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| **Housing Act 2004 Part 2 June 19**  **HOUSE IN MULTIPLE OCCUPATION (HMO) LICENCE APPLICATION FORM** | | | |  |
| LICENCE HOLDER & PROPERTY SECTION ONE | | | | |
| **Please complete this form in black ink only. Write clearly and within the boxes provided and complete in conjunction with the guidance notes. If you do not complete the form correctly completing ALL relevant sections accurately and in full, the processing of the application may be delayed and incur further charges. Please bear in mind we check and verify all information.**  **ONLY COMPLETE THIS APPLICATION FORM FOR A LICENSABLE HOUSE IN MULTIPLE OCCUPATION, WHICH INCLUDES MANDATORY LICENSING AND ADDITIONAL LICENSING. FOR FURTHER INFORMATION PLEASE SEE THE GUIDANCE DOCUMENT “HMO LICENCE APPLICATION GUIDANCE NOTES”. YOU SHOULD ALSO REFER TO THE AMENITY AND SPACE STANDARDS, WHICH ARE AVAILABLE ON THE COUNCIL WEBSITE.**  Please submit your completed application form to: Private Sector Housing, Lichfield District Council,  Frog Lane, Lichfield, WS13 6YY or email in to [roy.ohren@lichfielddc.gov.uk](mailto:roy.ohren@lichfielddc.gov.uk) | | | | |
| **1.1 Basic Details** | | | | |
| 1.1.1 | Address of HMO to be licensed (Include a post code) |  | | |
| 1.1.2 | Please tick to indicate if this application is: | A first application A Renewal | | |
|  |  | Full Name  Or Registered Company Name | Companies House Registration Number (if Limited) | |
| 1.1.3 | Proposed Licence Holder |  |  | |
| 1.1.4 | Manager |  |  | |
| 1.1.5 | Owner(s) |  |  | |
| 1.1.6 | If the proposed licence holder is not the property owner, state the reasons why. Describe the relationship between the owner and proposed licence holder:- | | | |



Section one Part two Ownership Details

Please complete this section with all owner(s) details.

In the case of a limited company, limited liability partnership or registered charity, state the full name and registered office.

In the case of an ordinary partnership, give the name and address of the principal partner and attach a sheet with full details of all other partners.

In the case of joint ownership, please either attach a sheet or duplicate this form, giving full details of all joint owners.

If the owner is a leaseholder, enter their details below and attach a sheet with the freeholder’s full details.

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| **1.2 Ownership Details** | | | | | | | | |
| 1.2.1 | The person named in this section is | Freeholder | | Leaseholder | | | If “other” state the connection below e.g. “trustee” | |
|  | | Other | | |  | |
| 1.2.2 | Full Name |  | | | | | | |
| 1.2.3 | Full Address |  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| 1.2.4 | Post Code |  | | | 1.2.5 | Tel no: | |  |
| 1.2.6 | Email address |  | | | 1.2.7 | Fax no: | |  |
| 1.2.8 | Date of Birth | |  | | | | | |
| 1.2.9 | Companies House Registration Number  (if applicable) | |  | | | | | |
| 1.2.10 | For corporate bodies, give the full name and position in the organisation of the person responsible for the property. | |  | | | | | |
| 1.2.11 | Do you jointly own the property with anyone else? | |  | | | | | |

Please continue on a separate sheet if necessary

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| Section one Part three Description of the Property | | |
| 1.3.1 | Please tick to indicate the type of house for which the application is being made.  Please note that some of the options opposite are unlikely but are required by law to be included in the options | House in Single Occupation House in Multiple Occupation Flat in Single Occupation Flat in Multiple Occupation  A house converted into and comprising Only self-contained flats  A purpose built block of flats  A house in a building used for both residential and business purposes  Other |
| 1.3.2 | Please to indicate the type of property | Detached  Semi-Detached Terraced  End of Terrace Other |
| 1.3.3 | If “Other” please describe the type of the property |  |
| 1.3.4 | Please to give the approximate year of construction | Pre 1919  1919 – 1945  1946 – 1964  1965 – 1980  Post 1980 |



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| 1.3.6 | How many storeys does the property have | 1  2  3  4  5  More than 5 state how many |
| 1.3.7 | How many storeys above ground level |  |
| 1.3.8 | If the HMO does not take up all the floors (storeys) of the building, please state which floors comprise the HMO, for example “1st & 2nd” or “2nd & 3rd” etc. |  |
| 1.3.9 | Are any parts of the building used for non-residential purposes such as an office, shop, warehouse etc.  Please tick | Yes No |
| 1.3.10 | If yes please describe the parts of the building and its use |  |
| Section one Part four Planning and Building Regulation | | |
| 1.4.1 | Approximately when did the building first become a House in Multiple Occupation |  |
| 1.4.2 | Has any approval under Building Regulations been applied for or obtained for the building  Please tick | Obtained Applied for Not Sure |
| 1.4.3 | If Yes please state briefly what work this was for and the date completed (if known). Enclose a copy of any approval document and/or completion certificate if you have one |  |
| 1.4.4 | Has any Planning consent ever been obtained for the building  Please tick | Yes No Not Sure |
| 1.4.5 | If Yes please state the date and enclose a copy of the consent letter together with any planning conditions if you have this. |  |

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| Section one Part five Accommodation & Amenity Details | | | | | | | |
| 1.5.1 | How many rooms in the premises provide sleeping accommodation |  | | | | | |
| 1.5.2 | How many habitable rooms are there in the HMO |  | | | | | |
| 1.5.3 | How many rooms in the premises provide living accommodation |  | | | | | |
| 1.5.4 | Is the house divided into flats Please tick | Yes No | | | | | |
| 1.5.5 | If Yes please state:   1. The number of flats which are self-contained 2. The number of flats which are not self-contained |  | | | | | |
|  | Please indicate which following amenities are provided. Give the total number in the HMO and then indicate how many are shared between two or more households. | | | | | | |
| 1.5.6 | Bath/Shower Rooms | Number |  | Number Shared | |  |  |
| 1.5.7 | Toilets within Bath/Shower Rooms | Number Number Shared | | | | | |
| 1.5.8 | Separate toilet compartments with wash basin + hot & cold water | Number Number Shared | | | | | |
| 1.5.9 | Separate toilet compartments without wash basin + hot & cold water in the same room | Number Number Shared | | | | | |
| 1.5.10 | Washbasins with hot & cold water supplies | Number Number Shared | | | | | |
| 1.5.11 | Shared Kitchen facilities ( please refer to guidance and the “**Level number** that matches the provision)  If you let to more than 15 persons you will need to contact the Council as part of the licensing process. | **Level 1** (1 - 5 persons) | | | **Level 2** (5 - 6 persons) | | |
| **Level 3** (7 - 10 persons) | | | **Level 4** (11 - 12 persons) | | |
| **Level 5** (13 - 15 persons) | | | Number of Letting units that have their own exclusive kitchen facilities | | |
| Section one Part six | | Provisions for Heating | | | | | |
| 1.6.1 | What provisions for room heating are there in the property?  Please tick all types provided | Gas fired central heating | | | | | |
| 1.6.2 | Oil fired central heating | | | | | |
| 1.6.3 | Electric storage radiators on an “off-peak” tariff | | | | | |

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| 1.6.4 |  | | Individual gas fires in rooms | | | | | | |
| 1.6.5 | Individual wired-in electric heaters in rooms | | | | | | |
| 1.6.6 | Plug-in electric heaters in rooms | | | | | | |
| 1.6.7 | Other types of room heating | | | | | | |
| 1.6.8 | If you have specified ‘other types’ of room heating, please explain briefly what these are | |  | | | | | | |
| 1.6.9 | Is there a suitable fixed room heater within each bathroom? Please circle | | Yes No | | | | | | |
| 1.6.10 | Is the roof space above all rooms insulated with at least 100mm of glass fibre insulation (or equivalent) Please circle | | Yes No Not Sure | | | | | | |
| 1.6.11 | What type of windows are fitted in the property?  Please tick the description which applies to most habitable rooms | | Single glazed with timber frames | | | | |  |  |
| 1.6.12 | Single glazed with metal frames | | | | |  |  |
| 1.6.13 | Single glazed with secondary glazing | | | | |  |  |
|  | | | | | | |
| 1.6.14 | Double glazed with any frame type | | | | | | |
| 1.6.15 | A combination of the above | | | | |  |  |
| 1.6.16 | Do all windows in habitable rooms, provide adequate natural lighting to the rooms? Please tick | | Yes No | | | | | | |
| 1.6.17 | Do all windows in habitable rooms, bathrooms and kitchens provide adequate natural ventilation to the rooms? Please tick | | Yes No | | | | | | |
| 1.6.18 | If you have answered ‘No’ to question 1.6.17, is there provision for mechanical ventilation in rooms where no natural ventilation is provided? Please tick | | Yes No Not Sure | | | | | | |
| Section one Part seven Occupation Details | | | | | | | | | |
| 1.7.1 | How many separate Letting Units are there in the HMO? | |  | | | | | | |
| 1.7.2 | How many of these units are vacant at the date of making this application? | |  | | | | | | |
| 1.7.3 | How many persons, regardless of age, live in the property at the date of making this application? | |  | | | | | | |
| 1.7.4 | What is the maximum number of persons you are likely to accommodate in the property? | |  | | | | | | |
| 1.7.5 | How many separate households live in the property at the date of making this application? | |  | | | | | | |
| 1.7.6 | What is the maximum number of households you are likely to accommodate in the property? | |  | | | | | | |
| 1.7.7 | | Does the landlord or proposed licence holder or any person connected with them live on the premises? Please tick | Yes No | | | | | | |
| 1.7.8 | | If Yes, please give details |  | | | | | | |
| Section one Part eight Gas, Electrical and Fire Safety | | | | | | | | | |
| 1.8.1 | | Does the property have a gas supply? Please tick | Yes No | | | | | | |
| Yes |  | No |  |  | | |
| 1.8.2 | | If Yes, do you have a ‘Landlord’s Gas Safety Record’ issued within the last 12 months? Please tick  (Please enclose a copy of original document with your application) | Yes No | | | | | | |
| 1.8.3 | | Do you supply any of your tenants with portable electrical appliances (i.e. kettles, microwave ovens, televisions, table lamps etc.)?  Please tick | Yes No | | | | | | |
| 1.8.4 | | If Yes, have you had all your portable appliances tested by a competent electrician within the last 12 months (this is known as Portable Appliance Testing)? Please tick  (Please enclose a copy of original electrician’s test certificate with your application) | Yes No | | | | | | |
| 1.8.5 | | Have you had the electrical installation to the property (that is, the electrical power and lighting circuits etc.) inspected by a competent electrician within the last five years Please tick  (Please enclose a copy of original electrical test certificate with your application) | Yes No | | | | | | |
| 1.8.6 | | Is the property fitted with a fire alarm system (also known as a fire detection & warning system or automatic fire detection (AFD)?  Please tick | Yes No  What type of system? | | | | | | |
| 1.8.7 | | If Yes, has the fire alarm system been inspected by a competent person in the last 12 months?  Please tick  (Please enclose the latest copy of original test certificate with your application) | Yes No | | | | | | |

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| 1.8.8 | How many smoke alarms and heat detectors are fitted?  (The positions of these alarms should be shown on the property plan) |  |
| 1.8.9 | Is the property fitted with an emergency lighting system to the communal hallway(s), staircase(s) and landing(s)?  Please tick | Yes No |
| 1.8.10 | If Yes, has the emergency lighting system been inspected by a competent person within the last 12 months preceding the date of this application? Please tick  (Please enclose the latest copy of original test certificate with your application) | Yes No |
| 1.8.11 | Do you supply, as part of any tenancy, any upholstered furniture to which the Furniture and Furnishings (Fire)(Safety) Regulations 1988 (as amended) apply? Please tick | Yes No |
| 1.8.12 | If Yes, can you confirm that all such upholstered furniture complies with the relevant fire safety criteria?  Please tick | Yes No |
| Section one Part nine Tenure, Mortgage Services & Accreditation | | |
| 1.9.1 | Is the property Leasehold? Please tick | Yes No |
| 1.9.2 | If Yes, please state the length of lease remaining (in years) |  |
| 1.9.3 | Is there a mortgage outstanding on the property? Please tick | Yes No |
| 1.9.4 | If Yes, please give the name and address of the mortgage lender and the mortgage account number | Name: Address:  Post Code:  Account Number: |
| 1.9.5 | Is any housekeeping or other type services provided for the residents?  E.g. include breakfast, all meals, laundry, cleaning of rooms and/or common parts etc. Please tick | Yes No |
| .9.6 | If Yes, please give brief details |  |
| 1.9.7 | Is the property or the proposed licence holder accredited under any recognised Accreditation Scheme? Please tick | Yes No |
| 1.9.8 | If Yes, please give the title of the accreditation scheme and the reference number (if any) (Please provide a copy of the accreditation certificate with your application form) |  |
| 1.9.9 | Is any accreditation application pending? Please tick | Yes No |
| 1.9.10 | If Yes, please give the date of your application |  |
| 1.9.11 | Is the property included on any approved accommodation list of a University or College?  Please tick | Yes No |
| 1.9.12 | If Yes, please indicate which University or College |  |
| 1.9.13 | If a separate manager is to be employed, please confirm that the manager has authority to:   1. Create and terminate tenancies in accordance with the law 2. access all parts of the premises to the same extent as the   landlord  authorise expenditure of up to 25% of the yearly rental income of the property for repairs etc. | Yes No  Yes No  Yes No |

Section one Part 10 Plan of the Property

In order to license a House in Multiple Occupation, the Council has to obtain certain information from you about the property so that it can assess the type of property it is, and what amenities and installations there are.

A plan is the most effective way of providing this information and can very quickly sum up the nature of a property on just one page. Sometimes it takes more but one page is often sufficient.

The Council is not insisting that you have plans professionally drawn although for some people a professionally drawn plan may be the best option. Detailed plans such as those required for a Buildings Regulations application are not required - just sufficient to understand the proportions and layout of the house along with the locations of amenities and fire safety measures.

You may already have some plans of the property drawn for some other purpose. It is perfectly acceptable to use these so long as they show all the information the Council requires

The Guidance notes to be read in conjunction with this application shows you how to go about producing plans for yourself. You may have a friend or relation who could do the job for you so long as you are satisfied that the plans produced are reasonably accurate

However the plans are produced, you should ensure that your plans contain all of the following: Please tick the boxes below to confirm all these features are included in the plan:

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| Address of the property |
| Date the plan was drawn |
| Scale used (e.g. 1cm – 1metre) or indicate that your plan is not to scale – please include clear and accurate metric dimensions of every room |
| Clear indication of which floor is which (i.e. ground, first etc). |
| Clear indication of all windows |
| Clear indication of room use i.e. bedroom, bathroom, kitchen etc. |
| Location of all smoke detectors/heat detectors |
| Location of all doors identifying which are fire doors |
| Location of all fire blankets and any other equipment associated with the means of escape |
| Location of emergency lighting units |
| An indication as to whether smoke detectors are interlinked |
| Confirmation that smoke detectors are mains powered |

**LICENCE HOLDER SECTION TWO**

**This section should be completed by the person who proposes to hold the HMO Licence**

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| **Section two Part one Licence Holder’s Basic Details** | | | | | | | | |
| 2.1.1 | Full Name | |  | | | | | |
| 2.1.2 | Address | |  | | | | | |
|  | | | | | |
|  | | | | | |
| 2.1.3 | Post Code | |  | | | 2.1.4 | Tel no |  |
| 2.1.5 | Email address | |  | | | 2.1.6 | Fax no |  |
| 2.1.7 | Date of Birth | | |  | | | | |
| 2.1.8 | Companies House Registration number (If representing a company) | | |  | | | | |
| 2.1.9 | Position in Company | |  | | | | | |
| 2.1.10 | Please indicate the extent of your ownership of the property | | | Own Part-own Do not own | | | | |
| **Section two Part Two Qualifications** | | | | | | | | |
| Please give details of any qualifications you have or training courses you have attended which are relevant to your responsibilities as the proposed licence holder: | | | | | | | | |
| Date Awarded | | Qualification/Course | | | Name of Awarding Body | | | |
|  | |  | | |  | | | |
| Please give details of your membership of any professional or trade organisations relevant to your responsibilities as the proposed licence holder: | | | | | | | | |
| Date membership gained | | Nature of membership e.g. “associate” | | | Organisation | | | |
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| **Section two Part three Fit and Proper Person Details** | | | | | |
| It is important that the licence holder is a fit and proper person and Lichfield District Council will undertake appropriate checks to ensure this is the case. In order to achieve this, the licence holder is required to provide their current home address and previous addresses if you have not lived at your current address for at least 3 years. The Council will require the last 5 years addresses that you have resided in. The only address included in the public register however will be the one set out in 2.1.2. | | | | | |
| 2.3.1 | Please give your current full residential address |  | | | |
|  | | | |
|  | | | |
| Postcode |  | | |
| 2.3.2 | If you have lived at the above address for less than three years. Please state previous address so we have at least 5 years of consecutive addresses |  | | | |
|  | | | |
|  | | | |
| Postcode | |  | |
| 2.3.3 | Further addresses (please add more addresses below if necessary to demonstrate last 5 years’ residential addresses) |  | | | |
|  | | | |
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| Postcode | | |  |
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| Please answer the following in respect of yourself as the licence holder. The Council reserves the right to obtain similar declarations from anyone who will be involved in the management of the property. (Do not include “spent” convictions) | | Yes | No | Unsure |
| 2.3.4 | Committed any offence involving: | | | |
| a) Fraud or dishonesty (including benefit fraud) | |  |  |  |
| b) Violence | |  |  |  |
| c) Drugs | |  |  |  |
| d) Matters listed in Schedule 3 to the Sexual Offences Act 2003 | |  |  |  |
| Or received a caution, informal reprimand or formal warning in respect of any of the above | |  |  |  |
| 2.3.5 | Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in or in connection with the carrying on of any business |  |  |  |
| 2.3.6 | Contravened any provision of the law relating to housing or of landlord & tenant law. You must include any civil proceedings in which judgement was made against the proposed licence holder |  |  |  |
| 2.3.7 | Acted in contravention of any relevant Approved Code of Practice  (a code of practice issued by the government under section 233 of the Housing Act 2004 relating to the management of HMOs) |  |  |  |
| 2.3.8 | Been refused a licence for an HMO under Parts 2 or 3 of the Housing Act 2004 anywhere in England or Wales |  |  |  |
| 2.3.9 | Breached the conditions of an HMO Licence in England or Wales |  |  |  |
| 2.3.10 | Been subject to a HMO Control Order or Management Order in England or Wales in the five years preceding the date of this application |  |  |  |
| 2.3.11 | Failed to comply with a housing notice (requiring works etc.) served by  a Local Authority in respect of any property currently or previously owned by the proposed licence holder. Give details of the notice below and detail any work that the Council carried out as a result of default on the part of the proposed licence holder |  |  |  |
| 2.3.12 | Been declared bankrupt |  |  |  |
| If you answered “Yes” or “Not sure” to any of the above questions please give full details below – continue on a separate sheet if necessary | | | | |
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**MANAGER SECTION THREE**

This part of the form only needs to be completed if the proposed licence holder intends to appoint someone else to take on responsibility for the management of the property.

If the proposed licence holder also intends to manage the property, please leave this section blank and proceed to **Section 4.**

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| **Section three Part one Basic Details** | | | | | | | | |
| 3.1.1 | Full Name | |  | | | | | |
| 3.1.2 | Address | |  | | | | | |
|  | | | | | |
|  | | | | | |
| 3.1.3 | Post Code | |  | | | 3.1.4 | Tel No |  |
| 3.1.5 | Email address | |  | | | 3.1.6 | Fax no |  |
| 3.1.7 | Date of Birth of named manager | | |  | | | | |
| 3.1.8 | Companies House Registration Number (If applicable) | | |  | | | | |
| **Section three Part two Qualifications** | | | | | | | | |
| Please give details of any qualifications you have or training courses you have attended which are relevant to your responsibilities as the property manager: | | | | | | | | |
| Date Awarded | | Qualification/Course | | | Name of Awarding Body | | | |
|  | |  | | |  | | | |
| Please give details of your membership of any professional or trade organisations relevant to your responsibilities as the property manager: | | | | | | | | |
| Date membership gained | | Nature of membership e.g. “associate” | | | Organisation | | | |
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| **Section three Part three Fit and Proper Person Details** | | | | | |
| It is important that the manager is a fit and proper person and Lichfield District Council will undertake appropriate checks to ensure this is the case. In order to achieve this, the manager is required to provide their current home address and previous addresses if you have not lived at your current address for at least 3 years. The Council will require the last 5 years addresses that you have resided in. The only address included in the public register however will be the one set out in 2.1.2. | | | | | |
| 3.3.1 | Please give your current full residential address |  | | | |
|  | | | |
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| Postcode |  | | |
| 3.3.2 | If you have lived at the above address for less than three years. Please state previous address so we have at least 5 years of consecutive addresses |  | | | |
|  | | | |
|  | | | |
| Postcode | |  | |
| 3.3.3 | Further addresses (please add more addresses below if necessary to demonstrate last 5 years’ residential addresses) |  | | | |
|  | | | |
|  | | | |
| Postcode | | |  |
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| Please answer the following in respect of the manager. The Council reserves the right to obtain similar declarations from anyone who will be involved in the management of the property. (Do not include “spent” convictions) | | Yes | No | Unsure |
| 3.3.4 | Committed any offence involving: | | | |
| e) Fraud or dishonesty (including benefit fraud) | |  |  |  |
| f) Violence | |  |  |  |
| g) Drugs | |  |  |  |
| h) Matters listed in Schedule 3 to the Sexual Offences Act 2003 | |  |  |  |
| Or received a caution, informal reprimand or formal warning in respect of any of the above | |  |  |  |
| 3.3.5 | Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in or in connection with the carrying on of any business |  |  |  |
| 3.3.6 | Contravened any provision of the law relating to housing or of landlord & tenant law. You must include any civil proceedings in which judgement was made against the property manager |  |  |  |
| 3.3.7 | Acted in contravention of any relevant Approved Code of Practice  (a code of practice issued by the government under section 233 of the Housing Act 2004 relating to the management of HMOs) |  |  |  |
| 3.3.8 | Been refused a licence for an HMO under Parts 2 or 3 of the Housing Act 2004 anywhere in England or Wales |  |  |  |
| 3.3.9 | Breached the conditions of an HMO Licence in England or Wales |  |  |  |
| 3.3.10 | Been subject to a HMO Control Order or Management Order in England or Wales in the five years preceding the date of this application |  |  |  |
| 3.3.11 | Failed to comply with a housing notice (requiring works etc.) served by a Local Authority in respect of any property currently or previously managed or owned by the property manager. Give details of the notice below and detail any work that the Council carried out as a result of default on the part of the property manager |  |  |  |
| 3.3.12 | Been declared bankrupt |  |  |  |
| If you answered “Yes” or “Not sure” to any of the above questions please give full details below – continue on a separate sheet if necessary | | | | |
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| **PROPERTY AND TENANCY MANAGEMENT SECTION FOUR** | | | |
| Before issuing a licence, the Council is required to be satisfied that the arrangements for managing the property are satisfactory. The following questions are designed to assess the procedures you have, or intend to have in place to ensure good management of the property. An example answer is given alongside each question | | | |
|  | Question | Your Answer | Example answer (**not** necessarily the correct answer) |
| **Section four Part one Fire Safety** | | | |
| 4.1.1 | What arrangements are in place to ensure that fire detection and warning devices continue to work correctly? |  | *All visible detectors checked by manager daily for damage or warning indicators. Every month I test the alarm system to check it is working and can be heard throughout the building. I keep a book on the premises which records these checks* |
| 4.1.2 | What measures are there to ensure that the escape routes are kept free of obstructions and that the final exit doors are openable from the inside without the use of a key? |  | *I check for obstructions each time I visit and if I find any I warn tenants that they must be removed immediately. If they are not removed I dispose of them myself* |
| 4.1.3 | What arrangements have been made to ensure that tenants are made aware of fire safety procedures and the proper use of fire safety installations and equipment? |  | *I explain to all new tenants what the fire safety precautions are and how they should be used. I also explain why they are there and why they should not be abused. In particular I explain how to use the fire blankets in the kitchen.* |

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| **Section four Part two Gas Safety** | | | |
| 4.2.1 | What arrangements are in place to ensure that the gas installation and appliances are kept in a safe and good working order? |  | *I have a yearly check done by ABC gas contractors.* |
| **Section four Part three Electrical Safety** | | | |
| 4.3.1 | What arrangements are in place to ensure that the electrical installation and appliances are kept in a safe and good working order? |  | *I keep an eye on all the electrical equipment myself but have it tested properly every five years by a proper electrician.* |
| **Section four Part four Maintenance & Repairs** | | | |
| 4.4.1 | What arrangements are in place to ensure that the common parts (e.g. shared kitchens, stairwells, bathrooms) are kept clean and in good order? |  | *A cleaner is employed to visit and clean the common parts of the property weekly. The cleaner reports any problems and these are acted upon quickly.* |
| 4.4.2 | Do you have contracts or arrangements with firms or contractors to attend to maintenance work? |  | *No. I can do most of the jobs myself. I will select a contractor if there’s a job I can’t handle.* |
| 4.4.3 | Do you have arrangements in place to cover the cost of major emergency repair work (e.g. a central heating boiler) if it became necessary? |  | *I have built in a contingency budget within my business plan for letting my property.* |
| 4.4.4 | What arrangements are in place to review the general condition of the property and to plan for programmed maintenance work? |  | *I generally have a quick look round every so often and decide if anything needs doing. I have a budget for programmed maintenance of the property.* |

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| 4.4.5 | What arrangements are in place for the storage of refuse before it is collected? How do you ensure refuse is efficiently collected? |  | *I have three “wheelie bins” on a hard standing in the back yard. Tenants empty their bins into this whenever it suits them. I take the bins to the kerbside for emptying every Tuesday. And return them after the bin-men have been.* |
| 4.4.6 | What arrangements are in place to ensure the gardens, yards and fencing are kept in good order? |  | *I have a good look round at least once a year and do any maintenance needed. I have a bit of a tidy up and stop any weeds growing.* |
| 4.4.7 | What procedures do you have for dealing with any complaints tenants have concerning conditions in the property? |  | *Obviously I investigate them straight away and arrange to put them right as soon as I can after consulting the tenant.* |
| **Section four Part five Security** | | | |
| 4.5.1 | If there are key-operated locks on any windows what procedures do you follow to ensure every new tenant has keys available? |  | *I keep the original keys and I get copies cut if any go missing. I ensure new tenants always have keys. I deduct £5 from tenants’ bond money if they cannot return all keys at the end of their tenancy.* |
| 4.5.2 | If you have an intruder alarm with an audible  sounder, what arrangements are there to ensure that activations and false alarms are properly dealt with and that the sounder is silenced within a reasonable time?  Mention the procedure to be followed if the alarm sounds when the house is unoccupied |  | *The alarm system has been explained to all the tenants. They all have the code to silence the alarm and there’s a card by the control panel reminding them what to do. I have given my emergency number to neighbours and have informed the noise people at the council who they should contact if anyone is annoyed by it.* |

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| **Section four Part six Tenancy Management** | | | |
| 4.6.1 | Has each tenant been provided with a true copy of a written tenancy agreement or a written statement of the terms on which they occupy the property? |  | *Yes, they are all given a copy at the start of their tenancy and further copies are available on request* |
| 4.6.2 | Is the tenants’ rent payable weekly, monthly or over some other term? If weekly, is a rent book provided? |  | *Weekly, but I give my tenants a written receipt for each payment* |
| 4.6.3 | What arrangements have been made for minimising potential problems between tenants? Such problems might include noise, use of hot water, sharing cooking equipment etc. |  | *I enforce a general rule that no-one can play music which can be heard in other rooms after 11pm. Otherwise most people seem to get on OK.* |
| 4.6.4 | What procedures do you have to deal with disputes between tenants? |  | *I don’t usually have any problems but if I did have a dispute of some kind I would try to involve some independent arbitrator* |
| 4.6.5 | What procedures will you adopt if you are satisfied that a particular tenant is the cause of anti-social behaviour towards people sharing the property or people living in the neighbourhood? |  | *I would discuss the matter with the tenant and warn them in writing that continued trouble will lead to them being evicted* |
| 4.6.6 | Do you require a bond or deposit from tenants? Are the terms of the deposit clearly set out in writing? |  | *Yes, I ask for four weeks rent in advance - this is included in the tenancy agreement* |

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| 4.6.7 | Are you a member (or do you intend to become a member) of any scheme which protects tenants’ deposits?  Give details |  | *I protect tenant’s deposits through the correct processes by lodging them with a recognised tenancy deposit scheme.* |
| 4.6.8 | Do you provide each tenant with an inventory of furniture and items provided? |  | *Yes - and I take photos!* |
| 4.6.9 | What arrangements are in place to ensure the tenants can contact the licence holder or other responsible person in the event of an emergency? |  | *My name and address is displayed in the hallway along with my mobile telephone number and my brother’s phone number if I am not available* |
| 4.6.10 | Does the property have buildings insurance? |  | *Yes, with CoverU insurance Company* |
| 4.6.11 | Does the property have contents insurance? |  | *My own contents are insured with CoverU insurance* |

**ADVISING OTHERS OF YOUR APPLICATION SECTION FIVE**

Under Schedule 2 contained in the

*Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006*

There is an obligation to advise other people that an application for an HMO licence is to be submitted

You must let certain people know in writing that you have made this application or give them a copy of it. You can do this by completing the attached form.

The persons who need to know about it are:

* Any mortgagee of the property to be licensed
* Any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessors 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 conditions in a licence if it is granted You must tell each of these persons -
* Your name, address, telephone number and e-mail address or fax number (if any)
* The name, address, telephone number and e-mail address or fax number (if any) of the proposed licence holder (if it will not be you)
* This is an application for an HMO licence under Part 2 of the Housing Act 2004
* The address of the property to which the application relates
* The name and address of the local housing authority to which the application will be made
* The date the application will be submitted

To help you comply with the requirements of these regulations the Council has produced a form which is printed on the next page. Use Section 5A to supply the required information to the persons who are required to be notified by law as listed in the paragraph above.

Fill in the lower part of the form with your details, then photocopy it as many times as you need and fill in the name & address of the person you must notify.

Complete the box at the top with the names and addresses of persons you need to notify about your application and deliver them individually

When you have completed and given/sent copies to everyone that you need to, you must fill in Section 5B to confirm to the Council that you have notified everyone about your licence application.

# Section 5A

**Notification of Intention to apply for an HMO Licence**

**To:**

Name and Address of the person you must notify

|  |  |  |
| --- | --- | --- |
| This document is to inform you that I |  | (your full name) |
| of |  | (Address) |
| My telephone number is |  | - |
| My email address is |  | - |
| My fax number is |  | - |
| Intend on |  | (intended date of application) |
| To apply under Part 2 of the Housing Act 2004 to |  | (name of local authority) |
| for an HMO licence in respect of |  | (Address for HMO to be licensed) |
| The Licence holder will be |  | (Licence holder’s name) |
| Of |  | (Licence holder’s address) |
| Licence holder’s telephone |  | - |
| Licence holder’s email |  | - |
| Licence holder’s fax |  | - |

**Section 5B**

**Confirmation that notification of intention to apply for HMO licence has been served on all relevant persons**

***Please continue on a separate sheet if necessary***

|  |  |  |  |
| --- | --- | --- | --- |
| I/We declare that I/we have served a notice of this application on the following persons who are the only persons known to me/us that are required to be informed that I/we have made this application | | | |
| Name | Address | Description of the person’s interest in the property or application | Date of Service |
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**OTHER HOUSES LICENSED TO PROPOSED LICENCE HOLDER SECTION SIX**

Under Schedule 2 contained in the

*Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006,*

there is a requirement that the proposed licence holder for an HMO licence must provide details of other HMOs or houses which he/she holds a licence under Part 2 of the Housing Act 2004.

You must provide details of such HMOs both in the area of the Local Authority in which you are applying for a licence and those for which you have a licence in other local authorities.

|  |  |  |  |
| --- | --- | --- | --- |
| 6.1.1 | If you have not been awarded a licence in respect of any houses other than the one for which you are now applying please tick  the box here If you tick this box you may ignore the rest of this form | | |
| List all other HMOs or houses for which the applicant also holds a licence under Part 2 or 3 of the Housing Act 2004. **Please photocopy sheet as necessary if you hold more than 5.** | | | |
|  | Address of the property | | Local Authority |
| 1 |  | |  |
| Post Code |  |
| 2 |  | |  |
| Post Code |  |
| 3 |  | |  |
| Post Code |  |
| 4 |  | |  |
| Post Code |  |
| 5 |  | |  |
| Post Code |  |

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| --- | --- | --- | --- | --- |
| **DECLARATIONS AND ENCLOSURES** | | | | |
| I enclose: the following (please tick  and enter details where applicable).  All original forms will be returned to you (please see guidance for further clarification) | Hard copy Included with application | | | Sent as file in email (clearly labelled) |
| A clear copy of any relevant planning consent, Building Regulations approval or completion certificate |  | | |  |
| Clear copies of tenancy agreement(s) or written terms of tenancy, including sanctions for anti-social behaviour for all current tenants. |  | | |  |
| Clear plans of the property (please see guidance for what is required on the plans) |  | | |  |
| A clear report of the last professional inspection of the fire detection & warning system (See guidance for accepted competencies) |  | | |  |
| A clear report of the last professional inspection of the emergency lighting system (See guidance for accepted competencies) |  | | |  |
| A clear copy of a recent fire risk assessment in respect of the property |  | | |  |
| A clear copy of original certificate showing that the gas installation and appliances have been inspected by a competent person (**must** be a **GAS SAFE** registered inspector) in the last 12 months. Provision of this certificate is obligatory if there is a gas supply |  | | |  |
| A clear copy of original certificate of electrical inspection showing that the electrical installation has been inspected by a competent electrician in the last 5 years (See guidance for accepted competencies) |  | | |  |
| A clear copy of original test certificate showing that the portable electrical appliances have been inspected by a competent electrician in the  12 months prior to this application |  | | |  |
| A clear copy of the Energy Performance Certificate for the property |  | | |  |
| A clear copy of the relevant insurances associated with letting an HMO |  | | |  |
| A clear copy of a photographic ID i.e. passport (front cover, back cover and inside photo page) Or clear photo card driving licence |  | | |  |
| A passport type/sized photograph of licence holder |  |  |  |  |
|  | | |
| Current photos of the property to be licensed   * All bedrooms * All living areas * All bathrooms * All kitchens * Communal hallway * Fire alarm panel if applicable * Front external * Rear External * Communal garden |  | | |  |

We are happy to receive the application and enclosures electronically to roy.ohren@lichfielddc.gov.uk

Please ensure that you name your application file with the property address and name the enclosures to describe what they are and please put your name and details of the property in the email to us to ensure it is very clear what the files are and to which application they pertain to. You may bring in the application and send other documents by email. Just ensure we know what you are sending and to which application it pertains to.

If you send the application by post and we do not send you an acknowledgement email within 5 working days of postage, please contact us as we may not have received it – it is your responsibility to ensure the documents reach us.

Your application is not duly made unless it is accompanied by the correct fee.

You may pay by cheque to accompany your application form (please write your name and the address of the property the licence pertains to clearly on the back of the cheque and also label it “HMO Licence fee”. If you do not do this there may be a chance the Council cannot connect it to its correct purpose.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please refer to [our website](https://www.lichfielddc.gov.uk/housing/house-multiple-occupancy-hmo-licence) for the most up to date fees.  Please do not send cash.  Cheques should be made payable to: Lichfield District Council with the code 0532 on the reverse. | Cheque enclosed | | Amount: | | **£** |
| Card payment | | Pay by card over the phone by calling: 01543 308000 quoting the cost code HC | |
| I/We declare that the information contained in this application (all forms) 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 am/are reckless as to whether it is false or misleading.  I/We understand that the Council may need to carry out investigations to assess whether I/we am/are  (a) “fit and proper” person(s) for the purposes of Part 2 of the Housing Act 2004. I/We authorise the Council to make such enquiries and share information as it sees fit in connection with this application. Such enquiries may include Criminal Records Bureau checks, credit checks, liaison with the police, fire service, immigration and other local authorities. Applicants may have to bear the costs of such checks. | | | | | |
| Property Owner(s) to sign: | |  | | Date: | |
| Print all property owners names | |  | |
| Proposed Licence Holder to sign: | |  | | Date: | |
| Print Licence holder name | |  | |
| Manager (if there is to be a separate manager) to sign: | |  | | Date: | |
| Print Manager name | |  | |

Privacy noticePlease ensure you have read and understood our privacy notice on page 17 before sending in your  
completed application form.

Please send your completed form to:

Environmental Health  
Lichfield District Council  
District Council House  
Frog Lane  
Lichfield  
Staffordshire  
WS13 6YX

Please mark: FAO Private Sector Housing

If you have an electronic version of your completed form, please email it to us at  
pollution@lichfielddc.gov.uk or by calling us on 01543 308714.

**Privacy notice: General Data Protection Regulation**

**Data controller**Lichfield District Council is the ‘controller’ of your personal data.

**Address:** District Council House, Frog Lane, Lichfield, Staffs WS13 6YX  
**Telephone number:** 01543 308000  
**Email address:** [dpo@lichfielddc.gov.uk](mailto:dpo@lichfielddc.gov.uk)

**Data protection officer**We have a data protection officer who can be reached using the above contact details.

**Purpose of processing**We need to process your personal data so we process your House in Multiple Occupation (HMO)  
Licence Application.

**Legal basis**We will process your personal data to meet our legal obligations.

**Will we share your data?**Depending on your circumstances, we may share your information with other teams across Lichfield  
District Council, including finance, and with external organisations for the prevention and detection of  
fraud.

**Retention**We will store your information for up to seven years but it may be longer if we need to deal with any  
legal claims.

**Your rights**You have the right to access your information, correct inaccuracies, restrict processing of your data  
and the right to have your personal data deleted or to object any processing by the council that we  
purport to do on public interest grounds. If you wish to exercise a right please contact our private  
sector housing team on 01543 308714 or email [pollution@lichfielddc.gov.uk](mailto:pollution@lichfielddc.gov.uk)

**Any questions or concerns?**If you have any questions, please contact our private sector housing team or our Data Protection  
Officer in the first instance. If you have any concerns about the way we have processed your personal  
information, please contact the Information Commissioner.