

Licensing Application Form for Houses in Multiple Occupation

(under Part 2 of the Housing Act 2004, section 63)



**Horsham
District
Council**

If you have more than one house in multiple occupation (HMO) you will need to complete a separate application form for each property.

Please fill in the form using **BLOCK CAPITALS**.

If you require more space to answer any question, please use the space provided on page 12 or continue on additional sheets, specifying which question your answer relates to.

This Application is a New Application ☐
(*please tick*)

Application to Renew an Existing Licence ☐

Address of property to be licensed:

Postcode

IMPORTANT

You must answer all questions unless directed. Please read the notes which accompany this form, before answering the questions to which they relate.

- Part 1 - Proposed Licence holder details
- Part 2 - Manager details
- Part 3 - Ownership details of the property
- Part 4 - Fit and Proper Person
- Part 5 - Property details
- Part 6 - Amenities
- Part 7 - Fire Safety
- Part 8 - Occupancy/Tenancy Information
- Part 9 - Property Management
- Part 10 – Fee
- Part 11 - Additional Information
- Part 12 - Declarations

Please note that it is a criminal offence to knowingly or recklessly supply information, which is false or misleading for the purposes of obtaining a licence. If the council subsequently discovers something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled or other action taken

Licensing Application Form for Houses in Multiple Occupation (under Part 2 of the Housing Act 2004) From 01/10/18)

You are legally required to licence your property if it meets the following criteria:

- It is occupied by five or more persons,
- who live in two or more separate households; **and**
- two or more individuals/ families share basic amenities, or these amenities are absent.

This includes accommodation which is in multiple occupation (as described above) and is either;

- a purpose built flat, situated in a building containing up to a maximum of two self-contained flats, or,
- a building or part of a building which has been converted to living accommodation .
- Where an owner occupier of a property rents out their home to three or more tenants, and the total number of occupiers at the property is five or more.

Mandatory Licensing does not apply to a building or part of a building, that has been converted into blocks of flats where the conversion works did not comply with the appropriate building standards, and still do not comply with them, **and** less than two thirds of the self-contained flats are owner occupied. ('Section 257 flats').

If you are unsure about whether or not your property should be licensed please contact the Private Sector Housing Team at, ehl@horsham.gov.uk, providing details.

Note to applicants:

It is a criminal offence to fail to licence a licensable HMO subject to an unlimited fine upon summary conviction.

Complete Part 1, if you are applying on behalf of someone else who will be the Licence holder.

If you are applying as the Proposed Licence holder, go straight to Part 2 ☐

Part 1: Applicant details

Surname..... First name(s).....

Address.....
.....
.....
.....
.....Postcode.....

Telephone Number

Home..... Work.....

Mobile..... Fax no.....

Email address.....

What is your relationship to the proposed licence holder? (please circle)

Friend Relative Agent Solicitor Other.....

What is your interest in the property?

.....
.....
.....

You must now complete Part 2

Part 2: Proposed Licence Holder details

What is your interest in the property?

.....

Type of proposed licence holder (please circle)

Individual Company Partnership Trustee Charity

Other (please specify)

Name of proposed licence holder: (if a company, please give full company name)

.....

Address:.....

.....

.....

.....

.....Postcode.....

Telephone Numbers:

Home..... Work.....

Mobile..... Fax no.....

Email address.....

Name and address of company secretary: (if applicable)

.....

.....

.....

Name and address of directors/partners/trustees: (if applicable)

1.....

2.....

3.....

.....

continue on separate sheet if necessary)

You must now complete Part 3

Part 3: Manager

If the Proposed Licensee intends to manage the HMO, go to Part 4.

If an agent has been appointed to manage, provide full details, below:-

Type of agent (please circle) Individual Company Partnership Trustee

Other (please specify)

Name of manager: (if company, please give full company name)

.....

Address: (if company, give registered office)

.....

.....

.....

Postcode.....

Telephone Numbers:

Home..... Work.....

Mobile..... Fax no.....

Email address.....

Is the manager a member of a regulated body? YES/NO

If yes, please give details:

You must now complete Part 4

Part 4: Ownership details of the house to be licensed

Please provide the following details of ownership and interests in the house to be licensed.
Give relevant details if owner is a company/trustee/partnership etc.

Name of freeholder:.....

Address:.....

.....

.....

Contact details:

Home..... Work.....

Mobile..... Fax no.....

Email address.....

Name of mortgagee in possession:

e.g. bank, building society

Name.....

Address.....

.....

.....

Name of leaseholder:.....

Address.....

.....

.....

Name of leaseholder:.....

Address.....

.....

.....

(Continue on separate sheet if more than two leaseholders)

Part 4: continued

Details of person who collects the rent:

Name.....

Address.....

.....

.....Postcode.....

Telephone Numbers:

Home..... Work.....

Mobile..... Fax no.....

Email address.....

Details of person who receives the rent:

Name.....

Address.....

.....

.....Postcode.....

Telephone Numbers:

Home..... Work.....

Mobile..... Fax no.....

Email address.....

Name of any other person who may be bound by a condition of the proposed licence and who is not included in Parts 1, 2 & 3:

Name.....

Address.....

.....

.....

Telephone.....

You must now complete Part 5

Part 5: Fit and Proper Person – Confidential Information

All information in this part will be treated as confidential and used only in connection with this application. The Council has a legal obligation to ask the following questions and you must disclose information that you think maybe relevant to your application.

Under the Rehabilitation of Offenders Act 1974 you are not required to provide details about previous convictions which are “spent”. A conviction becomes spent after a certain length of time depending upon the sentence and your age at the time of conviction.

If you have any doubts about whether you have to declare a previous conviction, you should contact your local Probation Office or the Citizens’ Advice Bureau or your Solicitor.

- 5.1 Subject to the provisions of the Rehabilitation of Offenders Act 1974, please state the particulars of any relevant issues recorded **against any person named in Parts 1, 2, 3 and/or 4, or any person associated or formerly associated on a personal or work basis with those named in Parts 1, 2, 3 and/or 4.**

Relevant issues

- Criminal Convictions in respect of:
Fraud, Dishonesty, Violence, Drugs, Schedule 3 of the Sexual Offences Act 2003
- Finding by a Court or Tribunal:
Practiced unlawful discrimination of grounds of sex, colour, race ethnic or national origin or disability in connection with a business.
- Contravened any provision of Housing, or Landlord & Tenant law.

These include but are not limited to:

Control Order under the Housing Act 1985

Proceedings by a local authority including taking enforcement action to remedy a category 1 hazard.

A local authority carrying out Works in Default.

Interim or Final Management Order under the Housing Act 2004.

Harassment or illegal eviction

- Acted in contravention of any Approved Code of Practice (ACoP) in relation to the management of HMOs.
- Any criminal offence, contravention, or subject to any other proceedings brought by a local authority or other Regulatory Body (for example breaches of the Environmental Protection Act 1990, public health, planning control, or compulsory purchase proceedings or fire safety requirements)

Name	Date	Court	Offence	Sentence

(Continue on a separate sheet if necessary.)

5.2 Has any person named in Parts 1, 2, 3 or 4 of this form previously held or do they currently hold a licence for another house in multiple occupation? YES/ NO

If **yes**, please provide the addresses of these properties, along with details of the local authority that issued the licence.

5.3 Has any person named in Parts 1, 2, or 3 or 4 of this form ever applied for and been refused a house in multiple occupation licence? YES/NO

If **yes**, which authority refused the licence?

When was it refused?

5.4 Has any person named in Parts 1, 2, 3 or 4 of this form ever breached any condition of a licence issued under Parts 2 and/or 3 of the Housing Act 2004?
YES/NO

If **yes**, please provide details of the licence condition(s) breached/licence revoked and the local authority area in which they were breached/licence revoked.

5.5 Is the proposed licence holder a member of any landlords association or other professional body? YES/NO

If **yes**, please state which

5.6 Is the proposed licence holder an accredited landlord? YES/NO

If **yes**, please indicate which accrediting body:.....

5.7 Please list in the space below any training courses the proposed licence holder has undertaken or conferences attended in the last three years:

You must now complete Part 6

Part 6: Property Details

1. When was the house built? (Please circle)

Pre 1919 1920-45 1946-64 1965-80 Post 1980

2. Type of property:

Detached Semi-detached Terraced End of terrace
 Purpose built flat in converted house House converted into self-contained flats
 Mixed residential & commercial House in single occupation

3. If converted, date of conversion:.....

Please supply reference numbers:

Planning permission.....

Building control.....

4. How many storeys (include basements and attics)?

1	2	3	4	5	6	7	
---	---	---	---	---	---	---	--

Give details of any commercial use e.g. shop on ground floor

.....

5. Type of HMO:

Flat in single occupation Flat in multiple occupation
 House converted into and comprising only self-contained flats
 Purpose built block of flats Shared house
 Bedsits Hostel Bed & Breakfast (long stay)
 Other.....

6. How many habitable rooms (excluding bathrooms & kitchens) are there in this property?.....

(If it is a shared house, how many bedrooms).....

7. You must provide A4 (minimum) sized sketch plan of the layout of each floor. Identify the use of each room; location of bathrooms, kitchens, toilets; room number of each unit of accommodation; approximate measurement of room sizes in meters (note, only floor area where ceiling height of a room measures 1.5m high, or more, can be counted toward the floor area; location of heat/smoke detectors, alarm call points, control panel, emergency lighting.

You must now complete Part 7

Part 7: Amenities:

1. How many Occupants will live at the property?

2. Please complete, detailing the numbers of amenities at the property:

Amenities	How many	Location
Cooking facilities in own let/room (bedsit)		
Kitchens (not shared)		
Kitchens (shared)		
Number of sinks		
WCs located in a shared bathroom		
Shared, separate WCs (not located in a shared bathroom)		
Let with own, private WC		
Showers/Baths (shared)		
Showers/Baths (not shared)		
Wash hand basins		

3. Is there a wash hand basin with hot and cold water supply located within each WC compartment and/or bathroom that contains a WC? YES/NO

You must now complete Part 8

Part 8: Fire Safety

1. Has a Fire Risk Assessment been carried out on the property? YES/NO
If **yes**, provide a copy of the assessment with your application.

2. Does the property have a system of fire detection? YES/NO

3. If **yes**, does the system include:

- a fire alarm control panel YES/NO
- heat detectors in the kitchens YES/NO
- mains wired smoke detectors in rooms YES/NO
- battery powered smoke detectors only YES/NO
- sounders /alarms on all levels YES/NO
- call points in the communal areas YES/NO

If **yes**,

4. Has the fire alarm been tested in accordance with BS5839 at least quarterly? YES/NO
(Please provide a copy of a current certificate of testing showing compliance to BS5839)

5. Is there a log book of inspection / testing? YES/NO

If **yes**, what is the date of the last entry

Please state the location of the log book (if applicable).....

6. Name and address of the person responsible for maintaining the alarm system:

.....
.....
.....
.....

7. Does the property have an emergency lighting system throughout the common parts? YES/ NO

If **yes**, has the system been tested in accordance with BS5266: Part 1: 2005 at least every three years? (If yes, please provide a copy of the most recent Electrical Installation Condition Report and test certificates).

8. Are the doors that open on to communal areas capable of 30 minutes fire resistance? YES/NO

If Yes, are the fire doors:

Fitted with intumescent strips? YES/NO

Fitted with smoke seals? YES/NO

Fitted with self-closers? YES/NO

9. Are fire blankets provided adjacent to all cooking facilities? YES/NO

10. Location of fire extinguishers (if provided):

11. How regularly do fire drills take place?.....?

12. Do the occupants understand what to do in the event of a fire (e.g. means of escape route)?.....?

You must now complete Part 9

Part 9: Occupancy/Tenancy Information

1. How many individuals currently live in the house?
2. How many households currently live in the house?

(A household means either an individual, or members of the same family. A person is of the same family if they are; married to each other or live as husband/wife or in a civil partnership. A person is also a member of the same family if they are a relative. A relative means parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew, niece, or cousin).

3. How many separate lettings are available in the property?.....

List the names of the current occupiers including children. Please indicate (C) if the occupier is a child under 16 years of age:

Full name of occupier(s)	Location of Let (eg Room 1, Ground Floor Front Left Room)	Type of tenancy	Approximate room size in m ²

4. Are the tenants provided with written details of the terms of their tenancy? YES/NO
5. Please provide a copy of the standard tenancy agreement or written details of the terms of a tenancy.
6. Is an inventory and schedule of condition prepared at the start of occupancy? YES/NO
7. Are rent books provided? YES/NO
- If rent books are not provided, are the tenants given receipts/rent statements? YES/NO
8. Are the tenants provided with a complaints procedure? YES/NO
9. Is there an emergency 24 hour contact telephone number that can be used by the tenants in relation to the property? YES/NO
- If **yes**, please provide the number:.....
10. Are tenants required to provide deposits at the commencement of their tenancy? YES/NO
- If **yes**,
Is the deposit registered in an approved Tenancy Deposit Scheme? YES/NO
- Name of Scheme:
- Is there a written procedure to deal with deposit disputes at the end of a tenancy? YES/NO

You must now complete Part 10

Part 10: Property Management

1. Services

Gas installations

- You **must** supply a copy of the current gas safety certificate(s) covering all gas appliances in the property, with this application. (You are required to have all appliances etc. certified annually by a competent Gas Safe registered engineer).

Oil appliances

You **must** supply a copy of the latest service certificate for all oil fired appliances in the property, signed by a competent OFTEC registered engineer. Oil fired appliances should be serviced annually by a competent OFTEC registered engineer.

Electrical installations

- You **must** supply, a copy of a Periodic Electrical Installation Condition Report for the property, with this application. It must be completed by a competent electrical engineer and dated within the last 5 years. It must confirm that the installation is safe and satisfactory.

Electrical appliances

- You **must** provide Portable Appliance Test Reports (PAT Tests) certificates for all appliances provided in the property. For example a) Cooker b) Microwave c) Washing machine d) Portable electric heaters etc., dated within 1 year.

Please note, only those appliances provided by the landlord need to be checked.

Repair/cleaning

2. Who is responsible for cleaning common parts?

3. Is there a schedule in place for general maintenance? YES/NO

4. Is there a schedule in place for inspection of furniture/appliances/services? YES/NO

5. Is the property:

- structurally sound and in reasonable repair? YES/NO
- free from damp? YES/NO
- common parts and all rooms clean and in good repair? YES/NO
- good decorative state (internal & external)? YES/NO
- secure locks on external doors to prevent unauthorised entry? YES/NO
- Do locks must meet fire safety requirements? YES/NO

6. Are the windows double glazed? YES/NO/SOME

7. Are all windows in living and sleeping accommodation openable to enable escape in the case of fire? YES/NO/SOME

Heating

8. What form of heating does the property have?

Mains Gas, fired central heating	YES/NO
Oil or LPG fired central heating	YES/NO
Off peak night storage heaters	YES/NO
Individual wall mounted gas heaters	YES/NO
Individual wall mounted electric heaters	YES/NO
Open fire or solid fuel appliance	YES/NO

Other:

9. Does every unit of accommodation have fixed heating? YES/NO/SOME
10. Are carbon monoxide detectors installed in every room where there is a solid fuel burning appliance or open fire place. YES/NO/SOME
11. If there are cavity walls, has cavity wall insulation been added? YES/NO/SOME
12. Is the loft insulated? YES/NO/SOME

Furniture

13. Where the property is let as furnished, you **must** also supply details that show that the furniture meets the current standards set out in the Furniture and Furnishings (Fire) (Safety) Regulations 1988 (amended 1993).

Part 11 follows- you may use this if you have any additional information to add to your application; if you have no additional information to add, please go to Part 11

Part 11: Additional information

Please use this page if you need additional space for any of your answers or for any further relevant information:

You must now complete Part 12

Part 12: FEE

- Please see enclosed Fee Calculator.
- If you are unsure about the correct fee to pay, please contact Environmental Health & Licensing at ehl@horsham.gov.uk, or 01403 215641.
- The application will not be considered unless accompanied by the correct fee.
- Please staple cheques to the front cover of the application form.
- Cheques to be made payable to Horsham District Council (please write “HMO licence fee” on the back of the cheques).
- Please state amount of fee paid

£

You can pay by credit or debit card over the phone, or in person at the council's offices at,

Environmental Health & Licensing
Horsham District Council
Albery House
Springfired Road
Horsham
RH12 2GB

Tel: 01403 215641
ehl@horsham.gov.uk

If you choose to pay by card, please tell the officer which property and application you are paying for at the time of payment.

You must now complete Part 13

Part 13: Declarations

As the Licence applicant, you must write to certain persons to tell them that you have made this application, or give them a copy of it.

The persons who need to know about it are:

- Any mortgagee of the property to be licensed;
- Any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessors who are known to you;
- Any other person who is a tenant or long leaseholder of the property or any part of it (including any flat) who is known to you other than a statutory tenant or other tenant whose lease or tenancy is for less than 3 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 conditions in a licence if it is granted.

You must tell each of these persons:

- Your name, address, telephone number and email address or fax number (if any);
- The name, address, telephone number and email address or fax number (if any) of the proposed licence holder (if it will not be you);
- That this application is for an HMO licence under Part 2 for a house licence under the Housing Act 2004;
- The address of the property to which the application relates;
- The name and address of the local housing authority to which the application will be made;
- The date the application will be submitted.

I/we declare that I/we have served a notice of this application on the following persons who are the only persons known to me/us that are required to be informed that I/we have made this application.

Name	Address	Description of persons interest in the property or the application	Date served

Note to applicants: it is a criminal offence to knowingly supply information which is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application with regard to the property may be required at a later date. We may approach other authorities, such as the Police, Fire and Rescue Service, Office of Fair Trading etc. and tenants for additional information and verification.

Signing of this application will be taken as your agreement to any such action. If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled or further action taken.

Note: in the case of partnerships or trustees, all partners or trustees must sign. For limited companies, the application must be signed by the Company Secretary, Director or another authorised officer (proof of authority required).

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 am/are reckless as to whether it is false or misleading.

Name of applicant (print)

Signature.....Date.....

Name of proposed licence holder (if different from applicant)
(print).....

Signature.....Date.....

Name of manager (if different from applicant)
(print).....

Signature.....Date.....

Name of owner (if different from applicant)
(print).....

Signature.....Date.....

Name (if different from applicant) (print).....

Signature.....Date.....

Name (if different from applicant) (print).....

Signature.....Date.....

Please read application checklist (page 25)

Checklist for submitting an application

Please enclose the following:

- ✓ You must provide a (minimum), A4 sized sketch plan of the layout of each floor. You must identify the use of each room; location of bathrooms, kitchens, toilets; room number of each unit of accommodation; approximate size of rooms; location of heat/smoke detectors, break glass points, control panel, emergency lighting.
- ✓ A current Electrical Installation Condition Report from a competent electrician for the electrical installation, dated within 5 years.
- ✓ Portable Electrical Equipment test reports, dated within 1 year.
- ✓ A Gas Safe gas safety certificate(s) for all gas appliances, dated within 1 year.
- ✓ Service Certificate of Safety from a qualified OFTEC engineer for oil fired appliances.
- ✓ BS5839 test reports relating to the fire detection system (if applicable).
- ✓ BS5266 test reports relating to the emergency lighting system (if applicable).
- ✓ Energy Performance Certificate (EPC) (for shared houses and self-contained flats). (EPCs are not issued for bedsit-type accommodation).
- ✓ Furniture safety declaration.
- ✓ Copy of a standard tenancy agreement.
- ✓ Planning permission/building control compliance certificates.
- ✓ Signatures (from any others) where required in Part 12.
- ✓ Licence Fee.

Please send completed application forms, payment and copies of any necessary documentation to:

Environmental Health & Licensing
Horsham District Council
Albery House
Springfired Road
Horsham
RH12 2GB
Tel: 01403 215641
ehl@horsham.gov.uk

DATA PROTECTION STATEMENT (General Data Protection Regulations)

Information obtained by Horsham District Council (the Council) in association with this application will be;

- Used lawfully, fairly and in a transparent way.
- Collected only for valid purposes.
- Relevant to the purposes and limited only to those purposes.
- Accurate and kept up to date.
- Kept only as long as necessary for the relevant purposes regarding the premises.
- Kept securely.

In particular;

- Information may be shared with and used by other Departments and Sections of the Council for administration purposes in connection with the Licence.
- The Council may make necessary enquiries (e.g. from within the Council, or individuals and bodies outside of the council), to assess this Application. Data may be shared for certain relevant statutory enforcement purposes.
- The council is under a duty to release the Licence Holder's details, as held in the Statutory Register of Licensed Houses in Multiple Occupation.
- Details about this Application (whether or not it proceeds) will be securely retained on a computer record retained by the Council. An association will therefore be created which will link your records with those of any other parties named in the application. You have the right to see your personal records held about you, but not data held on other individuals.