



DARLINGTON
Borough Council

SERVICES GROUP
Town Hall, Darlington DL1 5Q

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Renewal Application Licensing of Houses in Multiple Occupation (HMO's)

The Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (Amendment) (England) Regulations 2012

This form should be completed if you are the licence holder and or you have control of or manage a House in Multiple Occupation (HMO) for which you are applying for a renewal of a House in Multiple Occupation Licence.

This form is only to be used if there have been no changes to the previous application.

Please note that the information you provide as answers to the questions indicated by the ▲ symbol will be entered into a public register but only to the extent required by law.

Section 1: Licence Holder Details	
Limited Company Applicants	
▲ Limited Company Name:	
▲ Limited Company Address and Post Code:	
▲ Registered Company Number:	
Non-Limited Company Applicant Details:	
▲ Title:	
▲ Forename(s):	
▲ Surname:	
▲ Address and Post Code:	
Date of Birth	
Telephone/Mobile:	
E-Mail Address:	

Section 1 Continued: Licence Holder Details	
Are you the registered property owner?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
Mortgage Company	
Mortgage reference Number	

Section 2: Manager/ Managing Agent Details	
Company/Agent Name:	
Title:	
Forename(s):	
Surname:	
Position In the Company:	
Address & Post Code:	
Telephone/Mobile:	
E-Mail Address:	

Section 3: Details of HMO to be licensed	
▲ Address Including Post Code:	

Supporting Information:
<ul style="list-style-type: none"><input type="checkbox"/> Building regulation completion certificate (if applicable)<input type="checkbox"/> Copy of Standard form of tenancy agreement<input type="checkbox"/> An inspection certificate of the fire detection system<input type="checkbox"/> Gas Safety Certificate<input type="checkbox"/> Electrical safety certificate<input type="checkbox"/> Right to Work if not a Limited Company

Section 4: Declarations

Note to Applicants: Please note that it is criminal offence to knowingly supply information, which is false or misleading.

Fit and Proper Person Declaration:

NOTE TO APPLICANTS

We will confirm details supplied in this application form with existing information held by other council departments e.g., Housing Benefits, council tax. We may also approach other authorities such as the Police Authority, Fire & Rescue Service, Office of Fair Trading, etc. for information and confirmation.

We may require your co-operation in obtaining Criminal Records Bureau information in confirmation of the above.

You will be advised of this action should it be considered necessary during the application process. Please note that it is a criminal offence to knowingly supply information, which is false or misleading for the purposes of obtaining a licence.

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 other action taken. Any information supplied will be taken into consideration and will not necessarily exclude the applicant from becoming a licence holder.

<u>Limited Company Name & Address:</u>	<u>Directors Name</u>	<u>Directors Name</u>	<u>Directors Name</u>			
Registered Company Number:						
Other Applicant Details:						
Full Name/s:						
Property Address	Licence Holder		Manager		Associates	
	Yes	No	Yes	No	Yes	No
Does anyone named above have unspent convictions relevant to being involved in running an HMO namely-						
Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fraud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any offence listed in Schedule 3 Of the Sexual Offenders Act 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other offence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a Court or Tribunal found against you in relation to:						

Unlawful Discrimination on the grounds of sex, Colour, Race, Ethnic or National Origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any contraventions, Civil or Criminal, of any provision of any enactment relating to any of the below:-	Licence Holder		Manager		Associates	
	Yes	No	Yes	No	Yes	No
Landlord and Tenant Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Legislation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any properties you are involved with been refused a Licence under Part 2 or 3 of the Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any properties you are involved with been refused a Licence under Part 2 or 3 of the Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you, or have you owned any property that has been the subject of any proceedings (Court or otherwise) by a Local Authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
you, or have you owned any properties that have been, or are, subject to a Management Order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any of your properties been subject to a Control Order in the last 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered YES to any of the above questions, you must supply further details of the offence and if it is the Manager, the address of the property that person is managing.

These details can then be used by the LHA to determine if that person can be judged 'Fit and Proper'

Please note that the Housing Act 2004, Section 238 makes it an offence to supply false information.

Do you have right to work <https://www.gov.uk/prove-right-to-work> please provide a reference number or a copy of a valid or expired UK passport. (If you do not have a passport, please provide a P45, P60 or a pay slip showing your national insurance number, along with a copy of your full birth certificate showing parents details.

Part 1 Declaration:

I/we declare that the information contained in this application is correct and 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 if known is false or misleading or I/we are reckless as to whether it is false or misleading.

I/We declare that the house in respect of which a licence is sought under Part2/Part 3 of the Housing Act 2004 is subject to a licence under that Part at the time this application is made. I/We further declare that to the best of my/our knowledge either: (a) none of the information described in paragraph 2(c) to (g) of that Act and previously submitted to the authority has materially changed since that licence was granted; or (b) the only material changes to that information are described as follows: [include description of all material changes].

I/we understand that should any circumstance referred to in this application change, that I/we must inform Darlington Borough Council as soon as is practicable. I/we understand that information supplied with this application will be stored in accordance with the principles of The Data Protection Act 2018 and will only be shared with other relevant bodies, including other local authorities and Government Agencies, where legally necessary.

Print Name _____

Title/Position _____

Signature _____ Date _____

Print Name _____

Title/Position _____

Signature _____ Date _____

Print Name _____

Title/Position _____

Signature _____ Date _____

Please note we reserve the right to carry out additional checks in support of your application within the Council and with other agencies as appropriate.

Please attach additional sheets, if necessary.

In the case of partnerships or trustees, all partners/trustees must sign. In the case of a limited company, this application must be signed by a director or Company Secretary or other authorised officer, in which case, we will require proof of authority.

Please return completed application forms to:

Private Sector Housing Team

Darlington Borough Council

Town Hall

Darlington

DL1 5QT

Or by Email to privatesectorhousing@darlington.gov.uk