**For office use only**

**Date received:**

**Ref:**

**Fee paid:**



**House in Multiple Occupation (HMO) Licence Application**

**Housing Act 2004, Part 2**

|  |
| --- |
| Please use a black pen and make sure every section is completed fully.  If a question is not applicable write N/A in the box.  If you need to provide additional information requiring more space than that made available on the form, please state in the relevant box that there is additional information and include it on separate sheets, writing the address of the property and the relevant section on each page.  If there is more than one house or flat in multiple-occupation that needs to be licensed, you will need to complete separate application forms. |

**Type of application** (please tick appropriate box)

First time licence Renewal of licence Variation of an existing licence

# Address of house to be licensed

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

**Applicant and proposed licence holder**

The applicant should be the proposed licence holder (although the licence can be granted to someone else if both the applicant and that person agree). They must be the most appropriate person to be the licence holder. Usually this will be the person in control of, or the person managing, the property. This could be the freeholder or any other owner or lessee who receives rent or other payments (whether directly or through an agent or trustee) from tenants or lodgers in the property.

Name

Address

|  |
| --- |
|  |
|  |

**Telephone numbers**

Home Work

Mobile Fax

Email

Address

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

**If this application is being dealt with by a person who is not the proposed licence holder, please provide contact details**

Name

Address

|  |
| --- |
|  |
|  |

**Telephone numbers**

Home Work

Mobile Fax

Email

Address

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

**Manager details**

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

If yes complete section below

Name

Address

|  |
| --- |
|  |
|  |

**Telephone numbers**

Home Work

Mobile Fax

Email

Address

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

**Ownership / interested parties**

Freeholder

Name

Address

|  |
| --- |
|  |
|  |

Tel. Number

Email

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

**Mortgagor**

Name

Address

|  |
| --- |
|  |
|  |

Tel. Number

Email

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

**Leaseholder**

Name

Address

|  |
| --- |
|  |
|  |

Tel. Number

Email

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

**Any other relevant person**

This includes other persons with an interest in the property, such as mortgagees, trustees and other leaseholders or tenants in occupation with an unexpired lease of more than three years. Also, if any person has agreed to be bound by a condition of the licence, if granted, please insert their details here.

Name

Address

|  |
| --- |
|  |
|  |

Tel. Number

Email

Their interest in the property

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

##### Property information

**Property type:**

House in multiple occupation Flat in multiple occupation

House converted into self-contained flats or bedsits

Other, please describe

**Age of property**

Pre 1919 1919-1944 1945-1964

1965-1980 1981-1991 Post 1991

**Number of storeys in the property**

1 2 3 4 5 6+

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

**Number of rooms**

Number of habitable rooms in the whole premises

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

Number of kitchens in the premises

Number of bathrooms in the premises

**Flats and bedsits**

Number of ‘self contained’ flats

Number of bedsits or bedrooms

**Occupiers and households**

Number of people living in the whole house

Number of households living in the whole house

**Fire safety**

Does the property have a system of fire detection? Yes No

If yes, does it include any of the following?

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

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?

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

c) Fire extinguishers in the common stairways? Yes No

Has the fire safety equipment been serviced in the last 12 months? Yes No

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

If yes, do the appliances meet all legal safety requirements?

Have they been checked within the last year and issued with Yes No

Gas Safety Certificates?

###### Furniture safety

Do you provide upholstered furniture within the lettings? Yes No

If yes, does all the furniture comply with the Furniture and

Furnishings (Fire Safety) Regulations 1988? Yes No

# 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:

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

If yes, how often?

Who carries them out?

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?)

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?

Declarations by licence applicant and proposed licence holder only

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

Print name

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

Date

**Fit and Proper Person**

**Notes**

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:

**Licence applicant Manager**

1. Sex Yes No Yes No
2. Colour Yes No Yes No
3. Race Yes No Yes No
4. Ethnic or national Yes No Yes No

1. Disability Yes No Yes No
2. Have you or anyone associated with you contravened any provision of housing, public health or landlord and tenant law (including Part 3 of the Immigration Act 2016), 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?

1. Do you or anyone associated with you require leave to enter or remain in the United Kingdom but does not have it?

**Licence applicant** **Manager**

Yes No Yes No

1. Are you or anyone associated with you insolvent or an undischarged bankrupt?

**Licence applicant** **Manager**

Yes No Yes No

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: |
| Company name (if applicable): | |
| Position in company (if applicable): | |
| Date: | |

|  |  |
| --- | --- |
| I declare I am the manager 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: |
| Company name (if applicable): | |
| Position in company (if applicable): | |
| Date: | |

**Other licensed Houses in Multiple Occupation**

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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**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**

**Print Name**

**Position**

**Date**

**FEES**

We will not accept any application forms until Part A payment of £210 has been received.

The total licence fee is £780 for a five year licence. There is a £125 discount for **accredited** members (Licence holder or named manager)

|  |  |  |
| --- | --- | --- |
| **Part** |  | **COST** |
| A | To be submitted with application | £210 |
| B | To be submitted when the application is complete | £570 |
|  | Discounted Part B payment for **accredited** members of the:   * National Landlords Association Accreditation Scheme (NLA * Residential Landlords Association Accreditation Scheme (RLA) * Association of Residential Letting Agents (ARLA) * National Approved Lettings Scheme (NALS) * UK Association of letting Agents (UKALA) * South West Landlord Association Accreditation Scheme (SWLA) | £445 |

Evidence of your accreditation must be submitted with your application form. Unless this information is provided at the point of application we are unable to process your licence with the £125 discount and you will have to pay the full licence fee.

Please send a cheque with your application form made payable to EXETER CITY COUNCIL and record the serial number here : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you would prefer to make a card payment over the telephone please call a member of the Business Support Team on 01392 265147.  Please complete the following information.**

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

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of Officer taking the payment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT NOTES**

You may require planning permission to use a building as an HMO

* if it is in the area of the city which is subject to the Article 4 Direction

which effectively removes the right to change the use of a dwelling to an HMO without planning permission

* or if you are intending the property to be occupied by 7 or more tenants.

If a HMO licence is issued it does not mean that planning permission has been granted. Please contact Exeter City Council Planning Department on 01392 255223 or visit www.exeter.gov.uk/planning.

**You cannot transfer a licence. If you sell your HMO, the new owner will have to apply for a licence of their own.**

**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.
* 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

See our Exeter City Councils’ [website](https://exeter.gov.uk/media/4132/website) for details on how we manage personal information <https://exeter.gov.uk/dataprotection>