



HOUSING ACT 2004 – PART 2

APPLICATION FOR RENEWAL OF A HOUSE IN MULTIPLE OCCUPATION (HMO)

This is the form to use if you are making an application to renew an existing valid HMO licence where there has not been any material or significant changes to the information previously submitted to the authority with the licence application. If the previous HMO licence has already expired or the HMO has never had a licence (i.e. first application) then you will need to submit a full application form for a new HMO licence.

If you have any queries on completing this form please contact the Private Sector Housing Team:

- By phone: 03330 162 000
- By email: ps.housing@eastsoffolk.gov.uk

When completed, this form and the supporting documents should be sent:

by email to: ps.housing@eastsoffolk.gov.uk

or by Post:

**Private Sector Housing
Riverside
4 Canning Road
Lowestoft
NR33 0EQ**

Data Protection

The information you have supplied is being collected in accordance with the Housing Act 2004, and will be used to assess your application for an HMO licence.

Your information will not be used for any other purpose. Your information may be shared and verified with other agencies such as the Police, other local authorities and other departments within the Council.

Your information will be retained for the period of the HMO licence, if granted.

Data will be processed and held securely and in accordance with the General Data Protection Regulation (any updates).

Further information about data protection can be found on the East Suffolk Website.

Part 1 – Address of property

1.0 Address of property to be licenced:

Address:

.....

.....

..... Postcode:

Part 2 – The Applicant

Is the applicant the proposed licence holder?

Yes – please go to part 3

No – please complete the details below

2.0 Name and address of Applicant:

Name:

Address:

.....

..... Postcode:

Telephone Number: Fax:

Mobile: Email:

Part 3 – The Proposed Licence Holder

3.0 Pick tick the box that best describes the Proposed Licence Holder:

<input type="checkbox"/>	Individual – please complete 3.1 below
<input type="checkbox"/>	Limited Company/Partnership/Trust/Charity/Other – please complete 3.2 below

3.1 Where the proposed licence holder is an individual, please provide details below:

Title:	Full name:
Date of Birth:	Email Address:
Telephone number:	Mobile:
Home address:	
.....	
..... Postcode:	
If you have previously been known by another name, please provide it:	
.....	
Please tick if you are willing to receive your licence by email:	<input type="checkbox"/>

3.2 Where the proposed licence holder is an organisation, such as a charity, trust or limited company, please provide details below:

Name of the organisation:
Registered Address:
.....
..... Postcode:
Telephone number:
Company/Charity registration No (if applicable):

Please provide details of all directors, partners or trustees below:

Name	Position in Company

Part 4 – Ownership of the Property

4.0 Is the proposed licence holder the owner of the property?

<p data-bbox="480 949 845 1003"><input type="checkbox"/> Yes – please go to Part 5</p> <p data-bbox="480 1021 1054 1075"><input type="checkbox"/> No – please complete question 4.1 below</p>

4.1 Please provide details of the legal owner of the property:

<p data-bbox="94 1335 1497 1366">Title: Full name:</p> <p data-bbox="94 1406 1497 1438">Date of Birth: Email Address:</p> <p data-bbox="94 1478 1497 1509">Telephone number: Mobile:</p> <p data-bbox="94 1550 1497 1581">Home address:</p> <p data-bbox="94 1621 1497 1653">.....</p> <p data-bbox="94 1693 1497 1724">..... Postcode:</p>

Part 5 – Proposed manager

If the proposed licence holder is also the proposed manager please tick and go to Part 6

For licencing purposes, the manager of a HMO must:

- Be authorised to let to tenants, and terminate tenancies in accordance with the law
- Have access to all parts of the premises to the same extent as the landlord
- Be authorised to approve reasonable expenditure for necessary repairs
- Be able to travel to the property within a reasonable time, unless there are other arrangements in place to cover any eventuality that may demand his or her presence

Name of the manager:

Company Name:

Telephone number: Mobile:

Email:

Address (if a company, please give registered address):

.....

..... Postcode:

Part 6 – Other interested parties

A person 'with an interest' means anyone with an owners' interest in the property such as joint owners, mortgage providers and long leaseholder.

You must let these people know in writing that you have made an application for a HMO licence, or give them a copy of the application form. A form that can be used to let them know of the application can be found at the end of the application form.

6.0 Does anyone else have a legal interest in the property?

Yes – please complete 6.1 below

No – please go to Part 7.

6.1 Please give details of anyone else with an interest in the HMO (please include details of any tenants with a lease or tenancy of three years or more, and any person where it is proposed that they are subject to licence conditions other than the proposed licence holder):

1.

Name of the person:
Company Name (if applicable):
Telephone number: Email:
Address (if a company, please give registered address):
.....
..... Postcode:
Nature of interest in HMO:

2.

Name of the person:
Company Name (if applicable):
Telephone number: Email:
Address (if a company, please give registered address):
.....
..... Postcode:
Nature of interest in HMO:

If the property is mortgaged, please give the mortgage account number:

(If there are more than two other people with an interest, please continue on a separate sheet).

Part 7 – Fit and Proper Person

Fit and Proper Person Declarations

When considering an HMO licence application, the local authority must be satisfied that the proposed licence holder, and any person involved in the management of the property, is fit and proper to carry out such duties.

Has the proposed licence holder, proposed manager or other person directly or indirectly involved in the management of the property:

1. Committed any offence involving fraud, dishonesty, violence, drugs or any offences listed in Schedule 3 to the Sexual Offences Act 2003? Only unspent convictions in accordance with the Rehabilitation of Offences Act 2003 need to be declared.
2. 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, the carrying on of any business?
3. Contravened any provision of any enactment relating to housing, public house, environmental health or landlord & tenant law which led to civil or criminal proceedings resulting in a judgement being made against them?
4. Ever owned or managed any HMO or house which has been the subject of a control order under Section 379 of the Housing Act 1985 or an Interim or Final Management Order under the Housing Act 2004 or any type of enforcement action in relation to Category 1 hazards under Part 1 of the Housing Act 2004?
5. Ever been refused a licence for a HMO or house under the Housing Act 2004 or had such a licence revoked for breaching the conditions of the licence?
6. Ever contravened any approved code of practice relating to the management of HMOs?

Proposed Licence Holder

Yes

No

Proposed Manager

Yes

No

If the answer is 'Yes' to any of the above questions, please give further details:

Full Name:

Date of offence or incident:

Details:

.....

.....

.....

(Continue on a separate sheet if necessary)

Fit and Proper Person Declaration

I/We declare that the information provided in this section 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 their functions under 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 am/are reckless as to whether it is false or misleading.

If the proposed licence holder is a company, partnership or trust, this should be signed by a named director.

Licence Holder:

Signature:

Print Name:

Date: Position:

Manager:

Signature:

Print Name:

Date: Position:

Other Person (please specify):

Signature:

Print Name:

Date: Position:

(Continue on a separate sheet if necessary).

Please note that it is a criminal offence to knowingly supply information that is false or misleading for the purposes of obtaining a licence.

Evidence of any statements made in this application may be required at a later date. If we subsequently discover something that is relevant and that you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled or other action taken.

Operating an HMO that should be licensed without a licence is an offence liable to a fine not exceeding £20,000. In addition, a Residential Property Tribunal may make repayment order requiring you to repay any rents due during the period for which the property was unlicensed.

Application Declaration:

I declare that the information contained in this application is correct to the best of my/our knowledge. I understand that I commit an offence if I 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 know is false or misleading or am reckless as to whether it is false or misleading.

	Print Name	Signature	Date
Applicant:
Proposed Licence Holder:
Manager:

Part 8 – Supporting documentation

Please indicate which certificates you are submitting with your application by placing a tick in the “Included” box in the table below. Failure to provide all necessary documentation will delay your application.

DOCUMENT DESCRIPTION	INCLUDED
<p>Gas Safety Certificate</p> <p>If there is a gas supply to the property, you must provide a copy of the most recent Landlord’s Gas Safety Certificate issued by a Gas Safe Registered contractor.</p> <p>(It must not be more than twelve months old)</p>	<input type="checkbox"/>
<p>Periodic Inspection Report/ Electrical Installation Condition Report for the Electrical Installation</p> <p>You must provide a copy of the latest inspection report issued by an approved electrician in accordance with British Standard 7671</p> <p>(It must still be current, and not be more than 5 years old)</p>	<input type="checkbox"/>
<p>Fire Alarm Test Certificate</p> <p>You must provide a copy of the latest Fire Alarm Test Certificate issued by an approved electrician or specialist fire alarm contractor.</p> <p>(It must not be more than twelve months old)</p> <p>If the fire alarm system was installed less than twelve months ago, then a copy of the Fire Alarm Installation Certificate will be required.</p>	<input type="checkbox"/>
<p>Emergency Lighting Test Certificate</p> <p>If the property has emergency lighting installed, you must provide a copy of the latest Emergency Lighting Test Certificate issued by an approved electrician or specialist fire alarm contractor.</p> <p>(It must not be more than twelve months old)</p> <p>If the emergency lighting system was installed less than twelve months ago, then a copy of the Fire Alarm Installation Certificate will be required.</p>	<input type="checkbox"/>
<p>Portable Appliance Test Certificate (PAT)</p> <p>If you provide electrical appliances as part of the tenancy or licence agreement you must have them regularly inspected by an approved electrician if they are more than twelve months old. Portable appliances include such items as fridges, freezers, kettles, microwave ovens, television, table lamps, toasters, vacuum cleaners, portable heaters and other plug-in appliances.</p> <p>Please provide a PAT Certificate issued by an approved electrician if required.</p> <p>(It must not be more than two years old)</p>	<input type="checkbox"/>

<p>Fire Fighting Equipment</p> <p>You must provide a copy of the latest test certificate for the Fire Fighting Equipment. (It must not be more than twelve months old)</p>	<input type="checkbox"/>
<p>Sprinkler System (If fitted)</p> <p>You must provide a copy of the latest test certificate for the Sprinkler System. This must be provided by a competent person and must not be older than twelve months old.</p>	<input type="checkbox"/>
<p>Energy Performance Certificate</p> <p>Please submit a copy of the latest EPC if applicable. Note: This will be a requirement for all HMOs from 2020.</p>	<input type="checkbox"/>
<p>Tenancy Agreement</p> <p>Please provide a copy of the tenancy agreement used (or other written statement of terms of occupancy).</p>	<input type="checkbox"/>
<p>Plan of property</p> <p>Please provide a plan of the property – see below for information.</p>	<input type="checkbox"/>
<p>DBS check</p> <p>Please provide a valid DBS check for the Proposed Licence Holder and any Manager</p>	<input type="checkbox"/>
<p>Fire Risk Assessment</p> <p>This is required under the Regulatory Reform (Fire Safety) Order 2005.</p>	<input type="checkbox"/>
<p>Fee</p> <p>I confirm I have paid the fee of £..... by BACS/enclosed a cheque.</p>	<input type="checkbox"/>

PLAN OF THE PROPERTY

In order to license a House in Multiple Occupation, the council has to obtain certain information about the property so that it can assess the size and type of property and what amenities and installations exist.

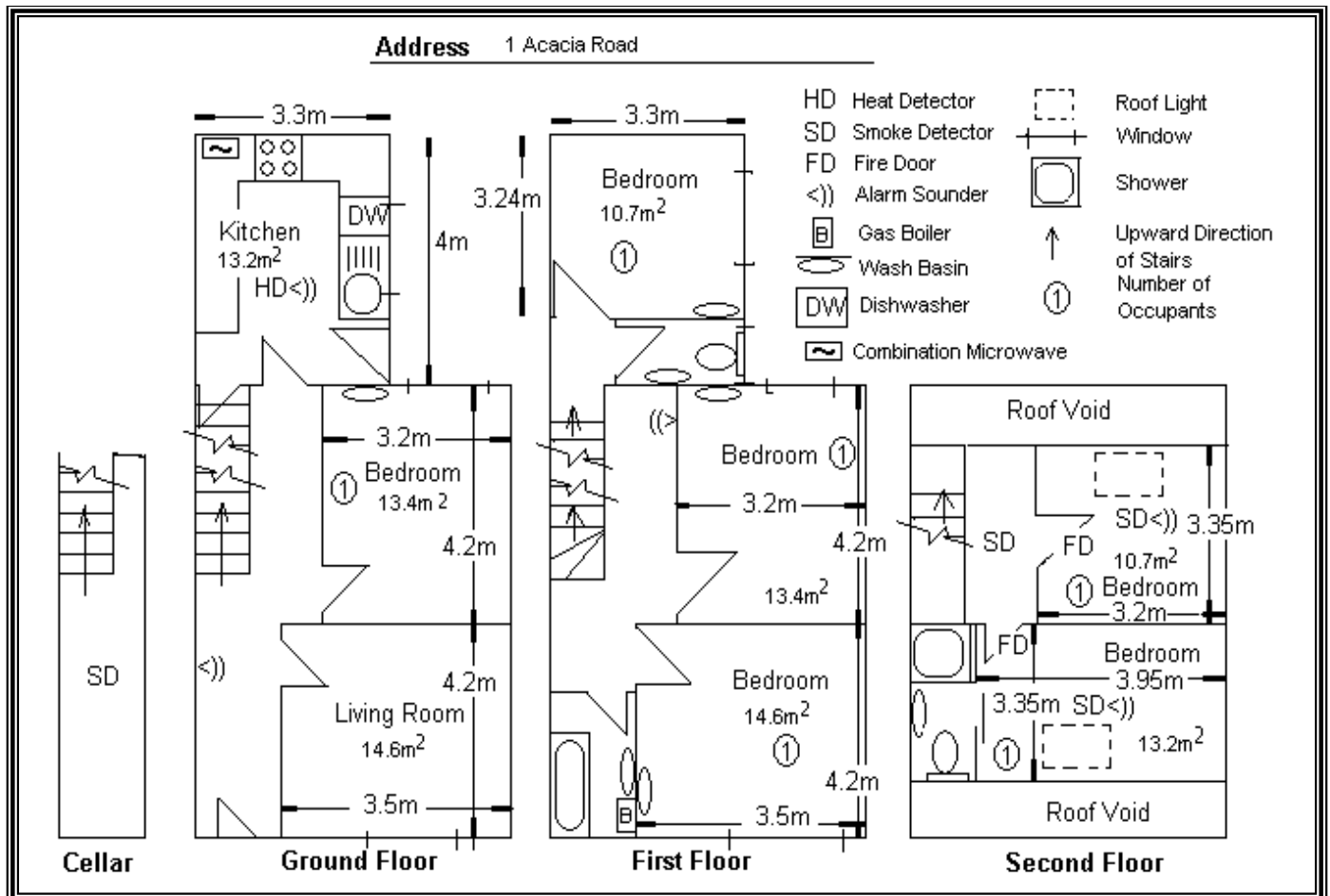
The plan must clearly show the room sizes, proportions and layout of the house, along with the location of the amenities and fire safety measures.

You can draw the plan yourself or get help if you wish, as it doesn't need to be to a professional standard, such as those required for Building Regulation approval or Planning Permission. If you already have such plans you can use them.

Your plan must contain all of the following:

- The address of the property and the date the plan was drawn
- The dimensions of the main rooms – front-to-back and side-to-side (in metres) plus an indication of the use of the rooms (for example: bedroom, living room)
- An indication of which storey is depicted (for example: Ground, First, Second)
- The location of all smoke and heat detectors, call-points (break-glass) and control panel
- The location of emergency lighting units (if provided)
- Whether the smoke and heat detectors are mains-powered or battery-operated
- Whether the smoke and heat detectors are interlinked or single point
- The position of wash hand basins, baths, showers, WCs and sink units
- The position of a fire blanket within each kitchen area
- The layout of the kitchen(s) showing work surfaces, sink units, cookers, microwave ovens, hobs, refrigerators and dishwashers
- Whether the doors are fire doors
- Name of each room

Example of a simple plan of a property:



Part 9 – Notification to Interested Parties that you are making a licence application

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. You will need to copy the form if notifying more than one party.

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 license 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 license 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 license holder (if it will not be you)
- whether this is an application under Part 2 or Part 3 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

Please complete the following:

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 the application	Date of service

Appendix to Part 9

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

¹To:

As required by Regulation 7 of the licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006, I/We hereby notify you that I/we propose to submit a licence application for a House in Multiple Occupation, to East Suffolk Council, Riverside, 4 Canning Road, Lowestoft, NR33 0EQ, under ²Part [2] [3] of the Housing Act 2004.

The application will be submitted on:³

The licence application pertains to:⁴

The proposed licence holder will be:⁵

Name:
Address:
.....
Telephone number: E-mail address:
Signed:
Date:

Name(s):
Address:.....
.....
Telephone number: E-mail address:
Signed:
Date:

¹ Insert name and address of recipient

² delete as appropriate

³ insert date application to be made

⁴ insert address of the property to be licensed

⁵ only complete where the licence holder is different from you