

Licensing of Houses in Multiple Occupation (HMO)

APPLICATION PACK

You **must** read and refer to the guidance notes before completing the application form

Please return the completed form to:

Mid Devon District Council
Environmental Health Services
Phoenix House
Phoenix Lane
Tiverton
Devon EX16 6PP

FOR OFFICE USE ONLY:

Date Received

Receipt Number

Reference Number

Address of HMO (including postcode):

How to complete the application forms:

The pack is divided into 5 sections:

1. **Proposed licence holder details** – To be completed by the proposed licence holder.
2. **Owner/s details** – To be completed by the owner(s) of the property
3. **Manager's details** – To be completed by the appointed manager
4. **Property details** – To be completed by the proposed licence holder
5. **Management details** – To be completed by the proposed licence holder

The Council would expect the owner / one of the owners to be the licence holder unless s/he can demonstrate that s/he has entered into an arrangement whereby a manager has full control over the property.

DATA PROTECTION

The Council requires you to provide the information in order to:

- Identify the persons involved in the management of the HMO and to gather the information necessary for the National HMO Register.
- Obtain information needed to address the fitness and competence of persons involved in the management of the HMO
- Link properties and persons involved in the management of the HMO.
- Obtain information concerning the suitability of the property to be licensed as an HMO.
- Prioritise inspection of the HMO to assess compliance with licensing standards and the Housing Health and Safety Rating System (HHSRS)

SECTION 1 – PROPOSED LICENCE HOLDERS FORM

This form is to be completed by the person who will be bound by the conditions of the licence

1.1 Address of the property to be licensed:

 Postcode:.....

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

Name: Date of Birth:

Address (including postcode)	Telephone no. 1	
	Telephone no. 2	
	Fax Number	
	Ethnicity	
	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 the property is to be licensed for:

1.5 Please state other properties that are licensed (or for which a licence is 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

1) Property Address (including postcode)	2) Property Address (including postcode)
Local Housing Authority	Local Housing Authority
3) Property Address (including postcode)	4) Property Address (including postcode)
Local Housing Authority	Local Housing Authority

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

Local Housing Authority	
1.	2.
3.	4.
5.	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 – see guidance for details (please continue on separate sheet if space is not adequate)

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

in respect of the following...

Please state Yes or No

- | | |
|---|-------|
| 1. Fraud or dishonesty (including benefit fraud) | ..... |
| 2. Violence | ..... |
| 3. Drugs | ..... |
| 4. Matters listed in Schedule 3 to the Sexual Offences Act 2003 | ..... |

If you answer yes to any of these questions, please give details in space provided below – **1.10**

1.8 Have you at any time:

Please state Yes or 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. | ..... |

If you answer yes to any of these questions, please give details in space provided below – **1.10**

Please state Yes or No

1.9 Are there any outstanding statutory notices relating to residential property you own?

If you answer yes to any of these questions, please give details in space provided below – **1.10**

1.10 If applicable, please provide details as requested in question 1.7, 1.8 and 1.9

Please state Yes or No

1.11 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

1.12 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?

Yes No

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

Date Awarded	Qualification	Name of Awarding Body

1.14 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 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 FORM

This section must be completed by **all owners** of the property

2.1 Address of the property to be licensed:

.....

..... Postcode:

2.2 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	
	Phone 1	Phone 2
	National Insurance No.	
	Email	

b) Name: **Date of Birth:**

Address (including postcode)	Telephone	
	Phone 1	Phone 2
	National Insurance No.	
	Email	

c) Name: **Date of Birth:**

Address (including postcode)	Telephone	
	Phone 1	Phone 2
	National Insurance No.	
	Email	

d) Name: **Date of Birth:**

Address (including postcode)	Telephone	
	Phone 1	Phone 2
	National Insurance No.	
	Email	

Please complete if the property is owned by a company

2.3 Name of company:

Registered Address:

.....

.....Postcode:

Company House Registration Number:

TO BE SIGNED BY ALL THE OWNERS WHERE THE PROPOSED LICENCEE IS NOT ONE OF THE OWNERS OR WHERE THE PROPOSED LICENCEE IS TO BE ONE OF THE JOINT 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/we confirm that

Is proposed as the licence holder. I/we have given him/her 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 FORM

As licensee you must ensure that any persons to whom you delegate management duties are fit and proper persons for the purposes of their duties. Any failure in management duties or responsibilities by such persons may affect their standing as an HMO Manager and lead to any or all licences for HMOs for which you are licensee being withdrawn.

3.1 Address of property to be licensed:

Postcode:

3.2 Full name of company / partnership / Manager:
 Company Registered Office:.....

Postcode:
 Company House Registration Number:

3.3 Please provide details of person authorised to manage property
 Name:.....Date of Birth:

Address (including postcode)	Telephone numbers	
	Phone 1	Phone 2
	Fax number	
	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.

3.4 We need to know whether:

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

in respect of the following...

Please state Yes or No

- | | |
|---|-------|
| 1. Fraud or dishonesty (including benefit fraud) | ..... |
| 2. Violence | ..... |
| 3. Drugs | ..... |
| 4. Matters listed in Schedule 3 to the Sexual Offences Act 2003 | ..... |

If you answer yes to any of these questions, please give details in space provided below – 3.7

3.5 Have you at any time:

Please state Yes or 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.

If you answer yes to any of these questions, please give details in space provided below – 3.7

Please state Yes or No

3.6 Are there any outstanding statutory notices relating to residential property you manage

If you answer yes to any of these questions, please give details in space provided below – 3.7

3.7 If applicable, please provide details as requested in question 3.4, 3.5, and 3.6

Please state Yes or No

3.8 Does any of the above apply to anyone associated or formally associated with you on a **work or 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

3.9 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?

Yes No

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

Date Awarded	Qualification	Name of Awarding Body

3.11 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 FORM

Please provide details of the property to be licensed:

4.1 Property address:

.....

.....Postcode:

4.2

Approximate date of construction of building (please tick)									
Pre 1919		1919- 1944		1945- 1964		1965- 1979		1980 onwards	

- 4.3 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

4.4 Please indicate how many storeys the building consists of (tick all applicable)

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

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

4.6 How many people currently live in the property [including children of any age]?.....

4.7 How many households currently occupy the property?

4.8 Is the building... (please tick)

Detached	Semi-detached	End Terrace	Mid Terrace	Flats / Maisonette

Fire Safety

4.9 Which of the following fire detection systems are in the property? [see guidance]

GRADE A	GRADE A & D	GRADE D	BATTERY	NONE

4.10 Is the fire detection warning system working? Yes No

4.11 Do you have a current test certificate for the fire detection and warning system?

Yes No (If 'Yes', please provide)

4.12 What arrangements are in place to ensure that fire detection and warning devices continue to work correctly?

Annual inspection by competent person		Keep record of checks	
Check alarm works six monthly		Tenants asked to report any problems	
Visual check monthly		None	

4.13 Is there a notice displayed in the property providing instructions to the occupiers what to do in the event of a fire?

Yes No

4.14 What other fire precautions are in the building? (tick all that apply)

Fire Doors		Emergency Lighting	
Fire Blankets		Fire Extinguishers	
Escape Procedure			

4.15 Which of the above are inspected by a competent person? Please provide the current certificate(s) for each one ticked

Fire Doors		Emergency Lighting	
Fire Blankets		Fire Extinguishers	
Escape Procedure			

Gas and Electric Safety

4.16 Does the property have a gas supply? Yes No

4.17 What arrangements are in place to ensure the **gas installation and appliances** are kept in a safe and good working order? (tick all that apply)

Annual Gas Inspection		Respond to complaints from tenants	
Regular Servicing		None	
Check for damage and faults during inspections			

4.18 What arrangements are in place to ensure the **electrical installation** is kept in a good and safe working order? (tick all that apply)

5 yearly inspection by competent person		Respond to complaints from tenants	
Check for damage and faults during inspection		None	

4.19 What arrangements are in place to ensure the **electrical appliances** are kept in a safe and good working order? (tick all that apply)

Yearly inspection by competent person		Respond to complaints from tenants	
Check for damage and faults during inspection		None	

Furniture Safety

4.20 Does the landlord provide any items of furniture in the property? Yes No

If 'Yes', do all such items comply with the Furniture & Furnishings (Fire) (Safety) Regulations 1988?

Yes No

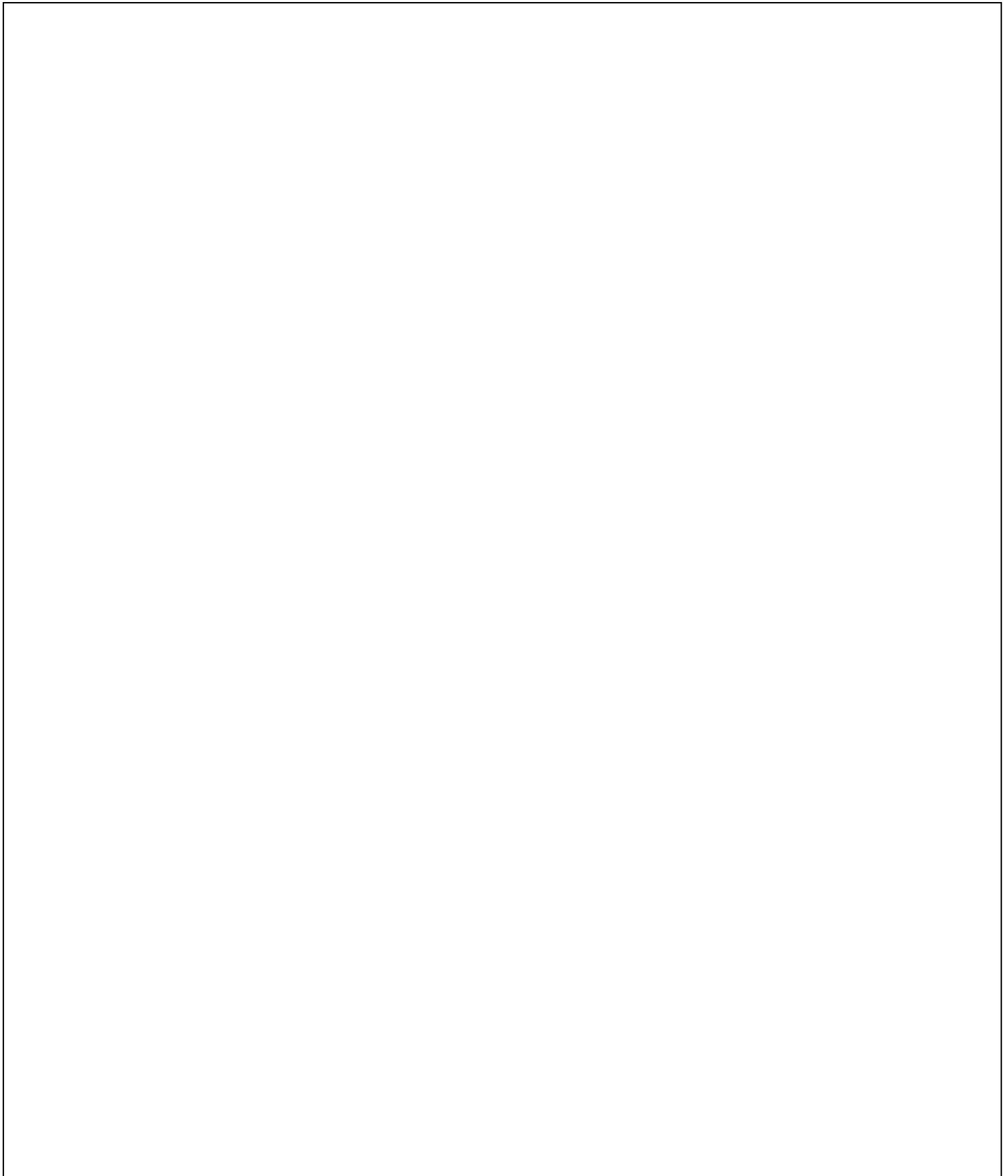
Are all such furniture and furnishings safe in all other aspects? Yes No

4.21 What type of heating is provided?

Full gas central heating		Wall mounted gas heaters	
Partial gas central heating		Wall mounted electric heaters	
Electric storage		Other – please specify	

4.22 Please produce sketch plan of the property. (Refer to guidance notes for instruction)

Please number all rooms for identification on completing questions 4.23 – 4.27



Declaration

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 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 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 Property address:

Postcode:

5.2 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? (tick all that apply)

Employ a cleaner to clean weekly		Check for damage during inspections	
Employ a cleaner to clean monthly		Respond to complaints from tenants	
Cleaner instructed to report defects		None	

5.3 What arrangements are in place to ensure the tenants can contact the licence holder in the event of an emergency?

Emergency cover plan, tenants call company		Alternative contacts if not available	
Name and contact details displayed in hall		None	

5.4 Has each tenant been provided with a true copy of a written tenancy agreement?

Yes No

5.5 What procedures do you have for dealing with any complaints tenants have concerning conditions in the property? (tick all that apply)

Arrangements with firms/contractors to attend to repairs		Wait for the tenant to contact again	
Inspect the problem as soon as possible		Complete the work when I have the money	
Complete the work as soon as possible		None	

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

There is a condition in the tenancy which restricts loud music at night		I try to negotiate an agreement	
I am very careful about the tenants I let to		I evict the problem tenant	
I provide adequate facilities to reduce problems resulting from sharing		None	

5.7 Do you require a bond or deposit from tenants? Yes No

Are the terms of the deposit clearly set out in writing?

Yes, terms are in the written tenancy agreement		No	
Yes, I don't give the terms in writing			

5.8 Do you provide each tenant with an inventory of furniture and items provided?

Yes	
I also take photos	
No	

5.9 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?

A staged approach trying to resolve the problem		None	
Evict the tenant			

5.10 Does the property have buildings insurance? Yes No

5.11 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			

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.

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Signed	Date

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)	
6. The full Licence fee	

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.	
7. Any additional sheets used.	