

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	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>		
Name of proposed licence holder (if different to applicant)	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>		
Name of manager (if different to applicant)	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>		
Name (if different to applicant)	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>		
Name (if different to applicant)	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>		

Please go to application checklist.

CHECKLIST FOR SUBMITTING AN APPLICATION

Please enclose the following:

- A sketch plan for the property detailing the layout and position of each room (Minimum A4 size)
- A current Inspection Report from a competent electrician
- A CORGI certificate(s)
- BS5839 test reports relating to the fire detection system (if applicable)
- BS5266 test reports relating to the emergency lighting system (if applicable)

The council may require you to submit, or you may wish to submit, other documents, for example, copies of planning permissions, building regulations approvals, tenancy/licence agreements, certified accounts (or summaries), recent portable electrical equipment tests in support of your application.

Please send completed application form, payment (where required) and copies of any necessary documentation to:

Private Housing and Health
5th Floor, Town Hall Extension
King Street, London W6 9JU

You must submit these documents with your application in any event.

Application for property licence

House in Multiple Occupation (HMO)



Please read the accompanying notes before completing this form.

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

Please fill in the form using BLOCK CAPITALS and black ink.

If you require more space to answer any question, please use additional sheets, specifying which question your answer relates to, and attach the sheets to the application form.

Incomplete applications will be returned including missing documents.

Type of application (please tick appropriate box):

- New licence Renewal of licence

Address of property to be licensed

<input type="text"/>	Postcode
<input type="text"/>	

Is the applicant the intended licence holder? Yes No (see note 1)

If **yes**, please go straight to Part 2 of the form. If **no**, please complete Part 1 of the form.

For office use only

Date received	<input type="text"/>
Date passed to officer	<input type="text"/>
Reference number	<input type="text"/>
Fees received	<input type="text"/>

PART 1. APPLICANT DETAILS - see note 1

Surname	First name(s)
<input type="text"/>	<input type="text"/>

Address	Postcode
<input type="text"/>	<input type="text"/>
<input type="text"/>	

Telephone numbers: Home	Work
<input type="text"/>	<input type="text"/>

Mobile	Fax number
<input type="text"/>	<input type="text"/>

Email address	Date of birth
<input type="text"/>	<input type="text"/>

What is your relationship to proposed licence holder: (please tick the appropriate box)

Friend Relative Agent Solicitor Other (please specify)

What is your interest in the property?

<input type="text"/>
<input type="text"/>

Please go to Part 2.

PART 2. PROPOSED LICENCE HOLDER DETAILS - see note 2

Is the proposed licence holder (please tick the appropriate box)

Individual Company Partnership Trustee Charity

Other (please specify)

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

Address (if company please give registered office address)

Postcode

Telephone numbers: Home

Work

Mobile

Fax number

Email address

Date of birth

Name of company secretary: (if applicable)

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

Please go to Part 3.

PART 3. MANAGER DETAILS - see note 3

Has an agent or individual been employed to manage the property?

Yes - please go to 3.2 No - please go to 3.1

3.1 If **no**, please provide the name, address and telephone number of the person who is responsible for the management of the property

Name

Telephone number

Address

Postcode

3.2 If **yes**, is the manager (please tick appropriate box)

Individual Company Partnership Trustee Other (please specify)

PART 14. DECLARATION - see note 14

As the applicant, 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 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 three 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);
- Whether this application for an HMO licence under Part 2 or for a house licence under Part 3 of 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. Please complete boxes below as appropriate.

Name	Address	Date notified	Description of the persons interest in the property or the application
<input type="text"/>	Postcode <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Postcode <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Postcode <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Postcode <input type="text"/>	<input type="text"/>	<input type="text"/>

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.

13. FURTHER INFORMATION

Please use this space if you need more room for any of your answers or for any additional information you think may be relevant to the application.

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

Address (if a company, please give registered office address)

Postcode

Telephone numbers: Home

Work

Mobile

Fax number

Email address

Date of birth

Is the manager a member of a regulatory body

Yes No

If **yes**, please state which regulatory body

Please go to Part 4.

PART 4. OWNERSHIP DETAILS OF THE PROPERTY TO BE LICENSED - see note 4

Please provide the details of ownership and all others with a legal interest in the property to be licensed.

If you require more space, please continue on a separate sheet.

4.1 Name of freeholder(s)

Surname of freeholder 1

Forename(s)

Address of freeholder 1

Postcode

Email

Telephone

Surname of freeholder 2

Forename(s)

Address of freeholder 2

Postcode

Email

Telephone

4.2 Name of mortgagee

e.g. bank, building society or other who has a loan secured against the property.

Address of mortgagee

 Postcode

Email

Telephone

4.3 Name of leaseholder(s) (if none, state none). Please continue on an additional sheet if necessary.

Surname of leaseholder 1

Forename(s)

Address of leaseholder 1

 Postcode

Email

Telephone

Surname of leaseholder 2

Forename(s)

Address of leaseholder 2

 Postcode

Email

Telephone

Surname of leaseholder 3

Forename(s)

Address of leaseholder 3

 Postcode

Email

Telephone

Surname of leaseholder 4

Forename(s)

Address of leaseholder 4

 Postcode

Email

Telephone

iv) Contravened any Approved Code of Practice (ACoP)

v) Any criminal offence or subject to any other proceedings brought by a local authority or other Regulatory Body (for example breaches of the Environmental Protection Act 1990, planning control or compulsory purchase proceedings or fire safety requirements)?

11.2 Has any person named in Parts 1, 2, 3 and /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 authorities that issued the licence.

 Postcode
 Postcode

11.3 Has any person named in Parts 1, 2, 3 and/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?

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

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

Please go to Part 12.

PART 12. ADDITIONAL INFORMATION - see note 12

12.1 Is the proposed licence holder a member of any landlords' association or other professional body membership? Yes No

If **yes**, please indicate which:

12.2 Is the proposed licence holder an accredited landlord? Yes No

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

12.3 Please list in the space below any training courses undertaken or conferences attended by the proposed licence holder/manager, in the last three years, which support this application.

Please go to Part 13.

PART 6. PROPERTY INFORMATION - see note 6

- 6.1** When was the property built? (please tick appropriate box)
 Pre 1919 1919 to 1944 1945 to 1964
 1965 to 1980 Post 1980
- 6.2** Description of the property (please tick appropriate boxes)
 Detached Semi-detached Terraced End of terrace
 Purpose built block of flats Mixed residential and commercial
 House converted into self-contained flats Other (please specify)
- 6.3** Description of occupation (please tick appropriate boxes)
 Shared house Hostel Studios Shared flat
 A mix of self-contained units and shared accommodation Bedsits with shared facilities
 Self-contained single household unit Other (please specify)
- 6.4** If the accommodation is within a converted property, was the conversion done in accordance with the relevant building regulations in force at the time? Yes No
If **yes**, what year was the conversion carried out? Date
Please provide the relevant Building Control completion certificate for the conversion.
- 6.5** Please tick all of the floors the property has:
 Basement storage Basement residential Basement commercial
 Ground floor First floor Second floor Third floor
 Fourth floor Fifth floor Sixth floor Over six floors
Please go to Part 7.

PART 7. AMENITIES - see note 7

- 7.1** Please specify which lettings detailed in Part 5 have exclusive use of a bath and/or shower
- 7.2** How many shared baths and/or showers are there in the property?
Baths Showers
- 7.3** Please specify which lettings detailed in Part 5 have exclusive use of a WC
- 7.4** How many shared WCs are there in the property?
- 7.5** How many shared WCs are in a separate compartment to the bathroom?

- 7.6** Please specify which lettings detailed in Part 5 have exclusive use of a wash hand basin
- 7.7** How many shared wash hand basins are there in the property?
- 7.8** What kitchen facilities are provided in the house? (please tick appropriate box)
 Shared kitchen(s)
 Mixture of exclusive/shared kitchens
 Exclusive use of kitchens only
- 7.9** How many sets of shared kitchen facilities are provided in the house?
- 7.10** How many lettings have exclusive use of a set of kitchen facilities? (please specify)
- 7.11** How many sinks are there in the property?
- Please go to Part 8.**

PART 8. FIRE SAFETY - see note 8

- 8.1** Does the property have a system of fire detection? Yes No
If **yes**, does the system include:
a) a fire alarm control panel Yes No
b) heat detectors in the kitchens Yes No
c) mains wired smoke detectors in rooms Yes No
d) battery powered smoke detectors in rooms only Yes No
e) mains wired smoke detectors in common parts Yes No
f) battery powered smoke detectors in common parts only Yes No
g) sounders /alarms on all levels Yes No
h) call points in the communal areas Yes No
If there is a mains wired fire alarm and detection system, has it been tested in accordance with the BS5839?
(Please provide a copy of a current certificate of testing showing compliance to BS5839) Yes No
Is there a log book of inspection / testing? Yes No
If **yes**, what is the date of the last entry?
Name the person responsible for maintaining the alarm system
Please state the location of the log book (if applicable).
- 8.2** Does the property have an emergency lighting system? Yes No
If **yes**, has the system been tested in accordance with BS5266:
Part 1: 1988 at least every three years? (If yes, please provide a copy of the most recent periodic inspection and test certificate) Yes No