

Please return completed application forms to:
Housing Renewal Section
Department of Community Services
Darlington Borough Council
5 Skinnergate
Darlington DL3 7NB
Tel: 01325 734100 Fax: 01325 734109

**Houses in Multiple Occupation
Licensing Control Scheme**

Office use only

Date application received _____

**PART 1
APPLICANT'S DETAILS**

Application Form

Applicant number

/

Name of applicant

An applicant number has been put on the top of Part 1 of the application form. This number should be transferred along with the surname of the applicant to any subsequent sections and additional information submitted.

**Applicants must submit all three parts of the licence application.
For applicants that own several properties subject to licensing Part 1 can be used for each property.**

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
- Any owner of the property to which the application relates (if that 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 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 condition or conditions in a licence if it is granted.

You must tell each of these persons the following information: -

- Your name, address, telephone number and e-mail address
- The address of the property that the application relates to
- The name, address, telephone number and e-mail address of the proposed licence holder (if it will not be you)
- Whether this is an application under Part 2 or Part 3 of the Housing Act 2004
- The name and address of the local housing authority to which the application will be made
- The date the application will be submitted

Before completing this application form please refer to the guidance notes supplied with this application form.

Please complete all sections in BLOCK CAPITALS and black ink.

For further assistance in the completion of this form please contact the Housing Renewal Section on 01325 734 100.

PART 1

1 DETAILS OF THE APPLICANT

1.1 a) Name of applicant (for which licence is to be issued).

Title _____ Name _____

b) Contact information

Address

Postcode _____

Tel: _____

Fax No: _____

Email _____

c) Date of Birth (if under 21) (DD/MM/YYYY) _____

2 'FIT & PROPER PERSON' ASSESSMENT

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.

2.1 Are you a member of any landlords association or other professional body?

If so please indicate which.

2.2 Are you an accredited landlord in this or another authority?

If so please indicate which.

2.3 Please indicate number of individual properties in management: by the applicant

**Please provide addresses of properties which are in the management of the applicant.
(please use separate sheet if necessary)**

Please provide details of licenced properties in other Local Authority areas throughout England and Wales (Please use separate sheet if necessary)

2.4 Statement that the Licence Holder, Property Manager and Associates are Fit and Proper People, as defined by Housing Act 2004 - Part 2 - Section 66

Please complete this form for each property

Property Address	Licence Holder	
	Yes	No
Does anyone have unspent convictions relevant to being involved in running an HMO namely:- Dishonesty Fraud Violence Drugs Any offence listed in Schedule 3 Of the Sexual Offenders Act 2003 Any other offence	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/>
Do you have any contraventions, Civil or Criminal, of any provision of any enactment relating to:- Landlord and Tenant Law Housing Legislation	<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"/>
Have you breached any Part or Part 3 Licence Conditions?	<input type="checkbox"/>	<input type="checkbox"/>
Have you acted otherwise than in accordance with a Code of Practice that concerns a property?	<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"/>
Do you, or have you owned any properties that have been, or are, subject to a Management Order?	<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"/>

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.

2.5 Please provide details of any unspent convictions or contraventions to the above.

Note to Applicants

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 cancelled or other action taken.

False or Misleading Information - Section 238

- (1) A person commits an offence if:-
 - (a) he supplies any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 or this Part,
 - (b) the information is false or misleading, and
 - (c) he knows that it is false or misleading or is reckless as to whether it is false or misleading.

- (2) A person commits an offence if:-
 - (a) he supplies any information to another person which is false or misleading,
 - (b) he knows that it is false or misleading or is reckless as to whether it is false or misleading, and
 - (c) he knows that the information is to be used for the purpose of supplying information to a Local Housing Authority in connection with any of their functions under any of Parts 1 to 4 or this part.

- (3) A person who commits an offence under Sub-section (1) or (2) is liable on summary conviction to a fine not exceeding level 5 on the standard scale.

- (4) In this section "false or misleading" means false or misleading in any material respect.

Data Protection Statement

We need your personal data to enable this Council to issue a HMO Licence. We may also use it for prevention and detection of fraud. We may share it with other organisations such as **other local Housing Authorities** as part of our joint approach to **ensuring that only fit and proper people are licenced to own or manage Houses in Multiple Occupation.**

Data held by this Local Housing Authority in respect of the licensing of HMOs shall be stored in a Register as required by Section 232 of the Housing Act 2004. The information in this Register shall be available, upon request, to Third Parties.

We will keep your personal data safe and secure and will not disclose it to anyone else without your consent, unless we are required by law to do so.

Declaration

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.

Print Name _____

Signature _____

Date _____

إذا رغبت الحصول على هذه النشرة بلغة أخرى غير اللغة الإنجليزية نرجو
الاتصال بنا على رقم الهاتف التالي: ٠١٣٢٥ ٣٨٨٥٣٨ مع ذكر رقم الإشارة.

যদি আপনার ইংরেজী ছাড়া অন্য কোন ভাষায় এই প্রকাশনাটির দরকার থাকে, তাহলে 01325 734100
নম্বরে ফোন করুন এবং সূত্র নম্বর উল্লেখ করুন।

如果你需要其它语言的版本, 請與以下電話聯係並報出參考號碼: 01325 734100

यदि आप यह प्रकाशन अंग्रेजी के अलावा अन्य भाषा में चाहते हैं तो कृपया संदर्भ नम्बर (रेफरन्स नम्बर)
बताकर निम्नलिखित 01325 734100 पर संपर्क करें।

ਜੇ ਇਹ ਪਰਚਾ ਤੁਹਾਨੂੰ ਅੰਗਰੇਜ਼ੀ ਤੋਂ ਬਿਨਾਂ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ
ਸਾਨੂੰ ਨੰਬਰ 01325 734100 'ਤੇ ਫ਼ੋਨ ਕਰੋ ਅਤੇ ਰੈਫਰੈਂਸ (ਹਵਾਲਾ) ਨੰਬਰ ਦੱਸੋ।

اگر آپ کو یہ کتابچہ انگریزی کے علاوہ کسی دوسری زبان میں درکار ہو تو براہ مہربانی ٹیلیفون نمبر 01325 734100 پر فون کر کے حوالہ
نمبر دے سیں۔

BRaille
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LargeType

**This document will be made
available on request in
Braille or large print.**