



**Date Application Received:**

## Mandatory Houses in Multiple Occupation Licensing Scheme

### PART 1 - LICENCE HOLDER APPLICANT'S DETAILS

Details Required: If the licence is in a limited company, please give the details here and all directors must sign the declaration.	
Details Required: If the licence is to be in individual's name/s please give the details here and all must sign the declaration as well as provide Right to Work document/s	

**Applicants must submit all three parts of the licence application.**

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.

If you have any queries, please contact the Private Sector Housing Team on 01325 405333.

1 DETAILS OF THE APPLICANT

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

Title \_\_\_\_\_ Full Name \_\_\_\_\_

Limited Company Name (if applicable) \_\_\_\_\_

b) Contact information

Correspondence Address Including Post Code

\_\_\_\_\_  
\_\_\_\_\_

Registered Limited Company Number: \_\_\_\_\_

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

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 landlord's association or other professional body? Yes  No   
If so, please indicate which.

2.2 Are you an accredited landlord in this or another authority? Yes  No   
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 a separate sheet of paper if necessary)

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

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

Fit and Proper Person Declaration: Statement that the Licence Holder, Property Manager and Associates are Fit and Proper People, as defined by Housing Act 2004 – Part 2 – Section 66 (Limited Companies: - Please note a Fit and Proper Person Declaration must identify each company director)

Please complete this form for each property you are applying for a HMO licence for

<b>Proposed Licensed Property Address:</b>		
<b>Does anyone have unspent convictions relevant to being involved in running an HMO namely: -</b>		
	<b>Yes</b>	<b>No</b>
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"/>
<b>Has a Court or Tribunal found against you in relation to:</b>		
Unlawful Discrimination on the grounds of sex, Colour, Race, Ethnic or National Origin	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you have any contraventions, Civil or Criminal, of any provision of any enactment relating to:-</b>		
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"/>
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 (provide a separate sheet of paper if applicable)

2.6 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 pay slip showing your national insurance number, along with a copy of your full birth certificate showing parents details.

#### 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 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.

To be signed by the proposed licence holder (if you are applying as a limited company each director must identify themselves as a director and sign or a company secretary if applicable).

Print Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Mandatory Houses in Multiple Occupation Licensing Scheme

### PART 2 MANAGING AGENT'S / LANDLORD'S DETAILS IF APPLICABLE

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

<p>Details Required: If the above is in a limited company, please give the details here and all directors must sign the declaration.</p>	
<p>Details Required: If the above is to be in individual's name/s please give the details here and all must sign the declaration as well as provide, Right to Work document/s</p>	

**Applicants must submit all parts of the application that apply.**

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)
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- 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 with the completion of this form please contact Private Sector Housing on 01325 405333

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 Registered Company Number \_\_\_\_\_



5 'FIT & PROPER PERSON' ASSESSMENT

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

5.1 Are you a member of any landlord's association or other professional body? Yes No  
If so, please indicate which.

5.2 Please provide details of Licensed properties **THAT YOU MANAGE** in other local authority areas throughout England and Wales, under mandatory, additional, or selective Licensing Schemes. (Please use separate sheet of paper if necessary)

5.3 AS AN AGENT OR MANAGER Are you an accredited landlord in this or another authority?  
If so, please indicate which. Yes No

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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5.5 Fit and Proper Person Declaration: Statement that the Licence Holder, Property Manager and Associates are Fit and Proper People, as defined by Housing Act 2004 – Part 2 – Section 66 (Limited Companies: - Please note a Fit and Proper Person Declaration must identify each company director)

Please complete this form for each property

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Print Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Mandatory Houses in Multiple Occupation Licensing Scheme

### PART 3 - PROPERTY DETAILS

Details Required: If the licence is in a limited company, please give the details here and all directors must sign the declaration.	
Details Required: If the licence is to be in individual's name/s please give the details here and all must sign the declaration as well as provide Right to Work document/s	

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- 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
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Please complete all sections in BLOCK CAPITALS and black ink.

If you have any queries, please contact the Private Sector Housing Team on 01325 405333.

**PART 3.**

**6 DETAILS OF PROPERTY FOR HMO LICENCE**

<p>6.1 a) This application refers to (proposed licensed property address):</p> <p style="margin-left: 20px;">Address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="margin-left: 20px;">Postcode _____</p>																	
<p>6.1 b) Please state type of property.</p>																	
Property use	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">House in Single Occupation</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none;">House in Multiple Occupation</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Flat in Single Occupation</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none;">Flat in Multiple Occupation</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> </tr> </table>	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"/>								
House in Single Occupation	<input type="checkbox"/>	House in Multiple Occupation	<input type="checkbox"/>														
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Form of Structure	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Detached</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Semi-detached</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Terraced</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">End terrace</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Back-to-Back terrace</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Grouped Design</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Residential block</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Mixed use block</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> </tr> </table>	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"/>
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<p>6.1 c) Please state number of self-contained lettings _____</p> <p>6.1 d) Please state number of non-self-contained lettings _____</p>																	
<p>6.2 Please indicate the number of lettings which are currently occupied in the property _____</p> <p>Please indicate the number of lettings for which you would like a licence _____</p>																	
<p>6.3 Please indicate the number of individuals which are currently occupied in the property _____</p> <p>Please indicate the number of individuals for which you would like a licence _____</p>																	
<p>6.4 Please give approximate date from which property has been used as an HMO _____</p>																	

6.5	a)	Number of storeys in the building to be licensed 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 compliant providing sleeping accommodation	_____
For space standards please see Mandatory Licensing Conditions: <a href="https://www.darlington.gov.uk/media/2693/darlington_bc_standard_conditions_01102018.pdf">https://www.darlington.gov.uk/media/2693/darlington_bc_standard_conditions_01102018.pdf</a>			

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)	Complaint's 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"/> |
| Smoke/heat detectors in kitchen/<br>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) Do you have a contractor to maintain and inspect your system?
- Is there a logbook of inspection/testing? Yes  No  Not known
- c) If yes, where is it kept? \_\_\_\_\_
- If yes, please confirm that you have a current valid certificate Yes  No  Not known
- Date of Safety Check \_\_\_\_\_

(Note: This is required annually for the installation and equipment you provide)

- d) Has a Fire Risk Assessment been carried out for the property. Yes  No  Not known
- If yes, please confirm that you have a current Report Yes  No  Not known
- Date of Assessment \_\_\_\_\_

(Note: This is required periodically for the property)

Please provide a copy

- e) Is the main escape route protected by fire doors, self-closers? Yes  No  Not known
- f) Is the escape route kept clear of flammable material and other obstructions? Yes  No  Not known

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"/> |

Please provide a copy of the inspection report

7.3	Is there emergency lighting within the property.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>
	If yes, please confirm that you have a current valid certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>
	Date of Safety Check	_____		
	(Note: This is required annually for the installation and equipment you provide)			
	<u>Please provide a copy</u>			

8 Gas and Electrical appliances

8.1	Is there is a gas supply to the property.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>
	If yes, please confirm that you have a current Gas Safety Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>
	Date of Gas Safety Check	_____		
	(Note: This is required annually for the installation and equipment you provide)			
	<u>Please provide a copy</u>			

8.2	Do you have an electrical safety certificate from a competent electrical engineer within the last 5 years to confirm that the electrical installation is safe?			
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>	
	<u>Please provide a copy of the inspection report</u>			
	If yes, please indicate date of any major work to the electrical installations. (Please provide brief details)			
	_____			
	_____			
	_____			
	_____			
	_____			
	Date _____			

8.3 Do you have 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 THE 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  **(please provide a lease agreement)**

b) If freehold please give the name and address of the Freeholder **(if the details are different from the licence holder, then a lease agreement must be provided)**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

9.3 a) Is the property mortgaged? Yes  No

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 on 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 \_\_\_\_\_

Title/Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Checklist these documents must be provided before a licence can be considered.

Please Tick

- All sections of the application form are completed
- 6.7 Building regulation completion certificate (if applicable) and Planning permission
- 6.9 Standard form of tenancy agreement
- 7.1 A signed inspection certificate of the fire detection system and Fire Risk Assessment
- 7.3 Signed Emergency Lighting Certificate (if applicable)
- 8.1 Signed Gas Safety Certificate (if applicable)
- 8.2 Signed Electrical safety certificate
- 8.3 Right to Work if not a limited company