

**Date received:**

**Ref:**

**Mandatory HMO Licence Application**

**Housing Act 2004, Part 2**

# Address of property to be licensed

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| --- |
|  |
|  |
| Postcode: |

**Proposed licence holder**

Name

Mr/Mrs/Ms/Miss

Address

|  |
| --- |
|  |
|  |
| Postcode |

Telephone numbers

Home Work

Mobile Fax

Email

Address

If a company, please give name of contact and position in company

**Any other Relevant Person** (please continue on a separate sheet if necessary)

Name

Mrs/Mrs/Ms/Miss

Address

|  |
| --- |
|  |
| Postcode |

Tel. Number

Email

Their interest in the property

If a company, please give name of contact and position in company

**Manager details**

1/. Has an agent/manager been employed to manage the property? Yes No

If yes complete section below

Name

Mr/Mrs/Ms/Miss

Address

|  |
| --- |
|  |
|  |
| Postcode |

Telephone numbers

Home Work

Mobile Fax

Email

Address

If a company, please give name of contact and position in company

**2/. Property type:**

House in multiple occupation Flat in multiple occupation

House converted into self-contained flats or bedsits

Other, please describe

**3/. Age of property**

Pre 1919 1919-1944 1945-1964

1965-1980 1981-1991 Post 1991

**4/. Number of storeys in the property**

1 2 3 4 5 6+

(Include habitable basements and attics and storeys in commercial use)

**5/. Number of rooms**

Number of habitable rooms in the whole premises

(Include bedrooms and living rooms but not kitchens, bathrooms and WCs)

Number of bedsits or bedrooms

Number of kitchens Number of sinks

Number of bathrooms Number of shower rooms

Number of toilets Number of wash hand basins

**6/. Occupiers and households**

Number of people living in the whole house

Number of households living in the whole house

**7/. Fire safety**

Please indicate which of the following measures are installed within the property?

1. Fire alarm control panel? Yes No
2. Heat detectors in the kitchens? Yes No

1. Smoke detectors in the rooms? Yes No

Are these battery powered? Yes No

1. Smoke detectors in the common parts? Yes No

Are these battery powered? Yes No

1. Alarm sounders on each floor? Yes No
2. Emergency lighting? Yes No

8/. How often is the above system tested?

1. Does the property have fire doors fitted to the rooms Yes No

that open onto the staircase?

9/. Does the property have the following fire safety equipment?

a) Fire blankets in all kitchens? Yes No

b) Fire blankets in shared kitchens only? Yes No

10/. Do you provide any fire safety training to occupants? Yes No

If yes please give details

###### Gas safety

Are there any gas appliances in the property? Yes No

11/. If there are any gas appliances in the property have they been

checked within the last year and issued with a Yes No

Gas Safety Certificates?

12/. Does any upholstered furniture provided by the landlord Yes No

comply with the Furniture and Furnishings (Fire Safety)

Regulations 1988?

13/. Has a report been carried out by a qualified electrician on the

safety of the house electrical installation in the last five years? Yes No

14/. Do you have a current Energy Performance Certificate? Yes No

If yes what is the SAP rating?

**YOU DO NOT NEED TO SEND ANY CERTIFICATES OR DOCUMENTATION IN WITH THIS APPLICATION FORM. THESE WILL BE CHECKED WHEN AN INSPECTION IS CARRIED OUT.**

# Property management

The Local Housing Authority is required to ensure that there are satisfactory management arrangements for the property. To enable this, please answer the following:

15/. Are there regular inspections for maintenance at the property? Yes No

If yes, how often?

Who carries them out?

16/. Are there arrangements in place to deal with emergency repairs at the property?

Yes No

If yes, what are these arrangements? (How do the tenants know who to contact, how do they contact them and what is their role?)

17/. Is there provision for 24-hour contact for occupiers of the property in case of emergency?

Yes No

If yes, specify the names and numbers of the contacts?

18/. Are funds in place to undertake the routine maintenance of common parts and emergency repairs? Yes No

19/. Does the property have buildings insurance? Yes No

20/. At the outset of the tenancy are all tenants given clear instruction on the storage and disposal of household refuse (flats owned and let out/managed by the licence holder)?

Yes No

**Other licensed Houses in Multiple Occupation**

21/. Does the proposed licence holder hold a licence for any other Houses in Multiple Occupation or any other rented properties licensed under the Housing Act 2004, Parts 2 or 3?

Yes No

If yes, please provide the addresses of these properties, and details of the Local Housing Authority that issued the licence. (Please continue on a separate sheet if necessary)

|  |
| --- |
| **Address of Licensed Properties and Name of Licensing Authority** |
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Declarations Licence Holder

I/we, the proposed licensee, 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.

Signed Date:

Print names

For, on behalf of (state company name, if applicable)

**Fit and Proper Person**

The Local Housing Authority must be satisfied that the licence applicant and the manager are fit and proper persons to hold a licence or to manage a House in Multiple Occupation. To enable the Local Housing Authority to satisfy this legal requirement, please answer the following questions.

If the manager and the licence applicant are two different people, then each should complete this section using the relevant column below. If they are the same person, only the column for the licence holder need be completed.

You do not have to disclose convictions that are spent under the Rehabilitation of Offenders Act 1974.

1. Have you or anyone associated with you been convicted of an offence involving the following:

**Licence applicant Manager**

1. Fraud Yes No Yes No
2. Dishonesty Yes No Yes No
3. Violence Yes No Yes No
4. Drugs Yes No Yes No
5. Sexual offences listed Yes No Yes No

in the Sexual Offences

Act 2003, Schedule 3

1. Have you or anyone associated with you been found by a court or tribunal to have been involved with any unlawful discrimination (in, or in connection with the carrying out of any business) on grounds of sex, colour, race, ethnic or national origin or disability

**Licence applicant Manager**

Yes No Yes No

1. Have you or anyone associated with you contravened any provision of housing, public health or landlord and tenant law, during the last 5 years, whilst in control of a property that:

**Licence applicant Manager**

1. Was subject to proceedings

by Local Authority Yes No Yes No

1. Had to have works in default

carried out by the Local Yes No Yes No

Authority

1. Was subject to a Control Yes No Yes No

Order

1. Was subject to a

Management Order Yes No Yes No

1. Has been refused a licence or

breached conditions of a Yes No Yes No

licence

1. Has been the subject of any

other successful prosecution

under the above legislation? Yes No Yes No

1. Or have you acted in

contravention of any Yes No Yes No

relevant Approved Code

of Practice?

If you have answered **YES** to any questions above, please give details (including dates):

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………...

It is a criminal offence if you supply information to the Local Housing Authority that you know is false or misleading, or you are reckless as to whether or not it is false or misleading. A person who supplies you with information that they know will be used in this application may commit a criminal offence if they know it is false or misleading or they are reckless as to whether or not it is false or misleading. This may result in legal action being taken against you or that other person and your licence being revoked. If you are convicted of such an offence, you may be liable to a fine of level 5 on the standard scale.

**Both the applicant and the manager need to sign and date the declaration below**

|  |  |
| --- | --- |
| I declare I am the applicant and to the best of my knowledge and belief that I have answered all questions in the Fit and Proper Person section above truthfully and that this statement is valid on the date of application. | |
| Signed | |
| Print name | Date |
| Company name (if applicable): | |
| Position in company (if applicable): | |

|  |  |
| --- | --- |
| I declare I am the applicant and to the best of my knowledge and belief that I have answered all questions in the Fit and Proper Person section above truthfully and that this statement is valid on the date of application. | |
| Signed | Date |
| Print name | |
| Company name (if applicable): | |
| Position in company (if applicable): | |

**Notification to all relevant parties**

You must let certain persons know in writing that you have made an application for a House in Multiple Occupation Licence under Part 2 of the Housing Act 2004. These are:

* Any mortgagee of the property
* Any owner of the property, if that is not you
* Any other person who is a tenant or a long leaseholder of the property or any part of it other than a statutory tenant or other tenant whose lease or tenancy is for less than three years (including a periodic tenancy)
* The proposed licence holder, if that is not you
* The proposed managing agent, if that is not you
* Any person who has agreed to be bound by any conditions in the licence if granted

You must inform each of these persons in writing that you are applying for a licence for a House in Multiple Occupation and include:

* Your name, address, telephone number, email address (if any), fax (if any)
* The contact details for the applicant/proposed licence holder
* The address of the House in Multiple Occupation
* The names and address of the Local Housing Authority to which the application is to be made
* The date the application will be submitted

Alternatively you can send or give them a copy of the completed application form.

**Please complete the table below and sign the declaration.**

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. If there are no other interested parties, then please insert ‘none’ in the table and sign the declaration.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **The person’s interest in the property or application** | **Date of service** |
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| --- | --- |
| Signed | Date |
| Print name | |
| Company name (if applicable): | |
| Position in company (if applicable): | |

***PLEASE DO NOT SEND ANY CERTIFICATES OR DOCUMENTATION IN WITH THIS FORM***

**DATA PROTECTION**

The Council requires you to provide the information contained in this application in order to:

* Identify the persons involved in the management of the HMO and to gather the information necessary for the National HMO Register. This register is published on Exeter City Council’s website *(see guidance notes page 8, for further details)*
* 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)
* Gather data required by the Government to monitor HMO licensing

**Return the completed form to:**

**Private Sector Housing, Exeter City Council, Civic Centre, Paris Street, Exeter, EX1 1RQ Telephone: 01392 265193**

**Web:** [**www.exeter.gov.uk/privatehousing**](http://www.exeter.gov.uk/privatehousing) **Email:** [**privatesectorhousing@exeter.gov.uk**](mailto:privatesectorhousing@exeter.gov.uk)

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**PAYMENT**

We will not accept any application forms without the full payment of £730.00 per application.

A discount of £125.00 per application is available for

* Landlords who are members of a recognised landlords association and have attended a

Landlord’s training course within the last five years.

* Landlords whose properties have been approved under the AFS/Unipol accreditation scheme.

Please send a cheque with your application form made payable to EXETER CITY COUNCIL and record the serial number below

Cheque serial number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you would prefer to make a card payment over the telephone please call a member of the Business Support Team on 01392 265193. Please quote the Licence Renewal Reference Number on the attached letter.**

If paying by card, please complete the following information:

Date of Card payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorisation Reference of payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Officer taking the payment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_