

Housing Act 2004

Application For The Grant/Renewal of a Licence under Housing Act 2004 : Part 2 Licence for a House in Multiple Occupation (HMO) to be completed only once by each applicant.

To be completed if applicant is an individual a) Full Name <i>(block letters)</i>	First Name	Surname (Family Name)
b) Home Address Post Code Business Hours Tel. No. Email Address:		
	Date of Birth	National Insurance Number
To be completed if applicant is a Company or Partnership a) Full Name of Company or Partnership		
b) Address of Principal or Registered Office Telephone Number		
c) Full names and addresses of Directors, Partners or other persons responsible for management of the business		
d) Name and Address of Company Secretary		
Telephone:	Email:	

Licence Holder Details		
a) Full Name <i>(block letters)</i>	First Name	Surname (Family Name)
b) Home Address Post Code Business Hours Tel. No. Email Address:		
	Date of Birth	National Insurance Number
Manager Details		
a) Full Name <i>(block letters)</i>	First Name	Surname (Family Name)
b) Home Address Post Code Business Hours Tel. No. Email Address:		
	Date of Birth	National Insurance Number
Person Controlling House Details		
a) Full Name <i>(block letters)</i>	First Name	Surname (Family Name)
b) Home Address Post Code Business Hours Tel. No. Email Address:		
	Date of Birth	National Insurance Number
Details of any person who has agreed to be bound by a condition contained in the Licence		
a) Full Name <i>(block letters)</i>	First Name	Surname (Family Name)
b) Home Address Post Code Business Hours Tel. No. Email Address:		
	Date of Birth	National Insurance Number

Do you own any other licensed properties in the Council's area (this includes all properties for which you have applied for a licence). Please list their addresses, Managers (if relevant) and Mortgage Lenders. Please photocopy this page if more than 5 properties.

Property Address	Name, Address, Telephone of Property Manager	Name, Address, Telephone of Mortgage Lender
1.		
2.		
3.		
4.		
5.		

Please list the name and addresses of all licensed HMO's in other Council areas (this includes all properties for which you have applied for a licence).

Property Address	Local Council
1.	
2.	
3.	
4.	
5.	

Statement of Safety of Furniture and Furnishings

I confirm that to the best of my knowledge all of the following items provided for the use of the tenants by me conform to The Furniture and Furnishings (Fire)(Safety) Regulations 1988 (as amended in 1989 and 1993).

Furniture	Beds	Bed Headboards	Mattresses
Sofa-Beds	Futons	Other Convertible Beds	Nursery Furniture
Seat Pads	Scatter Cushions	Pillows	
Loose and Stretch Covers for Furniture		Garden Furniture (Which is suitable for use in a Dwelling)	

Property Address	
Signature	
Printed Name	
Designation	
Property Address	
Signature	
Printed Name	
Designation	
Property Address	
Signature	
Printed Name	
Designation	
Property Address	
Signature	
Printed Name	
Designation	

**FOR EACH ADDITIONAL PROPERTY, PLEASE PHOTOCOPY
AND COMPLETE PAGES 6-13**

Property Details	
Name (if any) and address of premises for which a licence is required (hereinafter called "the premises") including post code Or in the case of multiple applications, the property number from page 3	

Age of Property	Pre-1920 <input type="checkbox"/>	1920-45 <input type="checkbox"/>	1945-75 <input type="checkbox"/>	Post 1975 <input type="checkbox"/>
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Type of Property	House in single occupation <input type="checkbox"/>	House in multiple occupation <input type="checkbox"/>	Flat in single occupation <input type="checkbox"/>	Flat in multiple occupation <input type="checkbox"/>	Purpose built block of flats <input type="checkbox"/>
	House in a building used for both residential and business purposes <input type="checkbox"/>	House converted into and comprising only of self contained flats <input type="checkbox"/>		Other <input type="checkbox"/>	

Total Number of Floors	include basements, attic/loft conversions and ground floor business premises as a storey.
Basement Levels	Attic/Loft Levels

Number of Occupants			
Please relate the room number to that on the enclosed plan of the property			
Room Number	Maximum Number of Occupants	Room Number	Maximum Number of Occupants

Please give Details of any building works carried out at the property.	
Date the Works completed	Details of Works

Property Details Continued	
Is the property detached, semi-detached, end or mid terraced?	Detached Semi-detached End Terrace Mid Terrace
Are there smoke detectors/heat detectors in the property? Are they mains or battery powered? (Please mark on plan)	Smoke Detectors Heat Detectors Mains Mains Battery Number Number
What other fire precautions are in the property? See guidance note	Fire Doors Emergency Lighting Fire Blankets Fire Extinguishers
Are the fire precautions inspected by a competent person? If so please provide the current certificate. Please tick	Yes No
If there are fire doors, what rooms have fire doors. (Please list and mark on plan) See guidance note	Kitchen Number Protected Route Number
Have you undertaken a Fire Risk Assessment of the property?	Yes No
What form of heating is provided? Tick all that apply	Gas Central Heating Oil Fired Central Heating Solid Fuel Central Heating Night Storage Heaters Open Fire Individual Wall Mounted Gas Heaters Individual Wall Mounted Electric Heaters Individual Non-Fixed Heating Appliance None Provided By Landlord Other
Is there any loft insulation in the property? If Yes, State thickness Please tick	Yes No

Statement that the Licence Holder, Property Manager and Associates are Fit and Proper People, as defined by Housing Act 2004 – Part 2 – Section 66

Property Address:	Owner	
	Yes	No
Does anyone have unspent convictions relevant to being involved in running an HMO namely :-		
Dishonesty		
Fraud		
Violence		
Drugs		
Any Offence listed in Schedule 3 of the Sexual Offences Act 2003		
Any other Offence		
Has a Court or Tribunal found against you in relation to		
Unlawful Discrimination on the grounds of Sex, Colour, Race, Ethnic, or National Origin		
Do you have any contraventions, Civil or Criminal, of any provision of any enactment relating to :-		
Landlord and Tenant Law		
Housing Legislation		
Have any properties you are involved with been refused a Licence under Part 2 or 3 of the Act		
See Guidance Notes		
Have you breached any Part 2 or Part 3 Licence Conditions		
See Guidance Notes		
Have you acted otherwise than in accordance with a Code of Practice that concerns a property		
Have you personally, or have you owned, any property that has been the subject of any proceedings (court or otherwise) by a Local Authority.		
Have you, at any time owned or managed any properties that have been, subject to a Management Order		
Have any of your properties been subject to a Control Order in the last 5 years		

If you have answered YES to any of the above questions, you must supply further details of the offence and if it is the Manager, the address of the property that person is Managing.

These details can then be used by the Council to determine if that person can be judged 'Fit and Proper'

Please Note that the Housing Act 2004, Section 238 makes it an offence to supply false information.

I declare the information supplied is true

Signed Date

Statement that the Licence Holder, Property Manager and Associates are Fit and Proper People, as defined by Housing Act 2004 – Part 2 – Section 66

Property Address:	Person Having Control	
	Yes	No
Does anyone have unspent convictions relevant to being involved in running an HMO namely :-		
Dishonesty		
Fraud		
Violence		
Drugs		
Any Offence listed in Schedule 3 of the Sexual Offences Act 2003		
Any other Offence		
Has a Court or Tribunal found against you in relation to		
Unlawful Discrimination on the grounds of Sex, Colour, Race, Ethnic, or National Origin		
Do you have any contraventions, Civil or Criminal, of any provision of any enactment relating to :-		
Landlord and Tenant Law		
Housing Legislation		
Have any properties you are involved with been refused a Licence under Part 2 or 3 of the Act		
See Guidance Notes		
Have you breached any Part 2 or Part 3 Licence Conditions		
See Guidance Notes		
Have you acted otherwise than in accordance with a Code of Practice that concerns a property		
Have you personally, or have you owned, any property that has been the subject of any proceedings (court or otherwise) by a Local Authority.		
Have you, at any time owned or managed any properties that have been, subject to a Management Order		
Have any of your properties been subject to a Control Order in the last 5 years		

If you have answered YES to any of the above questions, you must supply further details of the offence and if it is the Manager, the address of the property that person is Managing.

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Statement that the Licence Holder, Property Manager and Associates are Fit and Proper People, as defined by Housing Act 2004 – Part 2 – Section 66

Property Address:	Licence Applicant	
	Yes	No
Does anyone have unspent convictions relevant to being involved in running an HMO namely :-		
Dishonesty		
Fraud		
Violence		
Drugs		
Any Offence listed in Schedule 3 of the Sexual Offences Act 2003		
Any other Offence		
Has a Court or Tribunal found against you in relation to		
Unlawful Discrimination on the grounds of Sex, Colour, Race, Ethnic, or National Origin		
Do you have any contraventions, Civil or Criminal, of any provision of any enactment relating to :-		
Landlord and Tenant Law		
Housing Legislation		
Have any properties you are involved with been refused a Licence under Part 2 or 3 of the Act		
See Guidance Notes		
Have you breached any Part 2 or Part 3 Licence Conditions		
See Guidance Notes		
Have you acted otherwise than in accordance with a Code of Practice that concerns a property		
Have you personally, or have you owned, any property that has been the subject of any proceedings (court or otherwise) by a Local Authority.		
Have you, at any time owned or managed any properties that have been, subject to a Management Order		
Have any of your properties been subject to a Control Order in the last 5 years		

If you have answered YES to any of the above questions, you must supply further details of the offence and if it is the Manager, the address of the property that person is Managing.

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Statement that the Licence Holder, Property Manager and Associates are Fit and Proper People, as defined by Housing Act 2004 – Part 2 – Section 66

Property Address:	Manager	
	Yes	No
Does anyone have unspent convictions relevant to being involved in running an HMO namely :-		
Dishonesty		
Fraud		
Violence		
Drugs		
Any Offence listed in Schedule 3 of the Sexual Offences Act 2003		
Any other Offence		
Has a Court or Tribunal found against you in relation to		
Unlawful Discrimination on the grounds of Sex, Colour, Race, Ethnic, or National Origin		
Do you have any contraventions, Civil or Criminal, of any provision of any enactment relating to :-		
Landlord and Tenant Law		
Housing Legislation		
Have any properties you are involved with been refused a Licence under Part 2 or 3 of the Act		
See Guidance Notes		
Have you breached any Part 2 or Part 3 Licence Conditions		
See Guidance Notes		
Have you acted otherwise than in accordance with a Code of Practice that concerns a property		
Have you personally, or have you owned, any property that has been the subject of any proceedings (court or otherwise) by a Local Authority.		
Have you, at any time owned or managed any properties that have been, subject to a Management Order		
Have any of your properties been subject to a Control Order in the last 5 years		

If you have answered YES to any of the above questions, you must supply further details of the offence and if it is the Manager, the address of the property that person is Managing.

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Statement that the Licence Holder, Property Manager and Associates are Fit and Proper People, as defined by Housing Act 2004 – Part 2 – Section 66

Property Address:	Associates	
	Yes	No
Does anyone have unspent convictions relevant to being involved in running an HMO namely :-		
Dishonesty		
Fraud		
Violence		
Drugs		
Any Offence listed in Schedule 3 of the Sexual Offences Act 2003		
Any other Offence		
Has a Court or Tribunal found against you in relation to		
Unlawful Discrimination on the grounds of Sex, Colour, Race, Ethnic, or National Origin		
Do you have any contraventions, Civil or Criminal, of any provision of any enactment relating to :-		
Landlord and Tenant Law		
Housing Legislation		
Have any properties you are involved with been refused a Licence under Part 2 or 3 of the Act See Guidance Notes		
Have you breached any Part 2 or Part 3 Licence Conditions See Guidance Notes		
Have you acted otherwise than in accordance with a Code of Practice that concerns a property		
Have you personally, or have you owned, any property that has been the subject of any proceedings (court or otherwise) by a Local Authority.		
Have you, at any time owned or managed any properties that have been, subject to a Management Order		
Have any of your properties been subject to a Control Order in the last 5 years		

If you have answered YES to any of the above questions, you must supply further details of the offence and if it is the Manager, the address of the property that person is Managing.

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Signed Date

Persons Who Need To Know

You must let certain persons know in writing 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 (Mortgage Lender)	The proposed licence holder (if that is not you)
Any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessees 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 three years (including a periodic tenancy)
Any person who has agreed that he will be bound by any condition or conditions in a licence if it is granted.	The proposed managing agent (if any) (if that is not you)

You must tell each of these persons—

Your name, address telephone number and e-mail address	The name, address, telephone number and e-mail address of the proposed licence holder (if it will not be you)
That this is an application under Part 2 of the Housing Act 2004	The name and address of the local council to which the application will be made
The address of the property to which it relates	The date the application will be submitted

Please complete the form overleaf to show who you have notified and sign the accompanying declaration.

Name	Address	Description of the person's interest in the property or the application	Date of Service

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

Signed: **Date:**.....

Please ensure that the following documents are enclosed with this application form:

Item Which <u>Must</u> Be Enclosed	Tick if Enclosed
**One sketch plan of the premises with all room sizes in metres squared, the position of smoke/fire detectors and emergency lighting clearly marked and each room numbered.	
Two Passport Sized Photographs of the Applicant.	
Two Passport Sized Photographs of the Manager if applicable.	
Gas Safety Certificate (where applicable)	
Portable Electrical Appliance Test Certificate (where available)	
Electrical Installation Safety Certificate. (where available)	
Emergency Lighting Certificate (where available)	
Automatic Fire Detection System Certificate (Fire/Smoke Alarm) (where available)	
Statement of Safety of Furniture and Furnishings	
'Fit and Proper' person statement for Property Owner	
'Fit and Proper' person statement for the Person having Control of the House (if applicable)	
'Fit and Proper' person statement for Licence Applicant (if applicable)	
'Fit and Proper' person statement for Property Manager (if applicable)	
'Fit and Proper' person statement for any Associates (if applicable)	
Other Information to Be Provided If Available. This will help to speed up the process of your application	
Tenancy Management Agreement	
Fire Risk Assessment	
Planning Consents for Building Works/Conversions	
Building Regulations Approvals for Works/Conversions	
Building Regulations Completion Certificates for Works/Conversions	

**Please provide sketch plans of the property. One floor per page.

- Include on the plan the positions of rooms, kitchens, bathrooms, WC's, , cooking facilities, wash hand basins and any other relevant information.
- Include on the plan a key to indicate smoke detectors, heat detectors fire doors and protected routes.
- Please use the key icons provided in the guidance.

Data Protection Statement

We need your personal data to **enable this Council to issue a HMO licence**. We may also use it for prevention and detection of fraud. We may share it with other organisations such as **other Local Councils** as part of our joint approach to **ensuring that only fit and proper people are licensed to own or manage Houses in Multiple Occupation**.

Data held by this Local Council in respect of the licensing of HMOs shall be stored in a Register as required by Section 232 of the Housing Act 2004. The information in this Register shall be available, upon request, to Third Parties.

We will keep your personal data safe and secure and will not disclose it to anyone else without your consent, unless we are required by law to do so.

DECLARATION

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

Signature of Applicant

Date

Printed Name

**NB If any person making this application, or in connection with making this application, makes any statement which he/she knows to be false or recklessly makes any statement which is false may be guilty of an offence and liable, on summary conviction, to a fine not exceeding £ 20,000
Please also note that the giving of such information may result in the licence being revoked.**

Please return this form to: Head of Environment and Regulatory Services, St Albans District Council, Civic Centre, St Peters Street, St Albans, Herts AL1 3JE