

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 3**

**Application Form**

**PROPERTY DETAILS**

PLEASE TRANSFER APPLICANT NUMBER FROM PART 1

Applicant number

/

Surname 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 3.**

**6 DETAILS OF PROPERTY FOR HMO LICENCE**

**6.1 a) This application refers to (property address):**

**Address**

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**Postcode** \_\_\_\_\_

**6.1 b) Please state type of property**

<b>Property use</b>	<b>House in Single Occupation</b> <input type="checkbox"/>	<b>House in Multiple Occupation</b> <input type="checkbox"/>
	<b>Flat in Single Occupation</b> <input type="checkbox"/>	<b>Flat in Multiple Occupation</b> <input type="checkbox"/>
<b>Form of Structure</b>	<b>Detached</b> <input type="checkbox"/>	
	<b>Semi detached</b> <input type="checkbox"/>	
	<b>Terraced</b> <input type="checkbox"/>	
	<b>End terrace</b> <input type="checkbox"/>	
	<b>Back to back terrace</b> <input type="checkbox"/>	<input type="checkbox"/>
	<b>Grouped Design</b> <input type="checkbox"/>	
	<b>Residential block</b> <input type="checkbox"/>	
	<b>Mixed use block</b> <input type="checkbox"/>	

**6.1 c) Please state number of self contained flats** \_\_\_\_\_

**6.1 d) Please state number of non self contained flats** \_\_\_\_\_

**6.2 Please indicate the number of lettings which are currently occupied in the property** \_\_\_\_\_

**Please indicate the number of lettings for which you would like a licence** \_\_\_\_\_

**6.3 Please indicate the number of individuals which are currently occupied in the property** \_\_\_\_\_

**Please indicate the number of individuals for which you would like a licence** \_\_\_\_\_

**6.4 Please give approximate date from which property has been used as a HMO** \_\_\_\_\_

- 6.5**
- a) **Number of storeys in the building to be licenced** \_\_\_\_\_  
 Storeys include basements and attics
- b) **Number of storeys above ground level** \_\_\_\_\_
- c) **Number of storeys below ground level** \_\_\_\_\_
- d) **Please indicate number of storeys that will be used for residential accommodation.** \_\_\_\_\_
- e) **Number of rooms providing living accommodation** \_\_\_\_\_
- f) **Number of rooms providing sleeping accommodation** \_\_\_\_\_

- 6.6**
- a) **Number of shared**
- COOKING FACILITIES \_\_\_\_\_
- SINKS \_\_\_\_\_
- BATH / SHOWER \_\_\_\_\_
- WC WITH WASH HAND BASIN \_\_\_\_\_
- WASH HAND BASIN \_\_\_\_\_
- b) **Number of individual**
- COOKING FACILITIES \_\_\_\_\_
- SINKS \_\_\_\_\_
- BATH / SHOWER \_\_\_\_\_
- WC WITH WASH HAND BASIN \_\_\_\_\_
- WASH HAND BASIN \_\_\_\_\_
- c) **Type of Heating** \_\_\_\_\_

- 6.7**
- a) **Please give approximate date of construction** \_\_\_\_\_
- If converted, approximate date of conversion** \_\_\_\_\_
- (If the property is converted please provide evidence of building regulation compliance i.e. completion certificate)
- If several conversions have been made please state the last.**
- b) **Have you applied for or received planning permission for this property?**
- Yes  No  Not known
- Date of Application** \_\_\_\_\_
- Application number if known** \_\_\_\_\_

- 6.8 a) Will the proposed licence holder be resident in the property?  
 Yes  No  Not known
- b) Are there any employees at these premises?  
 Yes  No  Not known
- c) Is food to be provided for the tenants?  
 Yes  No  Not known

6.9 Please confirm whether you provide the following

- a) Tenancy agreements / written details of terms of tenancy please provide a copy  
 Yes  No  Not known
- b) Do you include conditions for anti social behaviour?  
 Yes  No  Not known
- c) Inventory & schedule of condition at commencement of occupancy  
 Yes  No  Not known
- d) Rent book / receipt  
 Yes  No  Not known
- e) Repairs contact / procedure  
 Yes  No  Not known
- f) Complaints procedure  
 Yes  No  Not known

7. Fire precautions

- 7.1 a) Is there a system of smoke/heat detectors incorporating
- A fire alarm panel  
 Yes  No  Not known
- Emergency Lighting in the common ways  
 Yes  No  Not known
- Smoke/heat detectors in kitchen/  
 common room  
 Yes  No  Not known
- Sounders/alarms on all levels  
 Yes  No  Not known
- b) Is the main escape route protected by fire doors, self-closers?  
 Yes  No  Not known
- c) Is the escape route kept clear of flammable material and other obstructions?  
 Yes  No  Not known
- d) Do you have a contractor to maintain and inspect your system?  
 Yes  No  Not known
- Provide attach a copy of the inspection report
- e) Is there a log book of inspection/testing?  
 Yes  No  Not known
- f) If yes where is it kept?  
 \_\_\_\_\_

**7.2 Is all furniture complaint with The Furniture and Furnishings (Fire) (Safety) Regulations 1988 (As amended in 1989 and 1993) (Excluding furniture/furnishings provided by tenants)**

**Furniture includes:**

<b>Furniture</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	<b>Not known</b>	<input type="checkbox"/>
<b>Beds</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	<b>Not known</b>	<input type="checkbox"/>
<b>Beds Headboards</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	<b>Not known</b>	<input type="checkbox"/>
<b>Mattresses</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	<b>Not known</b>	<input type="checkbox"/>
<b>Sofa Beds</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	<b>Not known</b>	<input type="checkbox"/>
<b>Futons</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	<b>Not known</b>	<input type="checkbox"/>
<b>Other Convertible Beds</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	<b>Not known</b>	<input type="checkbox"/>
<b>Nursery Furniture</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	<b>Not known</b>	<input type="checkbox"/>
<b>Seat Pads</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	<b>Not known</b>	<input type="checkbox"/>
<b>Scatter Cushions</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	<b>Not known</b>	<input type="checkbox"/>
<b>Pillows</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	<b>Not known</b>	<input type="checkbox"/>

**8 Gas and Electrical appliances**

**8.1 Is there is a gas supply to the property.** Yes  No  Not known

**If yes please confirm that you have a current Gas Safety Certificate** Yes  No  Not known

**(Required annually for the installation and equipment you provide)**

**Provide attach a copy**

**8.2 Have you an electrical safety certificate from a competent electrical engineer within the last 5 years to confirm that the electrical installation is safe?** Yes  No  Not known

**Please attach a copy**

**If yes please indicate date of any major work to the electrical installations. (please provide brief details)**

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**Date** \_\_\_\_\_

**8.3 Have you a**

a) **Maintenance Plan** Yes  No  Not known   
*(please provide brief details)*

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b) **Has the electrical appliances provided by the landlord been tested to ensure they are in safe working condition.**

Yes  No  Not known

**9 PLEASE GIVE DETAILS OF THE OWNER OF THE PROPERTY**

9.1 **Title** \_\_\_\_\_ **Name** \_\_\_\_\_

**Address**

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**Postcode** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Title** \_\_\_\_\_ **Name** \_\_\_\_\_

**Address**

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**Postcode** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**(Continue onto a separate sheet if necessary)**

9.2 a) Is the property freehold  or leasehold

b) If leasehold please give address of leaseholder

Name \_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

9.3 a) Is the property mortgaged? Yes  No  Not known

b) If yes please give the details of each mortgage provider

Name of bank or building society \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

(Continue onto a separate sheet if necessary)

c) Mortgage account number

\_\_\_\_\_

d) Please give the name and address of each of the mortgage holders

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Continue onto a separate sheet if necessary)

e) **Please give the correspondence address if different from above**

**Postcode** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(Continue onto a separate sheet if necessary)**

#### **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 HMO's 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 \_\_\_\_\_

## Checklist

## Please Tick

- |   |                          |
|---|--------------------------|
| <b><u>All sections</u> of the application form are completed</b>      | <input type="checkbox"/> |
| <b>The initial instalment of the licence fee of £750 is included</b>  | <input type="checkbox"/> |
| <b>6.7 Building regulation completion certificate (if applicable)</b> | <input type="checkbox"/> |
| <b>6.9 Standard form of tenancy agreement</b>                         | <input type="checkbox"/> |
| <b>7.1 An inspection certificate of the fire detection system</b>     | <input type="checkbox"/> |
| <b>8.1 Gas Safety Certificate (if applicable)</b>                     | <input type="checkbox"/> |
| <b>8.2 Electrical safety certificate</b>                              | <input type="checkbox"/> |

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

如果你需要其它語言的版本，請與以下電話聯繫並報出參考號碼：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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