

APPLICATION FOR A LICENCE UNDER PART 2 OF THE HOUSING ACT 2004 TO OPERATE A DWELLING AS A HOUSE IN MULTIPLE OCCUPATION (HMO)

Application for:

New HMO licence

Variation of an existing licence

For office use:

Date application received:

Fee included

: Yes / No

Receipt No:

Application number:

False or Misleading information - Section 238 – Housing Act 2004

A person commits an offence if he supplies any information to a local housing authority which is false or misleading and he knows that it is false or misleading or is reckless as to whether it is false or misleading.

A person commits an offence if he supplies information to another person, which is false or misleading, and he knows that it is false or misleading or is reckless as to whether it is false or misleading

A person who commits an offence, detailed above is liable on summary conviction to a fine not exceeding level 5 on the standard scale (currently £5,000).

“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 house in multiple occupation (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 and/or manage an HMO.

Data held by this 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.

PART 1 – INFORMATION ABOUT PERSONS INVOLVED WITH THE HMO**THE APPLICANT**

Name

Company, partnership or trust
NameAddress (or address of registered
head office)

Post Code

Telephone Number

Email address

THE PROPOSED LICENCE HOLDER

Name of proposed licence holder

D.O.B

Address

Post Code

Telephone Number

Email address

THE PERSON MANAGING THE HMOName of
Manager/Company/Agents

Address

Post Code

Telephone Number

Email address

PERSON HAVING CONTROL OF THE HMO

Name of Person	
Address	
Post Code	
Telephone Number	
Email address	

ANY PERSON WHO HAS AGREED TO BE BOUND BY A CONDITION CONTAINED IN THE LICENCE

Name of Person	
Address	
Post Code	
Telephone Number	
Email address	

PART 2 – PROPERTY DETAILS

If necessary, please photocopy and complete Part 2 to Part 9 and sign the declarations for each property you wish to apply for.

Address of the property to which the application relates

Post Code

Approximate age of the original construction of the property (please circle)

Before 1919

1919 to 1945

1946 to 1964

1965-1980

After 1980

Type of Property (please circle)

Purpose Built Flat

Semi-Detached House

Detached House

Converted Flat

Mid-Terraced House

Upper Tyneside Flat

End-Terrace House

Lower Tyneside Flat

Type of HMO for which the application is being made.

House in Multiple Occupation

House in Single Occupation

Flat in Multiple Occupation

Flat in Single Occupation

House converted into and comprising only of self-contained flats

A purpose built block of flats

Other – Please Specify

Property Information

Number of storeys comprising the HMO

The levels on which those stories are situated

The number of separate letting units

Number of habitable rooms (excluding kitchens)

Number of bathrooms and shower rooms

Number of toilets and wash hand basins

Number of rooms that are En-Suite

Number of Kitchens

Number of Sinks

The number of households occupying the HMO

The number of people occupying the HMO

Details of fire precautions equipment, including the number and location of smoke alarms
(You may wish to provide this information on a plan of the property)

Details of fire escape routes and other fire safety information provided to occupants
(You may wish to provide this information as a plan and as a separate leaflet that you provide to tenants)

Mortgage Details

Name and Address of mortgage
Company (if applicable)

Account Number

Do you supply any 'portable electrical appliances' for use by the occupants of the property	Yes	No
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If yes, you must provide evidence that these have been tested by a competent person and that any works required have been carried out

Have you had the electrical installation system tested within the last 5 years?	Yes	No
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If yes, you must enclose a copy of the certificate with this application form

If 'no' you must employ the service of a competent electrician as defined in the Electricity at Works Regulations 1989 to ensure that the system is safe to use and provide the Council with a copy of the completed Certificate.

Heating

Is there a gas supply to the property	Yes	No
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Are all units of accommodation provided with a fixed form of heating?	Yes	No
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Are the bathroom(s) provided with a fixed form of heating ?	Yes	No
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You are required to provide a copy of a current Landlords Gas Safety Certificate with this Application if there is a gas supply to the property

PART 3 – REQUESTED MAXIMUM ROOM OCCUPANCY.

Please tell us whether you would like the room to be occupied by 1 or 2 people.

Room 1	<input type="checkbox"/>	Room 6	<input type="checkbox"/>	Room 11	<input type="checkbox"/>	Room 16	<input type="checkbox"/>
Room 2	<input type="checkbox"/>	Room 7	<input type="checkbox"/>	Room 12	<input type="checkbox"/>	Room 17	<input type="checkbox"/>
Room 3	<input type="checkbox"/>	Room 8	<input type="checkbox"/>	Room 13	<input type="checkbox"/>	Room 18	<input type="checkbox"/>
Room 4	<input type="checkbox"/>	Room 9	<input type="checkbox"/>	Room 14	<input type="checkbox"/>	Room 19	<input type="checkbox"/>
Room 5	<input type="checkbox"/>	Room 10	<input type="checkbox"/>	Room 15	<input type="checkbox"/>	Room 20	<input type="checkbox"/>

PART 4 - FURTHER INFORMATION

Please use this space if you need more room to expand on your answers or for any additional information you think may be relevant to the application.

PART 5 – OTHER LICENSED PROPERTIES

Details of other HMOs or houses licenced under Part 2 or Part 3 (Selective Landlord Licencing) of the Act in respect of which the proposed licence holder is the licence holder, whether in the Gateshead area or in any other area

Type of Licence Part 2 or Part 3	Address	Local Authority Area
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Continue on a separate sheet if necessary

PART 6 - FIT AND PROPER PERSON

Please provide :	Proposed Licence Holder	Proposed Manager
(a) details of any unspent convictions that may be relevant to the proposed licence holder's fitness to hold a licence, or the proposed manager's fitness to manage the HMO or house, and, in particular any such conviction in respect of any offence involving fraud or other dishonesty, or violence or drugs or any offence listed in Schedule 3 to the Sexual Offences Act 2003;		
(b) details of any finding by a court or tribunal against the proposed licence holder or manager that he has practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability in, or in connection with, the carrying on of any business;		
(c) details of any contravention on the part of the proposed licence holder or manager of any provision of any enactment relating to housing, public health, environmental health or landlord and tenant law which led to civil or criminal proceedings resulting in a judgement being made against him.		
(d) information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed which has been the subject of— (i) a control order under section 379 of the Housing Act 1985 in the five years preceding the date of the application; or (ii) any appropriate enforcement action described in section 5(2) of the Act.		
(e) information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed for which a local housing authority has refused to grant a licence under Part 2 or 3 of the Act, or has revoked a licence in consequence of the licence holder breaching the conditions of his licence; and		
(f) information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed that has been the subject of an interim or final management order under the Act.		
Please Note: we may approach other authorities such as the Police, Fire & Rescue Service, Office of Fair Trading (OFT), County Court, etc. for information and confirmation of the above. Signing this application will be taken as your agreement to carry out such searches.		

PART 7 - NOTIFICATION TO RELEVANT PERSONS

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 to be licensed
- any owner of the property to which the application relates (if that is not you) ie 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)
- whether this is an application for an HMO licence under Part 2 or for a house licence under 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 on which the application is, or is to be, made

You may use the form in the NOTES to notify any interested parties, that you are intending to apply for a licence to operate a House In Multiple Occupation.

You must attach a copy of ALL 'notifications to relevant persons' notices to this application form.

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:

<i>Name</i>	<i>Address</i>	<i>Description of the person's interest in the property or the application</i>	<i>Date of service</i>

Signed (all applicants)
Dated

Signed (Proposed Licence Holder)
Dated

PART 8 –DECLARATION

I / We understand that failure to produce any information requested will delay the processing of the application and will result in the licensing authority giving consideration to refusal of the application. If the application is refused then this may lead to a prosecution or civil penalty for operating an HMO that is required to be licensed but is not licensed.

I / We understand by signing this declaration all soft furnishings that are supplied for use by the occupants of the property, comply with the Furniture and Furnishings (Fire) (Safety) Regulations 1988.

I / We declare that any gas appliances in the HMO meet any safety requirements contained in any enactment

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.

I/We understand that where an Application is refused the Application Fee will not be refunded.

I/We understand that if the application is withdrawn by the Applicant before it has been determined then the amount of any refund of the Application Fee will be at the discretion of the Council.

Signed (all applicants)

Dated

Signed (Proposed Licence Holder)

Dated

Any person who making, or in connection with the making of this application makes any statement which he knows to be false or recklessly makes any statement which is false or misleading, shall be guilty of an offence and liable on summary conviction to a fine not exceeding £5,000.

PART 9 - PAYMENT OF THE LICENCING FEE

The Licence Fee is made up of two parts, the administration charge for the processing of the application, payable at the time of Application and the cost of continuing administration and enforcement of the Licensing Framework once granted, to be paid immediately following the Grant of a Licence.

	Application processing fee Payment due at time of Application	Scheme management fee Payment due immediately following Grant of Licence	Total Fee
HMO Licence (up to 14 bedrooms)	£585.80	£390.50	£976.30
HMO Licence (15+ bedrooms)	£638.60	£425	£1063.60
Variation of HMO Licence (at Licence Holders request)	£187.30	N/A	£187.30

Discount	When applications for multiple properties are made at the same time, the fee for the second and subsequent properties is reduced by £10 per property, in recognition that the Council does not need to repeat checks to confirm that the Licence Holder etc are fit and proper people
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Declaration of Agreement to pay for the Mandatory HMO Licence.

Please indicate how you wish to pay the Fee.

I wish to pay for the Licence in FULL and understand that should the application be refused, the second part of the Fee will be refunded.

I wish to pay for the Licence in TWO parts, the first part with the Application and the second on the Grant of the Licence.

[Delete as appropriate]

Please Invoice me for the relevant amount

I enclose a cheque for the relevant amount

Signed:

Date:

Documents that must be provided with this Application

A current (within 12 months) and satisfactory Automatic Fire Detection System test certificate carried out by a competent engineer.

A current (within 12 months) and satisfactory Emergency Lighting test certificate carried out by a competent engineer.

A plan of the property showing layout and, room size and optionally, amenities and fire precautions.

An Electrical Installation Condition Report that has been completed in the last five years and evidence that any C1 or C2 defects have been repaired.

A report that has been completed with the last year confirming any portable electrical appliances you have supplied are safe, having been tested by a competent person.

A copy of the Landlords Gas Safety Certificate that has been completed within the last year and evidence that any defects identified have been repaired.

The appropriate Fee.

Public Register Information

The information the Council is obligated to publish in respect of each House in Multiple Occupation (HMO) licence granted under Part 2 of the Housing Act 2004 is as follows:

1. the name and address of the licence holder
2. the name and address of the person managing the house
3. the address of the licensed property
4. a short description of the licensed property
5. a summary of the conditions of the licence
6. the commencement date and duration of the licence
7. summary information of any matter concerning the licence of the HMO that has been referred to
8. summary information of any decision by the Residential Property Tribunal (RPT) that relates to the licensed HMO together with the reference number allocated to the case by the RPT
9. the number of stories comprising the licensed HMO
10. the number of rooms in the licensed HMO providing
 - i sleeping accommodation; and
 - ii living accommodation
11. in the case of a licensed HMO consisting of flats
 - i the number of flats that are self-contained
 - ii the number of flats that are not self contained
12. a description of shared amenities including the numbers of each amenity; and
13. the maximum number of persons or households permitted to occupy the licensed HMO under the conditions of the licence