



Please return completed application forms to:
Private Sector Housing Team
Services Group
Darlington Borough Council
Town Hall
Darlington DL1 5QT
Tel: 01325 406 439

**Mandatory Houses in Multiple
Occupation Licensing Scheme**

Office use only

Date application received _____

**PART 1
APPLICANT'S DETAILS**

Application Form

Name of applicant _____

**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 Private Sector Housing Team on 01325 406 439.**

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 licensed 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	<input type="checkbox"/>	<input type="checkbox"/>
Fraud	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Any offence listed in Schedule 3 Of the Sexual Offenders Act 2003	<input type="checkbox"/>	<input type="checkbox"/>
Any other offence	<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	<input type="checkbox"/>	<input type="checkbox"/>
Housing Legislation	<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"/>
Do you have leave to enter or remain in the United Kingdom;	<input type="checkbox"/>	<input type="checkbox"/>
Are you or any person involved in the management of this property insolvent or an undischarged bankrupt.	<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.

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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 licensed 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** _____



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PART 2

Mandatory Houses in Multiple Occupation Licensing Scheme

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Application Form

PART 2 MANAGING AGENT'S / LANDLORD'S DETAILS

IF THE APPLICANT EMPLOYS A MANAGER OR AGENT PLEASE COMPLETE PART TWO.

Name of applicant _____

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PART II Licence Holder (if different from Applicant)

3 THIS SECTION GIVES THE DETAILS OF THE MANAGER OF THE PROPERTY

3.1 Name & Address of person managing the property being licensed in what capacity

Title _____ Name _____

Address

Postcode _____

Tel: _____

Email: _____

Manager Rent collector

Other (*please indicate*) _____

4 THIS SECTION GIVES THE DETAILS OF THE AGENT OF THE PROPERTY

4.1 Registered address or principal trading address (where appropriate)

Name _____

Address

Postcode _____

Tel: _____

4.2 Name & Address of Company Secretary

Title _____ **Name** _____

Address

Postcode _____

5 'FIT & PROPER PERSON' ASSESSMENT

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5.2 Please provide details of Licensed properties in other local authority areas throughout England and Wales

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If so please indicate which.

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

**Please provide addresses of properties that are in the management of the applicant.
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Please complete this form for each property

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	Yes	No	Yes	No
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Dishonesty	<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"/>
Violence	<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"/>
Any offence listed in Schedule 3 Of the Sexual Offenders Act 2003	<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"/>
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"/>
Do you have any contraventions, Civil or Criminal, of any provision of any enactment relating to:-				
Landlord and Tenant Law	<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"/>
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"/>
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Have you acted otherwise than in accordance with a Code of Practice that concerns a property?	<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"/>		
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"/>		

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Print Name _____

Signature _____ **Date** _____



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**Houses in Multiple Occupation
Licensing Control Scheme**

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Date application received _____

PART 3

Application Form

PROPERTY DETAILS

Surname of applicant _____

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- The date the application will be submitted

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PART 3.

6 DETAILS OF PROPERTY FOR HMO LICENCE

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

Address

Postcode _____

6.1 b) Please state type of property

Property use	House in Single Occupation <input type="checkbox"/>	House in Multiple Occupation <input type="checkbox"/>	
	Flat in Single Occupation <input type="checkbox"/>	Flat in Multiple Occupation <input type="checkbox"/>	

Form of Structure	Detached <input type="checkbox"/> Semi detached <input type="checkbox"/> Terraced <input type="checkbox"/> End terrace <input type="checkbox"/> Back to back terrace <input type="checkbox"/> Grouped Design <input type="checkbox"/> Residential block <input type="checkbox"/> Mixed use block <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	_____
	<u>(If the property is converted please provide evidence of building regulation compliance i.e. completion certificate)</u>		
	If several conversions have been made please state the last.		
	b)	Have you applied for or received planning permission for this property?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>
		Date of Application	_____
	Application number if known	_____	

6.8	a)	Will the proposed licence holder be resident in the property?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not known	<input type="checkbox"/>
	b)	Are there any employees at these premises?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not known	<input type="checkbox"/>
	c)	Is food to be provided for the tenants?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not known	<input type="checkbox"/>

6.9	Please confirm whether you provide the following							
a)	Tenancy agreements / written details of terms of tenancy <u>please provide a copy</u>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not known	<input type="checkbox"/>
b)	Do you include conditions for anti social behaviour?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not known	<input type="checkbox"/>
c)	Inventory & schedule of condition at commencement of occupancy		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not known	<input type="checkbox"/>
d)	Rent book / receipt		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not known	<input type="checkbox"/>
e)	Repairs contact / procedure		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not known	<input type="checkbox"/>
f)	Complaints procedure		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not known	<input type="checkbox"/>

7. Fire precautions

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

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

Furniture includes:

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

Date _____

8.3 Have you a

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

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

Postcode _____

Tel: _____

Title _____ Name _____

Address

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 _____

Mortgage Reference number _____

Address _____

Postcode _____

(Continue onto a separate sheet if necessary)

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

Name _____

Address _____

Postcode _____

Name _____

Address _____

(Continue onto a separate sheet if necessary)

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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**

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