Accredited Landlords Grant



Addresses and other preliminaries

1.1	Please give the following details for each grant applicant							
	Name:							
	Address for correspondence (if different from above):							
	Telephone numbers: (Home)							
		(Work)						
1.2	Do you, or does the applicant, have limited leave to remain in the United Kingdom under Home Office immigration procedures?							
	Yes No							
1.3	Please give the name, address and telephone number of the person who may be contacted to gain access to the property (eg to carry out an inspection)							
	Name							
	Title: Mr/Mrs/Miss/Ms/Other (please specify)							
	Address:							
	Post Code							
	Telephone Number: (home) (work)							
The	property where the works are to be carried out							
1.4	Please give the address of the property at which the works are to be carried out:							
	Is this a house or a flat? (please delete as appropriate). House/Flat							

Your interest in the property where the works are to be carried out

1.5	Do you (alone or jointly with others), own the freehold of the property or hold a tenancy of it with at least five years still to run?
	Yes No
	Please indicate which interest you own (please delete as appropriate): Freehold/tenancy with at least five years still to run
	If you own the interest jointly with other people, please give the names and addresses of your co-owners:
1.6	Do you (alone or jointly with others), propose to acquire the freehold of the property or a tenancy of it with at least five years still to run?
	Yes No No
	Please indicate which interest you propose to acquire (please delete as appropriate):
	Freehold/tenancy with at least five years still to run
	When do you propose to acquire the interest?
	If you propose to acquire it jointly with other people, please give the names and addresses of the other proposed co-owners:
1.7	Are you providing a certificate of future occupation with your application?
	Yes No No
App	olications in respect of works of repair or improvement to an existing HMO
1.8	Please describe the accommodation currently provided in the HMO (giving number and types of units of accommodation):

1.9	Is any part of the house occupied, or capable of being occupied, as a self-contained dwelling by persons forming a single household?								
	Yes	No .							
	How many dwellings are there?								
1.10	Hov	v many households in total does the hou	se c	ontain accommoda	tion f	or?			
		house	holo	ds in total					
1.11	Hov	v many people in total currently reside in	the	house?					
		peopl	e in	total reside in the ho	ouse				
1.12	Please state what standard amenities are provided in the house for the exclusive use of the occupants and what amenities are to be added or replaced (if any)								
				Number of	ame	nities			
			a)	already provided	b)	to be added or replaced			
	a)	satisfactory facilities for storing, preparing and cooking food including a sink with a satisfactory hot and cold water supply							
	b)	a suitably located water closet							
	c)	a suitably located fixed bath or shower With a satisfactory hot and cold water supply							
	d)	a suitably located wash hand basin with a satisfactory hot and cold water supply							
Fire	Pre	cautions and Means of Escape from	m F	ire					
Plea: HMC		nswer the following questions, whicheve nt	r typ	e of application you	are	making for			
1.13	Plea	ase describe what provision already exis	ts in	the property in rela	tion 1	to:			
	a)	giving warning in case of fire							
	b)	preventing the spread of fire							

	c)	aiding escape from fire
1.14	Yes	
		ase give details, including the date the notice was served
		ed Works ase give details of all works proposed:
1.16		ase give any other information concerning the tenancy/licence of each unit which y be relevant to your application
Gen	eral	
This	sec	tion must be completed by each applicant
1.17	Are Yes	you the landlord of any other residential property within the Council's area? No
	Ple	ase give the full address of each such property

1.18 F	Please give any other information in support of your application
Decla	ration
Warni	ng: If you knowingly make a false statement you may be liable to prosecution
	are that to the best of my knowledge, information and belief the information in this ation is correct.
Signat	rure:Date:
for thre	by declare that the property to which this application relates will be available for letting ee years following the completion of the grant eligible works, on the understanding that ant will become repayable should this condition fail to be met.
Signat	ure:Date: