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| MANDATORY HMO LICENCE APPLICATION |  |
| **APPLICANT DETAILS** |
| **1.** Are you an agent acting on behalf of the applicant? | Yes [ ]  | No [ ]  |
| Agent Name: Contact(s): Telephone: Email:  |
| **2.** Name of Applicant: **Title:** Mr/Mrs/Miss/Ms/Dr **First Name**: **Surname**: |
| Address: |
| Contact(s): Home: Mobile: Work: Email:  |
| **3.** Indicate your preferred method of contact: Telephone [ ]  Email [ ]  by post [ ]  |
| **4.** Are you applying as:  | An individual [ ]  A business or organisation including a sole trader [ ]  |
| **WHERE APPLICANT IS A BUSINESS** |
| **5.** Is your business registered in the UK with Companies House? | Yes [ ]  | No [ ]  |
| **6.** Please give your registration number: |
| **7.** Is your business registered outside of the UK? | Yes [ ]  | No [ ]  |
| **If yes**; commercial registration:  |  |
| Registration number: |  |
| Business name: |  |
| VAT number: |  |
| Legal status: |  |
| Your position within the business: |  |
| Home country of headquarters: |  |
| Business address: |  |
| **PROPOSED LICENCE HOLDER** |
| **8.** Name of proposed Licence Holder:  | **Title:** Mr/Mrs/Miss/Ms/Dr **First Name**: **Surname**: |
| Address: |
| Contact(s): Home: Mobile: Work: Email:  |
| Date of birth: |  / / |  |  |  |
| National Insurance number: |  |  |  |  |  |  |  |  |  |  |  |
| Place of birth: |  |
| Your interest in the property: | Owner [ ]  Leaseholder [ ]  Manager [ ]  |
| **PROPOSED LICENCE HOLDER - BUSINESSES AND ORGANISATIONS**  |
| **9.**  Legal status of the proposed licence holder: | Individual or sole trader [ ]  Company [ ]   | Partnership [ ]  Charity or trust [ ]   | Other [ ]  |
| **OWNERSHIP AND CONTROL** |
| **10.** Does the proposed licence holder have control of the property? | Yes [ ]  | No [ ]  |
| **11.** Does the proposed licence holder have the powers necessary to manage the property? | Yes [ ]  | No [ ]  |
| **12.** Does anyone else have a legal interest in the property? | Yes [ ]  | No [ ]  |
| **13.** Has anybody else agreed to be bound by the conditions of the licence if it is granted?  | Yes [ ]  | No [ ]  |
| **14.** Provide the following details for each person that is an owner, has an interest in the property and/or anybody that has agreed to be bound by the conditions of the licence (but NOT the proposed manager) Attach additional sheets as required |
| Interest in the property: |  |
| Name of person with an interest:  | **Title:** Mr/Mrs/Miss/Ms/Dr **First Name**: **Surname**: |
| Address: |
| Contact(s): Home: Mobile: Work: Email:  |
| Date of birth: |  / / |  |  |  |
| National Insurance number: |  |  |  |  |  |  |  |  |  |  |
| Place of birth: |  |
| **FIT AND PROPER PERSON ASSESSMENT FOR PROPOSED LICENCE HOLDER** |
| Has the proposed licence holder or anyone associated with them been involved with any of the following: |
| **15.** Committed an offence involving fraud or other dishonesty (including benefit fraud), violence, drugs, or any offence listed in Schedule 3 to the Sexual Offences Act 2003 (subject to the Rehabilitation of Offenders Act 1974)? | Yes [ ]  | No [ ]  |
| **16.**  Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability or in connection with, any business? | Yes [ ]  | No [ ]  |
| **17.**  Contravened any legislation relating to housing, public health, environmental health or landlord and tenant law? | Yes [ ]  | No [ ]  |
| **18.** Been refused a licence under Part 2 or 3 of the Housing Act 2004? | Yes [ ]  | No [ ]  |
| **19.** Had a licence revoked for breach of any conditions under Parts 2 or 3 of the Housing Act 2004? | Yes [ ]  | No [ ]  |
| **20.** Contravened any code of practice relating to the management of HMOs? | Yes [ ]  | No [ ]  |
| **21.**  Been subject to a Control Order under the Housing Act 1985 (in the past 5 years)? | Yes [ ]  | No [ ]  |
| **22.** Been subject to a Management Order under the Housing Act 2004? | Yes [ ]  | No [ ]  |
| **23.** Failed to comply with a Housing Notice (requiring works etc.) served by a local authority? | Yes [ ]  | No [ ]  |
| **24.** Been subject to complaints from tenants or other sources regarding serious or repeated breaches of the conditions of a licence under the Housing Act 2004? | Yes [ ]  | No [ ]  |
| **If yes to any of the above please provide details with this application.** |
| **ACCREDITATION AND QUALIFICATIONS** |
| **25.** Is the proposed licence holder and/or the manager a member of a landlord or property accreditation scheme? | Yes [ ]  | No [ ]  |
| **26.** Is the proposed licence holder and /or the manager a member of a landlords association? | Yes [ ]  | No [ ]  |
| **27.** Is the proposed licence holder and/or the manager a member of a professional body relevant to the ownership and management of residential property? | Yes [ ]  | No [ ]  |
| **28.** Have the proposed licence holder and/or the manager any relevant qualifications or undertaken any training courses relevant to the ownership and management of residential property? | Yes [ ]  | No [ ]  |
| **If yes to any of the above please provide evidence with this application.** |
| **PROPOSED MANAGER** |
| **29.** Is the proposed licence holder also the Proposed Manager (if yes and you have completed the proposed licence holder section above, please go to question 45) | Yes [ ]  | No [ ]  |
| **30.** Name of proposed Manager: | **Title:** Mr/Mrs/Miss/Ms/Dr **First Name**: **Surname**: |
| Address: |
| Contact(s): Home: Mobile: Work: Email:  |
| Date of birth: |  / / |  |  |  |
| National Insurance number: |  |  |  |  |  |  |  |  |  |  |  |
| Place of birth: |  |
| Interest in the property: | Freeholder [ ]  Leaseholder [ ]  None [ ]  |
| Legal status of the proposed licence holder/manager: | Individual [ ]  Sole trader [ ]   | Company [ ]  Partnership [ ]   | Charity or trust [ ]  Other [ ]  |
| **FIT AND PROPER PERSON ASSESSMENT FOR PROPOSED MANAGER** |
| Has the proposed manager or anyone associated with them been involved with any of the following: |
| **31.** Committed an offence involving fraud or other dishonesty (including benefit fraud), violence, drugs, or any offence listed in Schedule 3 to the Sexual Offences Act 2003 (subject to the Rehabilitation of Offenders Act 1974)? | Yes [ ]  | No [ ]  |
| **32.** Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability or in connection with, any business? | Yes [ ]  | No [ ]  |
| **33.** Contravened any legislation relating to housing, public health, environmental health or landlord and tenant law? | Yes [ ]  | No [ ]  |
| **34.** Been refused a licence under Part 2 or 3 of the Housing Act 2004? | Yes [ ]  | No [ ]  |
| **35.** Had a licence revoked for breach of any conditions under Parts 2 or 3 of the Housing Act 2004? | Yes [ ]  | No [ ]  |
| **36.** Contravened any code of practice relating to the management of HMOs? | Yes [ ]  | No [ ]  |
| **37.** Been subject to a Control Order under the Housing Act 1985 (in the past 5 years)? | Yes [ ]  | No [ ]  |
| **38.** Been subject to a Management Order under the Housing Act 2004? | Yes [ ]  | No [ ]  |
| **39.** Failed to comply with a Housing Notice (requiring works etc.) served by a local authority? | Yes [ ]  | No [ ]  |
| **40.** Been subject to complaints from tenants or other sources regarding serious or repeated breaches of the conditions of a licence under the Housing Act 2004? | Yes [ ]  | No [ ]  |
| **If yes to any of the above please provide details with this application.** |
| **ACCREDITATION AND QUALIFICATIONS** |
| **41.** Is the proposed licence holder and/or the manager a member of a landlord or property accreditation scheme? | Yes [ ]  | No [ ]  |
| **42.** Is the proposed licence holder and /or the manager a member of a landlords association? | Yes [ ]  | No [ ]  |
| **43.** Is the proposed licence holder and/or the manager a member of a professional body relevant to the ownership and management of residential property? | Yes [ ]  | No [ ]  |
| **44.** Have the proposed licence holder and/or the manager any relevant qualifications or undertaken any training courses relevant to the ownership and management of residential property? | Yes [ ]  | No [ ]  |
| **If yes to any of the above please provide evidence with this application.** |
| **PROPERTY INFORMATION** |
| **45.** Full address of the property to be licensed: |
| **You MUST submit floor plans including room dimensions with this application** |
| **46.** Type of HMO: House in multiple occupation [ ]  Flat in multiple occupation [ ]  Shared House [ ] House converted into flats where at least one flat is not fully self-contained [ ]  Bungalow in multiple occupation [ ]   |
| **47.** How many storeys does the HMO have?(include the ground floor, basements, attics and mezzanines) |  |
| **48.** Which levels are these storeys on in relation to ground level? E.g. basement, ground, 1st, 2nd 3rd etc. |  |
| **49.** How many storeys does the whole building have?  (include ground floor, below ground and above) |  |
| **50.** Type of building: Detached house [ ]  Semi-detached house [ ]  Terrace house [ ]  End terrace house [ ]  Residential block of flats [ ]  Bungalow [ ]  Other [ ]  |
| **51.** Are any parts of the building used for non-residential purposes? | Yes [ ]  | No [ ]  |  |
| **If yes**, describe which parts and how they are being used: |
| **52.** Does the owner of the HMO also own these parts? | Yes [ ]  | No [ ]  |  |
| **53.** When was the building originally constructed?  Before 1919 [ ]  1919 – 1945 [ ]  1946 – 1964 [ ]  1965 – 1980 [ ]  After 1980 [ ]  |
| **54.** Was the property: Purpose built with its present design [ ] Converted from a previous residential dwelling [ ]  Converted from a non-residential structure [ ]  |
| If the building has been converted provide the year the conversion was undertaken: |  |
| **55.** Number of separate letting units in the property: |  |  |
| **56.** How many of these are:  |  Self-contained  |  | Non self-contained  |  | Units with dormitories |  |
| **FACILITIES** |
| **57.**  | **Total number** **in property** | **How many are exclusive to one letting unit?** | **How many are shared between letting units?** |
| Bedrooms (not bedsits) |  |  |  |
| Bedsits |  |  |  |
| Living dining rooms |  |  |  |
| Kitchens |  |  |  |
| Sinks (exclude wash hand basins) |  |  |  |
| Shower/bathrooms |  |  |  |
| Toilets in shower/bathrooms |  |  |  |
| Separate toilets with wash hand basins |  |  |  |
| Separate toilets without wash hand basins |  |  |  |
| Wash hand basins |  |  |  |
| **58.** Do the following all have a constant supply of hot and cold running water? tick those that apply: Baths [ ]  Showers [ ]  Sinks [ ]  Wash hand basins [ ]  |
| Provide details for those that have not been ticked: |
| **59.** Tick the items which the landlord provides the kitchens:Sink with a draining board [ ]  Food storage cupboards [ ]  Worktops for food preparation [ ] A means of cooking food (not just a microwave) [ ]  Refrigerator and freezer (or freezer compartment) [ ] Electrical sockets [ ]  Refuse storage facilities [ ]   |
| Provide details for those that have not been ticked: |
| **HEATING AND ENERGY EFFICIENCY** |
| **60.** Type of heating in the property:Gas central heating [ ]  Electrical central heating/night storage heaters [ ]  Fixed gas heaters/fires [ ] Fixed electrical heaters/fires [ ]  Solid fuel fires [ ]  Oil central heating [ ] Other [ ]  (please specify): |
| **61.** Do all the rooms in the property have a source of heating? | Yes [ ]  | No [ ]  |
| **If no**, provide details of where heating is missing: |
| **62.** Do all bathrooms and kitchens have a means of natural or mechanical ventilation? | Yes [ ]  | No [ ]  |
| Provide details of types of ventilation in each kitchen and bathroom and explain where ventilation is missing: |
| **63.** Are the windows double glazed? All [ ]  Some [ ]  None [ ]  |
| **64.** Is the roof space insulated? All [ ]  Some [ ]  None [ ]  N/A [ ]  |
| **65.** Are cavity walls insulated? All [ ]  Some [ ]  None [ ]  N/A [ ]  |
| **66.** Are hot water tanks lagged? All [ ]  Some [ ]  None [ ]  N/A [ ]  |
| **67.** Is there an energy performance certificate? | Yes [ ]  | No [ ]  | **If yes**, provide a copy. |
| **GAS AND ELECTRICITY** |
| **68.** Where the property has gas please provide the following gas safety information: |
| Date of last inspection: |  |
| Certificate number: |  |
| Name of inspector/company: |  |
| Engineer registration: |  |
| **69.** Have the electrical installation and fixed electrical appliances been tested within the last 5 years? **If yes**, provide a copy. | Yes [ ]  | No [ ]  |
| **70.** Date of last inspection of electrical installation: |  |
| Certificate number: |  |
| Name of inspector/company: |  |
| **71.** Are any portable electrical appliances provided for use by the occupants (e.g. kettle, refrigerator, vacuum cleaner, microwave etc.?) | Yes [ ]  | No [ ]  |
| **72.** Are any of these appliances more than 12 months? | Yes [ ]  | No [ ]  |
| **73.** Date of last inspection of portable electrical appliances: |  |
| Certificate number: |  |
| Name of inspector/company: |  |
| **FIRE PRECAUTIONS** |
| **74.** Has a fire safety risk assessment be undertaken? | Yes [ ]  | No [ ]  |
| **75.** Are smoke and/or heat alarms (or detectors) provided in the property? | Yes [ ]  | No [ ]  |
| **76.** Type of alarms and detectors: Battery operated [ ]  Mains electricity – stand alone [ ]  Mains electricity - interlinked [ ]  Mains electricity - panel controlled [ ]  Sprinkler system [ ]  Other [ ]  (please specify): |
| Provide the location of each smoke detector: |
| **77.** Is the fire equipment serviced and inspected by a competent person on a regular basis? | Yes [ ]  | No [ ]  |
| **Type of equipment** | **Is it provided?** | **Date last inspected** | **Certificate number** | **Name of inspector/company** |
| Fire extinguishers | Yes [ ]  | No [ ]  |  |  |  |
| Fire blankets in every kitchen | Yes [ ]  | No [ ]  |  |  |  |
| Emergency lighting in common areas | Yes [ ]  | No [ ]  |  |  |  |
| Fire doors | Yes [ ]  | No [ ]  |  |  |  |
| Alarm system | Yes [ ]  | No [ ]  |  |  |  |
| **78.** Provide details of the fire escape routes from the property and how you ensure they are kept clear:  |
| **79.** Provide details of any fire safety information or training provided to the occupiers of the property: |
| **80.** Do all furniture and soft furnishings provided at the property comply with the Furniture and Furnishings (Fire) (Safety) Regulations 1988 (as amended)? Yes [ ]  No [ ]  Don’t know [ ]  None provided [ ]  |
| **PROPERTY MANAGEMENT** |
| **81.** Are the occupants given a tenancy agreement (or other written statement of terms of occupancy)? | Yes [ ]  | No [ ]  |
| **82.** Does the written statement of terms include any clauses relating to anti-social behaviour? | Yes [ ]  | No [ ]  |
| **83.** Does the written statement of terms include guidelines on procedures for tenants to report necessary repairs and make complaints about the property? | Yes [ ]  | No [ ]  |
| **84.** Is a deposit required at the start of a new tenancy? | Yes [ ]  | No [ ]  |
| **85.** Are the terms of the tenancy deposit clearly set out in writing for the tenant? | Yes [ ]  | No [ ]  |
| **86.** Is the proposed licence holder or manager a member of a government authorised scheme that protects tenant’s deposits? | Yes [ ]  | No [ ]  |
| **87.** Are tenants given a rent book? | Yes [ ]  | No [ ]  |
| **88.** Are tenants given receipts for rent payments? | Yes [ ]  | No [ ]  |
| **89**. Do you provide tenants with the ‘How to rent’ leaflet? | Yes [ ]  | No [ ]  |
| **90.** Do you undertake right to rent checks? | Yes [ ]  | No [ ]  |
| **91.** How do you vet prospective tenants? |
| **92.** How do you ensure the property is clean safe and fit to live in before each new tenancy? |
| **93.** How do you agree an inventory with each tenant detailing the furniture and appliances supplied, including the condition of individual items? |
| **94.** How do you review the general condition of the property (internal, external, garden etc.) sufficiently to ensure it is maintained in good and safe repair? |
| **95.** How do you deal with repairs and complaints which have been reported, within in a reasonable time period? |
| **96.** How do you cover the cost of emergency repair work or improvements to the property? |
| **97.** How do you react and respond to complaints of anti-social behaviour involving or affecting the tenants and/or their children or visitors? |
| **OCCUPATION** |
| **98.** Is there a resident landlord? | Yes [ ]  | No [ ]  |  |
| **99.** How many people are in the landlord’s household? |  |  |  |
| **100.** Which parts of the property does the landlord’s household occupy? |
| **101.** Provide the number of households and occupants in the property (do not include the resident landlord in these figures). |
|  | **Number at the time of the application**  | **Your proposed maximum** |
| Separate households (single person(s) or family members or a cohabiting couple) |  |  |
| Number of Adult occupants |  |  |
| Number of child occupants |  |  |
| Provide a separate list of the names of the current occupiers and indicate where the name relates to a child under 16 years of age. |
| **102.** What are the catering arrangements for the occupants of the property? (e.g by landlord, B&B, self-catering). |
| **OTHER PROPERTIES** |
| **103.** Does the proposed licence holder and/or manager own or manage other properties which require a licence under the housing act 2004? | Yes [ ]  | No [ ]  |
| **104**. Number of licensed properties in the Mid Devon area: |  |
| **105.** Number of licensed properties in other areas: |  |
| **106.** Have details of these properties been provided in a previous licence application to this authority? | Yes [ ]  | No [ ]  |
| **107.** Give the reference(s) of your previous applications: |
| **108.** Please provide details of any other licensable properties that have not already been disclosed: |
| Address: |
| Licence details (type/reference/date granted): |
| Continue on a separate sheet if more properties need to be disclosed |
| **NOTIFICATION** |
| **109.** You must let the following people know in writing that you have made an application for a licence. Complete the table below for those that apply. |
| **Interest in the property** | **Name of person notified** | **Address** |
| Any owner |  |  |
| Any mortgage provider |  |  |
| Any long term tenant or long lease holder |  |  |
| Proposed licence holder (if not you) |  |  |
| Proposed managing agent (if not you) |  |  |
| Any person who has agreed to be bound by the licence conditions |  |  |
|  |
| **DECLARATIONS** **to be signed by the person completing the form** |
|  |
| **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.** |
| **Signature:** |  | **Date:** |  |
| **Print name:** |  |
|  |  |
| **I declare that I have served a notice of this application on the persons detailed in question 109 of this application, who are the only persons known to me that are required to be informed, that I have made this declaration.** |
| **Signature:** |  | **Date:** |
| **Print name:**  |  |
|  |
| The information provided will be held securely by this Council in accordance with current Data Protection legislation. However some information is required to be published in a Public Register as defined under the Housing Act 2004. We must protect the public funds that we handle, so we may use the information provided to prevent and detect fraud. We may also share this information with other organisations that handle public funds. Information provided may also be used to check the accuracy of records held elsewhere in the council. |

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| **If you are uncertain how to complete this form please contact** Private Sector Housing, Mid Devon District Council, Phoenix House, Phoenix Lane, Tiverton, Devon, EX16 6PP |
| **Tel:** 01884 255255; **Email:** health@middevon.gov.uk; **Web:** www.middevon.gov.uk |
|  |
| **ENCLOSURES** |
| **MUST be included with this application for it to be valid** |  | **To be provided where available**  |  |
| Application fee | [ ]  | Fire risk assessment | [ ]  |
| Floor plans | [ ]  | Gas Safety Certificate | [ ]  |
| List of current occupiers | [ ]  | Electrical Test Report | [ ]  |
|  |  | Electrical Appliances test certificate | [ ]  |
|  |  | Fire alarm commissioning certificate and servicing certificates | [ ]  |
|  |  | Copy of written tenancy/agreement of terms | [ ]  |
|  |  | Copy of procedures relating to the management of the property | [ ]  |
|  |  | Evidence of accreditation and qualifications | [ ]  |
|  |  | Owner information (additional sheets) | [ ]  |
|  |  | Energy Performance Certificate | [ ]  |
|  |  | Plan of Fire escape route | [ ]  |
|  |  | Fire equipment test certificates | [ ]  |
|  |  | Evidence of safety of furniture and furnishings | [ ]  |
|  |  | Details of other properties (additional sheets) | [ ]  |
|  |  | Fit and proper person information  | [ ]  |

HMO LICENCING FEES

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| **NEW LICENCE** | **Fee 2022/23** |
|  | **Part 1** | **Part 2** | **Total fee** |
| 3-5 Units | £785 | £262 | **£1047** |
| 6-10 units | £871 | £262 | **£1133** |
| 11+ units | £957 | £262 | **£1219** |

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| **RENEWAL** | **Fee 2022/23** |
|  |  |
| 3-5 Units | £743 |
| 6-10 units | £786 |
| 11+ units | £829 |

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| **How to pay for your licence:** |
| **Please note:** The Council can only accept card paymentsWhen making a payment please quote the address of the property to be licensed |
| 1. In person – you can bring the paperwork and pay the fee at the offices
 |
| 1. By email – if you send the paperwork by email you will need to ring Public Health Coordination Team (01884 234212) who can take your payment over the phone
 |