



**HOUSING ACT 2004 – PART 2
APPLICATION FOR MANDATORY LICENSING OF A HOUSE IN
MULTIPLE OCCUPATION**

PLEASE NOTE

You must let certain persons 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:

- i) Any mortgagee of the property**
- ii) 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.**
- iii) 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)**
- iv) The proposed Licence holder (If that is not you)**
- v) The proposed managing agent (if any) (if that is not you)**
- vi) Any person who has agreed that he/she will be bound by any condition or conditions in a Licence if granted**

You must tell each of these persons:

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

PLEASE RETURN THE COMPLETED APPLICATION TO:

**Environmental Health
Havant Borough Council
Civic Offices
Havant
Hants PO9 2AX**

The Housing Act 2004 requires that all high risk Houses in Multiple Occupation (HMO) are licensed with the Local Authority.

The application for a Licence must be made by either the owner of the HMO or by the person managing the HMO. To be able to license an HMO, a manager must be able to demonstrate that he/she has a proper contractual arrangement with the owner that makes the manager fully responsible for the day-to-day control of the HMO (i.e. would usually include taking on new tenants, collection of rent, organising repairs etc.).

1. ADDRESS OF HMO TO BE LICENSED:

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2. TYPE of HMO (please tick one box):

Bed-sit rooms	<input type="checkbox"/>	Flats	<input type="checkbox"/>
Shared house	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Bed & Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)			

3. AGE OF BUILDING (please tick one box):

pre 1919	1919 – 1944	1945 – 1964	1965 - 1979	Post 1980
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. TYPE of BUILDING (please tick one box):

Detached	<input type="checkbox"/>	Back to back terraced	<input type="checkbox"/>
Semi-detached	<input type="checkbox"/>	Grouped design	<input type="checkbox"/>
Mid terraced	<input type="checkbox"/>	Residential Block	<input type="checkbox"/>
End terraced	<input type="checkbox"/>	Other	<input type="checkbox"/>

5. PURPOSE BUILT OR CONVERTED (please tick one box):

Purpose Built	<input type="checkbox"/>	Converted	<input type="checkbox"/>	If converted – what year?	<input type="text"/>
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6 OTHER BUSINESS USE:

Is there any other business use in the building?	YES/NO
If “YES” please specify	

7. NAME OF PROPOSED LICENCE HOLDER:

Full Name:	
Address:	
Post code:	Telephone No:
Email address:	
Date of Birth:	

7.1. TYPE OF LICENCE HOLDER. (please tick one box):

Company	<input type="checkbox"/>	Private Individual	<input type="checkbox"/>
Charity	<input type="checkbox"/>	Other e.g. Partnership	<input type="checkbox"/>

7.2. PLEASE INDICATE THE PROPOSED LICENCE HOLDER'S INTEREST IN THE HMO. (please tick one box):

The Owner of the HMO	<input type="checkbox"/>
The Manager of the HMO	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

7.3. IF THE PROPOSED LICENCE HOLDER IS A COMPANY, PARTNERSHIP OR TRUST THEN PLEASE PROVIDE EITHER:

a) The names and business/correspondence addresses of all the Directors/Partners/Trustees:

Name:
Address:
Name:
Address:

Name Address:

Name: Address:

OR

b) The name and registered address of the Company Secretary

Name: Address:

8. RESPONSIBILITY FOR THE HMO:

Is the proposed Licence holder the person in “day to day” control of the HMO?	YES/NO
Is the proposed Licence holder the person who would be bound by any conditions that are attached to the Licence, if granted?	YES/NO

If the proposed Licence holder is not the person who is in control of the HMO or the person who will be bound by any conditions attached to the Licence (see 8 above) then please specify below who is that person:

Name:	
Address:	
Post code:	Telephone No:
Email address:	

9. NAME & ADDRESS OF THE APPLICANT (Paragraph 9 only needs to be completed if the applicant is not the same person as the proposed Licence holder):

Full Name:	
Address:	
Post code:	Telephone No:
Email address:	

9.1 APPLICANT'S INTEREST IN THE HMO (please tick one box):

The Owner of the HMO	<input type="checkbox"/>
The Manager of the HMO	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

10. NAME & ADDRESS OF THE OWNER (If not provided anywhere above):

Full Name:	
Address:	
Post code:	Telephone No:
Email address:	

11. FIT AND PROPER PERSON:

Please carefully read the notes below and the guidance supplied:

When considering an application to license an HMO, the Local Authority must be satisfied that the proposed Licence holder is a “Fit and Proper” person to hold a Licence. It is therefore necessary that the following details be supplied about the proposed Licence holder and any other person that the applicant proposes will be involved in the management of the house. *NOTE: The Council may enquire with the Police in respect to item a) below, and may undertake additional checks as appropriate during the term of the Licence. The Council reserves the right to also require Licence holders, Licence applicants, or any other person involved in the management of the HMO to undertake checks with the Criminal Records Bureau at any stage of the application or Licence lifespan.*

a) Does anyone involved in the management of the HMO have unspent convictions in respect of an offence involving fraud, dishonesty, violence, drugs or any offences listed in Schedule 3 of the Sexual Offences Act 2003.	YES/NO
b) Has the proposed Licence holder been found by a court or tribunal to have practised unlawful discrimination on the grounds of sex, colour, race, ethnic or national origins, or disability in, or in connection with, carrying out of any business.	YES/NO
c) Has the proposed Licence holder contravened any provision of Housing Law (e.g. non compliance with a formal notice that required specified works carried out to a rented house) or Landlord & Tenant Law (e.g. illegal eviction or harassment of a tenant). Includes any civil proceedings in which judgement was made against the proposed Licence holder.	YES/NO
d) Has the proposed Licence holder ever owned any property which has been subject to a control order (made under Section 379 of the Housing Act 1985(a)) in the last five years.	YES/NO
e) Has the proposed Licence holder ever been refused a Licence under Parts 2 and 3 of the Housing Act 2004.	YES/NO
f) Has the proposed Licence holder ever breached any condition of a Licence granted under Parts 2 or 3 of the Housing Act 2004.	YES/NO
g) Has any act on the part of the Licence holder been otherwise than in accordance with a Code of Practice approved under Section 233 of the Housing Act 2004. This relates to any property owned, or has been owned by the proposed Licence holder.	YES/NO

<p>h) Has the proposed Licence holder ever owned any property that has been the subject of any proceedings (whether in court or otherwise) by a local authority. Includes any work that the local authority has carried out as a result of default on the part of the proposed Licence holder.</p>	<p>YES/NO</p>
<p>i) Has the proposed Licence holder ever owned any property that has been the subject of an interim or final management order or a special interim management order made under the Housing Act 2004.</p>	<p>YES/NO</p>
<p>All the above questions must be answered.</p>	
<p>If you have answered “YES” to any of the above, please provide details below: (Please read attached guidance notes)</p>	

<p>12. ARE YOU A MEMBER OF A RECOGNISED LANDLORD’S ASSOCIATION?</p> <p>If “YES” please provide your registration number and the name & address of the Association below:</p>	<p>YES/NO</p>
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<p>13 (a) DO YOU OWN, MANAGE, OR HAVE A LICENCE FOR AN HMO THAT HAS BEEN LICENSED BY ANOTHER LOCAL AUTHORITY?</p> <p>If you can provide evidence that you have been accepted by that Authority as a “Fit and Proper” person then that may assist you to be accepted as a “Fit and Proper” person for the purpose of this application. It may also reduce the Licence fee that will be charged. Please include with this application a copy of the HMO Licence that has been granted by that Authority.</p>	<p>YES/NO</p>
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<p>13(b) NUMBER OF OTHER HMO’S ALREADY LICENSED BY THE LICENCE HOLDER / PROPOSED LICENCE HOLDER IN OTHER AUTHORITIES:</p>	
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<p>14. DO YOU OWN OR MANAGE ANY OTHER HMO’S THAT HAVE ALREADY BEEN LICENSED BY THIS LOCAL AUTHORITY?</p> <p>If “Yes” please include with this application a copy of the HMO Licence that has been granted. It may also reduce the Licence fee that will be charged.</p>	<p>YES/NO</p>
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<p>15. DO YOU OWN OR MANAGE ANY OTHER HMO’S WITHIN THE AREA OF THIS LOCAL AUTHORITY THAT NEED TO BE LICENSED?</p> <p>If “YES” please provide below the address(es) of the HMO’s:</p>	<p>YES/NO</p>
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16. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH SEPARATE LETTING WITHIN THE HMO:

Note Vacant lettings that you intend to re-let should be included	Number of habitable rooms within the letting (please exclude kitchens and bathrooms) Examples Single room bed-sit counts as one. A flat with one bedroom and one living room counts as two	Number of occupants per letting including children and babies		Is a bath or shower provided within the letting for the exclusive use of the occupying tenant?	Is a toilet provided within the letting for the exclusive use of the occupying tenant?	Is a wash hand basin provided within the letting for the exclusive use of the occupying tenant?	Is a cooker provided within the letting for the exclusive use of the occupying tenant?	Is a sink provided within the letting for the exclusive use of the occupying tenant	Is a fridge provided within the letting for the exclusive use of the occupying tenant?
		Current	Potential						
Letting 1				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Letting 2				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Letting 3				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Letting 4				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Letting 5				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Letting 6				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Letting 7				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO

Letting 8				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Letting 9				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Letting 10				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Letting 11				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Letting 12				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
TOTAL									

17. PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE KITCHEN & BATHROOM FACILITIES IN THE HMO:

Total number of baths or showers in the property	Total number of toilets within the property	Total number of wash hand basins within the property	Total number of cookers with 4 rings and an oven	Total number of other cookers provided (i.e. Baby Belling or microwave ovens)	Total number of sinks provided	Total number of refrigerators provided.

18. MAXIMUM NUMBER OF OCCUPANTS PROPOSED FOR THE LICENCE:

For the purpose of the licence, what is the maximum number of occupants you propose to have living at the property?	
If the number of occupiers exceeds the permitted amenity standards are you prepared to provide additional facilities to satisfactorily support the proposed / existing number of occupants (Please circle your preference)?	Yes / No

19. CONDITIONS APPLIED TO ANY FUTURE LICENCE WILL REQUIRE THAT THE MANAGEMENT OF THE HMO MEETS A SUITABLE STANDARD. PLEASE INDICATE BELOW WHETHER THE HMO THAT IS THE SUBJECT OF THIS APPLICATION CURRENTLY MEETS THESE STANDARDS:

a) All the furniture and furnishings within the HMO, provided by or on behalf of the landlord/manager, complies with the Furniture & Furnishings (Fire)(Safety) Regulations 1988 (as amended)	YES/NO
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b) The fire alarm system within the HMO has been checked by a competent person within the last twelve months and found to be fully functional.	YES/NO/ NONE PROVIDED
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c) All the gas and electrical appliances within the HMO that have been provided by the Landlord meet the relevant statutory safety requirements	YES/NO
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d) At the beginning of each tenancy, each new tenant is supplied with a written tenancy agreement that describes the responsibilities of the landlord and the tenant and which sets out the terms for the tenancy.	YES/NO
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We would be grateful if you could also supply the following additional information:

a) The existing electrical installation has been checked by a competent person and has been found to be safe and fully functioning.	YES/NO
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b) Please describe below the type of fire alarm that has been installed in the property (please tick the appropriate box)	
i) The property has no fire alarm.	
ii) The property is fitted with battery powered smoke detectors.	
iii) The property is fitted with mains powered smoke detectors.	
iv) The property is fitted with “break-glass call-points”, smoke detectors and a “control panel”.	

20. DOCUMENTS TO BE SUBMITTED WITH YOUR APPLICATION:

- a) A completed application form, with all sections completed and signed where necessary.**

- b) Please provide a plan of the HMO that shows the layout for each storey within the building (please read the accompanying guidance notes, to see an example of the type of plan that is required to be included with this form).**

- b) A valid Landlords Gas Safety Record that demonstrates that any gas appliances within the HMO (that are owned by the Landlord) have been checked by a CORGI registered contractor within the last 12 months and have been found to be safe for use.**

- c) If since 1990, you have carried out any conversions, alterations etc that required Building Regulation approval or Planning Permission then please provide copies of the relevant approvals, permissions.**

- d) (Optional) an equal opportunities monitoring form.**

21. CHARGES AND DISCOUNTS:

The basic fee for this application is determined by the maximum number of persons able to reside in the HMO (the maximum number would be decided by the number of kitchen/bathroom facilities provided and the room sizes).

Please see enclosed charges sheet and guidance notes for details.

You will be informed of the exact Licence fee when the Notice to Licence is forwarded to you, and the Licence will be forwarded when the fee has been paid.

22. DECLARATIONS:

a) 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 of person on whom a notice was served	Address of that person	Description of the person's interest in the property or the application (e.g. Tenant, Mortgagee etc.)	Date of service of notice

b) 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 am/we are reckless as to whether it is false or misleading.

c) I/we consent to the Council sharing the information provided in my/our application with other Councils, other Council services and other relevant agencies including the Police, for the purposes of HMO licensing as appropriate. The Isle of Wight Council is the Data Controller for the purposes of the Data Protection Act 1998. The Council will process all the personal information in accordance with the same aforementioned Act.

SIGNATURE OF APPLICANT(S):

Signature:
Please print full name
Date:

Signature:
Please print full name
Date:

Signature:
Please print full name
Date:

Signature:
Please print full name
Date: