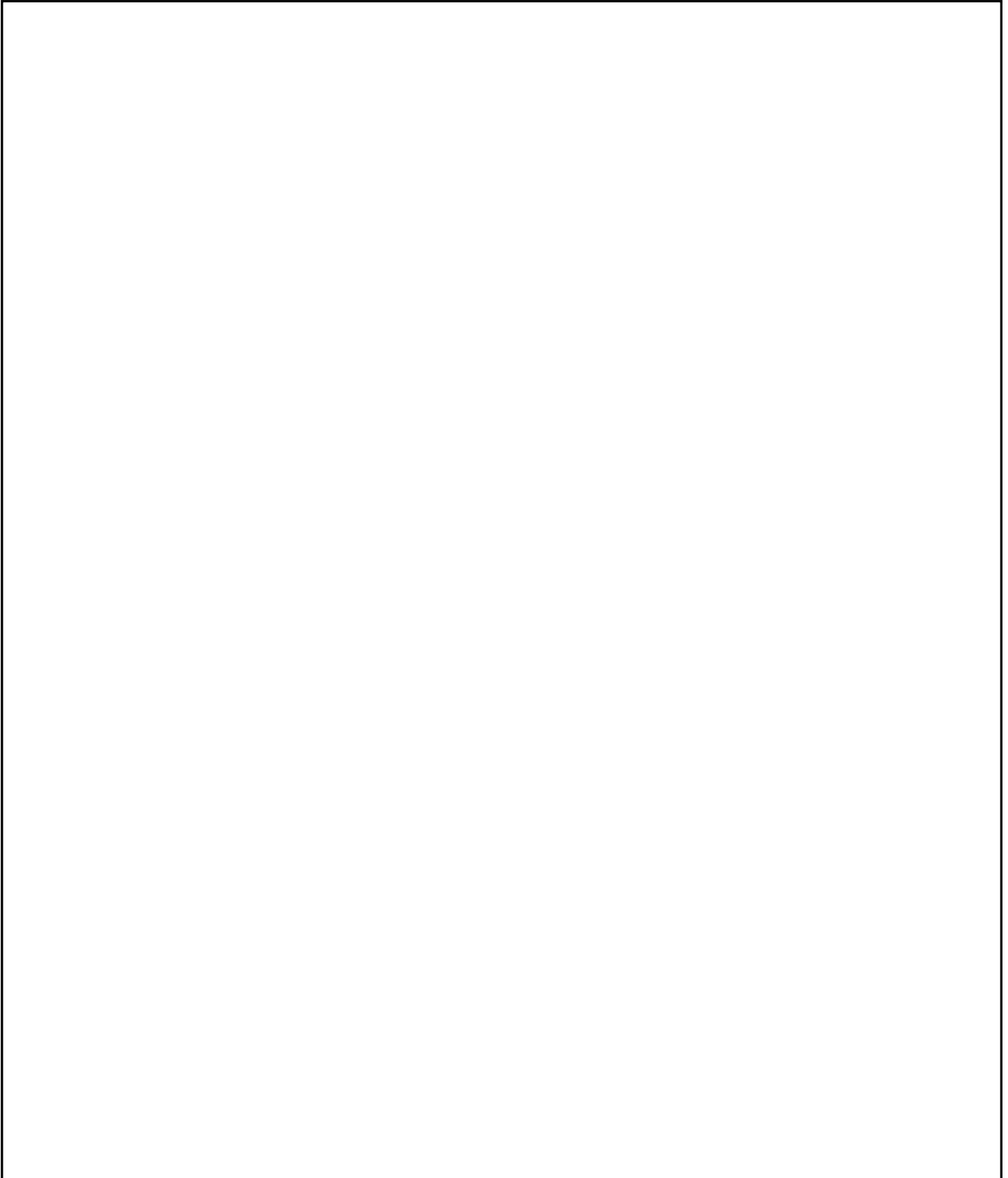
4.19 What type of heating is provided?

| | | | |
|-----------------------------|--------------------------|-------------------------------|--------------------------|
| Full gas central heating | <input type="checkbox"/> | Wall mounted gas heaters | <input type="checkbox"/> |
| Partial gas central heating | <input type="checkbox"/> | Wall mounted electric heaters | <input type="checkbox"/> |
| Electric storage | <input type="checkbox"/> | Other, please specify: | <input type="checkbox"/> |

HMO APP:

4.20 Please provide a sketch plan of the property:

Refer to guidance notes for instruction and please use additional sheets if necessary. Please number all separate lettings and shared facilities for ease of identification



4.22 SHARED FACILITIES

SHARED KITCHENS

| Location | No. Sharing | Cooker | Worktops | Sink | Fridge | Fire blanket | Space heating |
|----------|-------------|--------|----------|------|--------|--------------|---------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SHARED BATHROOMS

| Location | No. Sharing | Bath | Shower | WC | Wash basin | Space heating | Extract fan |
|----------|-------------|------|--------|----|------------|---------------|-------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SHARED WCs (separate from bathrooms)

| Location | No. Sharing | Wash basin | Space heating | Extract fan | | | |
|----------|-------------|------------|---------------|-------------|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |



SECTION 5 – MANAGEMENT

Before issuing a licence, the Council is required to be satisfied that the management arrangements for the house 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.

5.1 What arrangements are in place to ensure that the common parts (e.g. shared kitchen, stairwells, bathrooms) are kept clean, safe and in good order?

5.2 What arrangements are in place to ensure that tenants can contact the owner / manager / licensee in the event of an emergency?

| 5.3 | Yes | No |
|--|--------------------------|--------------------------|
| Has each tenant been provided with a true copy of a written tenancy agreement? | <input type="checkbox"/> | <input type="checkbox"/> |

5.4 What procedures do you have for dealing with any complaints tenants have concerning conditions in the property?

5.5 What arrangements have been made for minimising potential problems between tenants?

| | |
|---|-----|
| 5.6 Do you require a bond or deposit from tenants? | Yes |
| | No |
| Are the terms of the deposit clearly set out in writing? | Yes |
| | No |

| | |
|--|-----|
| 5.7 Do you provide each tenant with an inventory of furniture and items provided? | Yes |
| | No |

| | |
|--|--|
| 5.8 What procedures do you adopt if you are satisfied that particular tenant is guilty of anti-social behaviour towards people sharing the house or people living in the neighbourhood? | |
|--|--|

HMO APP:

| | | |
|---|------------|-----------|
| 5.9 | Yes | No |
| Does the property have buildings insurance? | | |

5.10 What arrangements are in place to review the general conditions for the property and to plan for programmed maintenance work?

| | | | |
|-----------------------|--|---------------------------|--|
| Annual inspections | | Inspect between tenancies | |
| 6 monthly inspections | | Occasional checks | |
| Quarterly inspections | | None | |
| Weekly inspections | | | |

| | |
|---|--------------------|
| Your application will not be considered unless all documents required have been received and are in good order. All original certificates will be returned to you. | Please tick |
| 1. Completed Section 1 (Proposed Licence Holder) | |
| 2. Completed Section 2 (Owner) | |
| 3. Completed Section 3 (Manager) | |
| 4. Completed Section 4 (Management) | |
| 5. Completed Section 5 (Property) | |
| Current original certificates showing that: | Please tick |
| ◆ The gas installation and appliances have been inspected by a competent person (normally a CORGI registered inspector) in the year prior to this application) | |
| ◆ The electrical installation has been inspected by a competent person (as stated in certificate) | |
| ◆ The electrical appliances have been inspected by a competent person (within the last year) | |
| ◆ The fire alarm have been inspected by a competent person (within the last year) | |
| ◆ The emergency lighting has been inspected by a competent person (within the last year) | |
| ◆ Any planning consents, building regulation certificates, etc. | |
| 6. Any additional sheets used | |

FINALLY PLEASE NOTE

The application must also be accompanied by the appropriate fee of £450 for an unassisted application or £550 if you require any significant assistance with completing this form.

HMO APP:

| | |
|--------------------------------------|--|
| FOR OFFICE USE ONLY: | |
| Date Received | |
| Receipt Number | |
| Reference Number | |
| Address of HMO (including postcode): | |
| | |

Please return the completed form to:

«Aaction_off_section»

«Aact_off_addr1», «Aact_off_addr2»,

«Aact_off_addr3», «Aact_off_addr4»

«Aact_off_addr5»

Telephone: «Aofficertelephone»

Fax: «Aofficerfax»

Email: «Aofficeremail»

Web: www.torbay.gov.uk/housing