

Date Received

Date to Officer

HOUSING ACT 2004, PART 2 (LICENSING OF HOUSES IN MULTIPLE OCCUPATION)

APPLICATION FOR MANDATORY LICENSING AND RELICENSING

Use this form if you want to apply for a House in Multiple Occupation (HMO) licence or relicence.

Please ensure all parts of the form are completed. If completed in writing, this must be in **black** ink and in capitals. If you do not complete the form correctly and the form has to be returned to you - an additional administrative fee may be charged.

If you need any assistance completing the form, please contact our Private Sector Housing Team – Tel: **01423 500600 Ext 56899**

Please note that 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 concerned may be required at a later date. 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 revoked or other action taken.

Address of property to be licensed:	
Postcode:	
Number of persons property to be licensed for:	
Date of expiry of previous licence (if any):	
Date of application:	
Where this is a licence renewal is the applicant and the licence holder the same as on the previous licence?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>

The application comprises 7 sections:

- Section 1 – Equality and diversity monitoring
- Section 2 – Details of persons with an interest in the property
- Section 3 – Fit and proper person declaration
- Section 4 – Information about occupancy
- Section 5 – Property information
- Section 6 – Declarations
- Section 7 – Checklist of documents

Please use the HMO licensing guidance notes to assist with the completion of this form.

Section 1 – Equality and diversity monitoring

It is vital that we monitor and analyse diversity information so that we can ensure that our services are fair, transparent, promote equality of opportunity and do not have an adverse impact on any particular group. Any information provided on this form will be treated as strictly confidential and will be used for statistical purposes only. No information will be published or used in any way which allows any individual to be identified.

Gender

Male Female Prefer not to say

Is your gender identity the same as the gender you were assigned at birth?

Yes No Prefer not to say

Are you married or in a civil partnership?

Yes No Prefer not to say

Age

16-24 25-29 30-34 35-39 40-44
45-49 50-54 55-59 60-64 65+
Prefer not to say

What is your ethnicity?

White

English Welsh Scottish Irish
Gypsy or Irish Traveller Other White background

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African White and Asian
Any other mixed background

Asian/Asian British

Indian Pakistani Chinese
Any other Asian background

Black / African / Caribbean / Black British

African Caribbean Any other

Other ethnic group

Arab Any other ethnic group
Prefer not to say

Do you consider yourself to be disabled?

Yes No Prefer not to say

What is your sexual orientation?

Heterosexual/straight Gay woman/lesbian Gay man
Bisexual Other Prefer not to say

What is your religion or belief?

No religion Buddhist Christian
Hindu Jewish Muslim
Sikh Any other religion Prefer not to say

Section 2 – Details of persons with an interest in the property**2.1 Applicant details (If not the licence holder)**

Title	First Name(s)	Surname
Address		
Postcode	Telephone(s)	
Date of Birth		
Email(s)		
Do you collect rent <input type="checkbox"/> Receive rent <input type="checkbox"/> Neither <input type="checkbox"/>		

2.2 Details of proposed licence holder / person in control of the property

Company/Trust name (if applicable)		
Title	First Name(s)	Surname
Address		
Postcode	Telephone(s)	
Date of birth		
Email(s)		
Do you collect rent <input type="checkbox"/> Receive rent <input type="checkbox"/> Neither <input type="checkbox"/>		
Please indicate the nature of your interest(s) in the property: Freehold owner <input type="checkbox"/> Leasehold owner <input type="checkbox"/> To collect the rent <input type="checkbox"/> A person employed to manage the property <input type="checkbox"/> Other <input type="checkbox"/> (Please specify)		
Are you a member of a recognised landlord association? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details of the scheme:		

If the proposed licence holder is a company, provide details of people with an interest in the company Continue on additional sheets if required

Title	First Name(s)	Surname
Date of birth		
Address		
Contact details		
Interest in the property		

Title	First Name(s)	Surname
Date of birth		
Address		
Contact details		
Interest in the property		
2.3 Details of manager of the property (if not the licence holder)		
Company name (if applicable)		
Title	First Name(s)	Surname
Address		
Postcode	Telephone(s)	
Date of birth		
Email(s)		
Do you collect rent <input type="checkbox"/> Receive rent <input type="checkbox"/> Neither <input type="checkbox"/>		
Please indicate the nature of your interest(s) in the property: Freehold owner <input type="checkbox"/> Leasehold owner <input type="checkbox"/> To collect the rent <input type="checkbox"/> A person employed to manage the property <input type="checkbox"/> Other <input type="checkbox"/> (Please specify)		
Is the proposed manager a member of a recognised landlord association? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details of the scheme:		
If the manager is a company, provide details of people with an interest in the company Continue on additional sheets if required		
Title	First Name(s)	Surname
Date of birth		
Address		
Contact details		
Interest in the property		

Title	First Name(s)	Surname
Date of birth		
Address		
Contact details		
Interest in the property		
2.4 Details of the freehold owner of the property to be licensed (if not the licence holder)		
Company name (if applicable)		
Title	First Name(s)	Surname
Address		
Postcode	Telephone(s)	
Date of birth		
Email(s)		
Do you collect rent <input type="checkbox"/> Receive rent <input type="checkbox"/> Neither <input type="checkbox"/>		
If the freeholder is a company, provide details of people with an interest in the company Continue on additional sheets if required		
Title	First Name(s)	Surname
Date of birth		
Address		
Contact details		
Interest in the property		
Title	First Name(s)	Surname
Date of birth		
Address		
Contact details		
Interest in the property		

**2.5 Details of the leasehold owner of the property to be licensed
(if not the licence holder)**

Company name (if applicable)

Title	First Name(s)	Surname
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Address

Postcode	Telephone(s)
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Date of birth

Email(s)

Do you collect rent Receive rent Neither

If the leaseholder is a company, provide details of people with an interest in the company
Continue on additional sheets if required

Title	First Name(s)	Surname
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Date of birth

Address

Contact details

Interest in the property

Title	First Name(s)	Surname
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Date of birth

Address

Contact details

Interest in the property

**2.6 Mortgage provider details
(if any)**

Name of mortgagee provider

Address

Contact details

Account number

Section 3 – Fit and Proper Person Declaration

When considering a HMO licence application, the local authority must be satisfied that the proposed licence holder, and any person involved in the management of the property, is fit and proper to carry out such duties.

Has the proposed licence holder, the manager, their family, friends, business associates or business owners they are associated with ever;		Yes	No
1a	Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with, the carrying on of any business?		
1b	Contravened any provision of the law relating to housing, public health, environmental health or of landlord and tenant law?		
1c	Acted otherwise than in accordance with any applicable code of practice approved under section 233 with regard to the management of HMOs?		
1d	Committed an offence involving: fraud, dishonesty, violence, drugs, sexual offence under Schedule 3 of the Sexual Offences Act 2003 (has notification requirements)?		
2	Has the proposed licence holder or the manager received a civil penalty in relation to housing offences?		
3	Has the proposed licence holder or manager received a Banning Order?		
4	Does the proposed licence holder or the manager have: inadequate arrangements for the availability of funds to ensure satisfactory management of the property (planned maintenance to additional bathrooms/kitchens), been declared bankrupt, received a Housing Act notice (either 1985 or 2004), convicted for failing to comply with a Housing Act notice, has been refused an HMO licence, has had an HMO licence revoked due to breach of conditions, has held a licence or managed an HMO subject to an interim or final management order, works in default undertaken by the Council where a legal notice has not been complied with (Housing Act, Environmental Protection Act, Planning and Building Control offences, Gas Safety (Installation and Use) Regulations 1998).		

If the answer to any of the questions above is yes, please provide **full details**, including who they relate to, the date of the offence or incident and details:

Declaration

I/We declare that the information provided in this section 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 their functions under 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 am/are reckless as to whether it is false or misleading.

Continue on additional sheets if required.

Title	First Name(s)	Surname
Interest in the property		
Signed		
Date		
Title	First Name(s)	Surname
Interest in the property		
Signed		
Date		
Title	First Name(s)	Surname
Interest in the property		
Signed		
Date		
Title	First Name(s)	Surname
Interest in the property		
Signed		
Date		

Section 5 – Property Information

When was the property built?			
Pre 1919	<input type="checkbox"/>	1919-1944	<input type="checkbox"/>
1965-1979	<input type="checkbox"/>	Post 1980	<input type="checkbox"/>
Type of property? (Tick all that apply)			
Detached house	<input type="checkbox"/>	Semi-detached house	<input type="checkbox"/>
End terraced house	<input type="checkbox"/>	Back to back terrace	<input type="checkbox"/>
Thorough terraced house	<input type="checkbox"/>	Flat within purpose built block	<input type="checkbox"/>
Converted flat	<input type="checkbox"/>	Other	
Number of storeys (Tick as appropriate)			
Basement	<input type="checkbox"/>	Ground floor	<input type="checkbox"/>
Second floor	<input type="checkbox"/>	Third floor	<input type="checkbox"/>
		First floor	<input type="checkbox"/>
		Mezzanine	<input type="checkbox"/>
<p><i>A floor plan will need to be provided as part of this application. The plans must be clear, roughly in proportion and to a professional standard. Please refer to the example floor plan to see what is expected.</i></p>			
Do you have current planning approval to use the property as a House in Multiple Occupation or self-contained flats? <i>If yes, please provide a copy of the approval</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p><i>Please Note: Planning permission is required to convert a property to a HMO (more than six persons) or self-contained flats. This must be obtained by making an application to the Council. Please contact the Planning team on 01423 500 600 or visit the Councils website www.harrogate.gov.uk/planning to discuss your property and find out how to apply for planning permission.</i></p>			
If the property is already a HMO or in self-contained flats, please give approximate age of conversion?			
Was the conversion of the property carried out in compliance with and with Building Regulations approval? <i>Please enclose a copy of building regulations completion document</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have all works at the property been carried out in compliance with and with approval of Building Regulations? <i>Please enclose copies of building regulations completion document</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are any of the flats or rooms occupied by the owner or freeholder (including their family)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
What was the property used for before it was converted to a HMO?			
Please specify any commercial uses of the building:			
Number of self-contained units			
Number of non-self-contained units			
Is the property a bedsit type HMO or shared house HMO? <i>Please see section 5 on page 8 of the glossary for further information</i>		Bedsit <input type="checkbox"/>	Shared <input type="checkbox"/>

Property management	Yes	No
Are there arrangements in place to deal with emergency repairs at the property? If yes, please specify:		
Is there a 24 hour emergency contact telephone number provided for occupiers of the property? If yes, please provide details:		
What facilities are provided for refuse storage?		
Where are the refuse facilities located?		
How often is refuse collected and by who?		
Fire precautions;	Yes	No
Is there:		
Emergency lighting in the common parts?		
A system of smoke/heat detectors and alarm sounders incorporating a central control panel?		
Individual smoke/heat detectors without a central control panel?		
Do you have a contractor to maintain and inspect your system? If yes, who is the contractor?		
Are all smoke alarms in proper working order?		
Are the doors that open onto the communal areas and high risk rooms fire doors and capable of 30 minutes fire resistance? If yes, are they fitted with fully working self-closers?		
Are they fitted with cold smoke seals?		
Are they fitted with intumescent strips?		
Is the escape route kept clear of flammable material and other obstructions?		
Is a fire blanket provided in each kitchen?		
Are there break glass points?		
Do you provide fire extinguishers? If yes, what type and where?		
Have the fire blankets, extinguishers, emergency lighting, and alarm system been serviced in the last 12 months?		
Are there any notices displayed in the property instructing the occupants what to do in the event of a fire?		
Do you have a log book? <i>Evidence of this may be required on inspection</i>		
Have you got a written fire risk assessment specifically for this property? <i>Please provide a copy of the up to date fire risk assessment for this property</i>		

Heating and insulation;	Yes	No
What form of heating does the property have:		
Gas fired central heating?		
Off peak night storage heaters?		
Individual wall mounted gas heaters?		
Individual wall mounted electric heaters?		
Other (please specify):		
Is the loft insulated? If yes, to what depth?		
If there are cavity walls, do they have cavity wall insulation?		
Electrical appliances;	Yes	No
Do you provide any electrical appliances?		
Are all the electrical appliances provided by you compliant with the requirements of Electrical Equipment (safety) Regulations 1994? <i>Please enclose a copy of the latest Portable Appliance Test (PAT) certificate carried out on appropriate appliances</i>		
Do you have a valid electrical safety certificate? <i>Please enclose a copy of the latest electrical safety certificate which should be no more than 5 years old</i>		
Gas;		
Are there any gas appliances within the property? <i>Please enclose a copy of the latest gas safety inspection certificate which should not be more than one year old</i>		
Carbon monoxide;		
Does the property have a carbon monoxide detector? If yes, where?		
Furniture;	Yes	No
Do you provide furniture or furnishings? If yes, please specify:		
Are all furniture and furnishings provided by you, compliant with the Furniture and Furnishings Fire and Safety Regulations (as amended in 1989 and 1993)?		

Section 6 - Declarations

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 (the lender)
- Any owner of the property to which the application relates (if it is not you) i.e. the freeholder and any head lessees 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 it is not you)
- The proposed managing agent (if any) (if it is not you)
- Any person who has agreed that he will be bound by any condition or conditions in a licence if it is granted
- Any company which has a loan secured against the property.

You must tell each of these persons:

- Your name, address, telephone number and e-mail address or fax number (if any)
- The name, address, telephone number and e-mail address or fax number (if any) of the proposed licence holder (if it is not you)
- That this is an application made under Part 2 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

Name	Address	Description of persons interest in the property or the application	Date of service

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 I/we are reckless as to whether it is false or misleading.

I/we declare that I/we have served a notice of the application on the persons listed below who are the only persons known to me/us that are required to be informed that I/we have made this application.

I/We declare that the Management Regulations have been complied with as in the Management of Houses in Multiple Occupation Regulations 2006. A person who fails to comply with these regulations commits an offence under section 234(3) of the Housing Act 2004.

I/We declare that all electrical appliances and furniture made available by me/us in the property are in a safe condition.

I/We declare that the smoke alarms in the property are in proper working order.

I/We declare that the emergency lighting in the property is in proper working order.

N/A

The declaration should be signed by any of the following who are to be bound by the conditions of the licence: applicant, proposed licence holder, manager, owner, company directors, company secretary or trustees.

By signing below you are agreeing to all of the above declarations.

Title	First Name(s)	Surname
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Interest in the property	
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Signed	
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Date	
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Title	First Name(s)	Surname
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Interest in the property	
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Signed	
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Date	
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Title	First Name(s)	Surname
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Interest in the property	
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Signed	
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Date	
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Title	First Name(s)	Surname
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Interest in the property	
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Signed	
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Date	
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Title	First Name(s)	Surname
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Interest in the property	
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Signed	
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Date	
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Section 7 - Checklist of documents

	Yes	N/A
Copy of any planning approval document for any building/conversion work undertaken	<input type="checkbox"/>	<input type="checkbox"/>
Copy of building regulations completion document	<input type="checkbox"/>	<input type="checkbox"/>
Copy of the most recent (within the last 12 months) inspection and test certificate for automatic fire detection	<input type="checkbox"/>	<input type="checkbox"/>
Copy of the most recent (within the last 12 months) inspection and test certificate for emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>
Copy of gas safety certificates (within the last 12 months) for the gas installation and all gas appliances	<input type="checkbox"/>	<input type="checkbox"/>
Copy of the most recent (within the last 5 years) inspection and test certificate for the electrical installation within the property	<input type="checkbox"/>	<input type="checkbox"/>
Copy of the most recent (within the last 2 years) Portable Appliance Testing (PAT) certificate	<input type="checkbox"/>	<input type="checkbox"/>
Copy of the tenancy agreement used at the property	<input type="checkbox"/>	<input type="checkbox"/>
Copy of the Fire risk assessment	<input type="checkbox"/>	<input type="checkbox"/>
Copy of a clear, roughly in proportion floor plan of the property to a professional standard	<input type="checkbox"/>	<input type="checkbox"/>
Licence fee <i>Currently we will wait for the application form to be submitted before raising an invoice. Once the invoice has been raised this should be paid as soon as possible.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Please send completed application form, signed and returned with all the necessary supporting documentation to:</p> <p>Private Sector Housing Harrogate Borough Council PO Box 787 Harrogate HG1 9RW Tel: 01423 500600 Ext 56899 Email: privatehousing@harrogate.gov.uk</p>		