

For office use only

Date received:

Ref:

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	<input type="checkbox"/>	1919-1944	<input type="checkbox"/>	1945-1964	<input type="checkbox"/>
1965-1980	<input type="checkbox"/>	1981-1991	<input type="checkbox"/>	Post 1991	<input type="checkbox"/>

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)

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?

a) Fire alarm control panel?

Yes No

b) Heat detectors in the kitchens?

Yes No

c) Smoke detectors in the rooms?

Yes No

Are these battery powered?

Yes No

d) Smoke detectors in the common parts?

Yes No

Are these battery powered?

Yes No

e) Alarm sounders on each floor?

Yes No

f) Emergency lighting?

Yes ☐ No ☐

How often is the above system tested?

g) Does the property have fire doors fitted to the rooms that open onto the staircase?

Yes ☐ No ☐

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 Gas Safety Certificates?

Yes ☐ No ☐

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 ☐

Lettings and amenities
Letting rooms (bedsits etc.)

Room number	Location	Number of habitable rooms in letting (exclude kitchens and bathrooms)	Wash hand basin in letting (Yes/No)	Toilets (state if shared with other households or exclusive use)	Baths/ Showers (state if shared with other households or exclusive use)	Kitchens, including a sink (state if shared with other households or exclusive use)
Example Room One	First floor front	2	Yes	One shared	One exclusive	One exclusive

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					
a) Fraud	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) Dishonesty	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) Violence	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d) Drugs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e) Sexual offences listed in the Sexual Offences Act 2003, Schedule 3	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2. 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					
a) Sex	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) Colour	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) Race	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d) Ethnic or national	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

e) Disability Yes ☐ No ☐ Yes ☐ No ☐

3. 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	
a) Was subject to proceedings by Local Authority	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Had to have works in default carried out by the Local Authority	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Was subject to a Control Order	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) Was subject to a Management Order	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) Has been refused a licence or breached conditions of a licence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) Has been the subject of any other successful prosecution under the above legislation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g) Or have you acted in contravention of any relevant Approved Code of Practice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4. 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Licence applicant	Manager
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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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

<p>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.</p> <p>Signed:</p>	<p>Print name:</p>
<p>Company name (if applicable):</p>	
<p>Position in company (if applicable):</p>	
<p>Date:</p>	

<p>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.</p> <p>Signed:</p>	<p>Print name:</p>
<p>Company name (if applicable):</p>	
<p>Position in company (if applicable):</p>	
<p>Date:</p>	

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

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

Signed

Print Name

Position

Date

Fees

£378 for HMO's which have five or more people forming more than one household and share at least one amenity such as bathroom, toilet and/or cooking facilities.

There is a supplementary charge of £25 per letting where there are more than 5 lettings at the time of licensing.

I wish to license a property with rooms.

I enclose a cheque to the value of:

Please do not enclose cash. Please make cheques made payable to:

Eden District Council
Reference 02307-8078

Please send completed form to:

Environmental services
Eden District Council
Mansion House
Friargate
Penrith
CA11 7YG

If you have an electronic version of your completed form, it would be helpful if you could also email it to us housing.services@eden.gov.uk