

WEST MIDLANDS HOUSING FORUM

Application for a Licence to Operate a House in Multiple Occupation (HMO)

Housing Act 2004 Part 2

Licence Holder & Property **FORM 1**

This is the application form to apply for a licence to operate a House in Multiple Occupation (**HMO**).

Be sure that you need to apply for a licence before submitting this form. The criteria for requiring a licence are explained in the accompanying guidance booklet.

The procedures required to issue a licence are fairly lengthy but we have tried to make the application as easy to understand as possible. If you do not understand how to answer a question you can seek advice from the Council by using any of the contact methods listed in the accompanying guidance booklet.

It is important that you read the accompanying guidance booklet as this will help you understand all the questions and help you to answer them.

There is also a glossary of important words and phrases. Please check the glossary if you are unsure of the meaning of any words or phrases. Terms which appear in the glossary are **coloured and in bold** in the application form

To avoid the need for **landlords** and **managers** involved with a number of **HMOs** to fill in several forms and finding themselves repeating information, your Council has adopted a "modular" approach to the application. This simply means that the application is broken down into separate parts or modules. If you fill in one module and the details are the same for another property then you should not have to repeat it

Each **licence holder** and each **manager** must complete a form in which their complete details are given. When a **landlord** or **manager** has satisfactorily completed and signed the form giving their details, it will be linked to the application forms for the licence of the particular property concerned

Properties, **owners**, **landlords**, **licence holders** and **managers** will be linked via a **Unique Reference Number** (or in the case of companies, their **Companies House Registration Number**)

If you need to apply for a second or subsequent licence for other properties there will be no need to duplicate much of the information requested

HMO Licences last for a maximum of five years. If you wish to renew the licence, newly completed forms will need to be provided when your licence expires. This is so that the Council can ensure that applicants carefully consider the information they provide and that it is up to date

If there is a minor change in the **landlord's**, **owner's** or **manager's** details one form will often suffice to update the details for all properties



Walsall Council



Submit your form to:



Coventry City Council



Wolverhampton City Council



Application for HMO Licence

The first thing we need to establish is who will hold the licence

The people likely to be involved in making an application are:

- a) The **owner (freeholder)** of the property
- b) The **landlord** (the person entitled to **let** the property - this is often also the **owner**)
- c) An **agent** for the landlord (e.g. a firm of letting agents or a relative)
- d) The **manager** of the property

The Council needs details of the landlord and other persons if they are involved in ownership or running the property

The Council has a duty to award the licence to the person it thinks is the most appropriate person to be the **licence holder**. Unless you can provide a good reason why someone else should be the licence holder the Council will expect the licence holder to be the landlord but in any event the Council will expect the licence holder to have the power to:

- a) **Create** and **terminate tenancies** in accordance with the law;
- b) access all parts of the premises to the same extent as the landlord; and
- c) **authorise expenditure** of up to 25% of the yearly rental income of the property for repairs etc.

Remember that if the Council has to serve any legal notices relating to the property they will most likely be served on the licence holder

THIS BLUE PART OF THE FORM (FORM 1) MUST BE COMPLETED BY THE PROPOSED LICENCE HOLDER

Throughout the application forms you should bear in mind that the Council will always issue a licence if it possibly can. Deficiencies will not usually prevent a licence being awarded. The Council will use the information you give in prioritising its enforcement work.

The application consists of seven separate forms:

Form	Purpose	Needs to be completed for:
Form 1	Property Details (this form)	All applications
Form 2	Details of Proposed Licence Holder & Connected Persons	Needs to be completed once only. Can then be referred to in applications in respect of other properties
Form 3	Details of Proposed Manager & Connected Persons	Needs to be completed once only. Can then be referred to in applications in respect of other properties.
Form 4	About Property & Tenancy Management	In most cases needs to be completed once only. A photocopy can then be submitted with each application so long as the details remain the same for each property
Form 5	Advising others of your application	All applications
Form 6	Listing of other properties licensed	All applications
Form 7	Equal Opportunities Monitoring	Voluntary

1.1 Basic Details

1.1.2	Address of HMO to be licensed	PostCode	
1.1.3	Please tick ✓ to indicate if this application is:	A first application <input type="checkbox"/>	A renewal <input type="checkbox"/>
	Full details of persons named will be required later in the application	Full Name or Registered Company Name	Unique Reference Number or Companies House Registration Number
1.1.3	Proposed Licence Holder		
1.1.4	Manager		
1.1.5	Owner		
1.1.6	If the licence holder is to be someone other than the landlord please state the reasons for this. Also give their relationship to the landlord and owner (if any).		

The following part of the form needs to be completed only if the proposed **licence holder** is not also the **owner**. If the licence applicant is also the **owner** you can go straight to Form 1 Part 3

The ownership information need only be provided once. If the owner's details have been provided in another application to the same Council, all that is necessary is to enter the owner's unique reference number and name in section 1.1.5 and you can proceed to Form 1 Part 3.

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

In the case of an ordinary partnership, give the name and address of the principal partner and fill in the names of the other partners in the connected ownership section below.

In the case of individuals with co-ownership, please give one name & details below and the remainder in the connected ownership section 1.2.10 to 1.2.30 below (in most cases the first named **owner** will be both the **licence holder** and applicant).

If the owner acts as trustee, give the **owner's** details below adding 'as trustee' to the name, and give ownership details in the connected ownership section.

If the owner is a leaseholder, give their own name below and detail all superior **landlords** or **freeholders** in the connected ownership section.

1.2		Ownership Details if applicant is not also owner			
1.2.1	The person named is	Business Partner <input type="checkbox"/>	Co-owner <input type="checkbox"/>	If 'other' state connection below e.g. "Trustee"	
		Owner <input type="checkbox"/>	Other <input type="checkbox"/>		
1.2.2	Full Name				
1.2.3	Address				
1.2.4	Post Code		1.2.5	Tel. No.	
1.2.6	e-mail address		1.2.7	Fax No.	
1.2.8	Date of Birth (not for companies)				
1.2.9	Unique Reference Number. or Companies House Registration Number.				
1.2.10	For corporate bodies, give the Full Name and position in the organisation of the person responsible for the property				

Connected Ownership Details if applicant is not also Owner

1.2.11	The person named is	Business Partner <input type="checkbox"/>	Co-owner <input type="checkbox"/>	If 'other' state connection below e.g. "Trustee"	
		Owner <input type="checkbox"/>	Other <input type="checkbox"/>		
1.2.12	Full Name				
1.2.13	Address				
1.2.14	Post Code		1.1.15	Tel. No.	
1.2.16	e-mail address		1.2.17	Fax No.	
1.2.18	Date of Birth (not for companies)				
1.2.19	Unique Reference Number or Companies House Registration Number				

Connected Ownership Details if applicant is not also Owner

1.2.20	The person named is	Business Partner <input type="checkbox"/>	Co-owner <input type="checkbox"/>	If 'other' state connection below e.g. "Trustee"	
		Owner <input type="checkbox"/>	Other <input type="checkbox"/>		
1.2.21	Full Name				
1.2.22	Address				
1.2.23	Post Code		1.2.24	Tel. No.	
1.2.25	e-mail address		1.2.26	Fax No.	
1.2.27	Date of Birth (not for companies)				
1.2.28	Unique Reference Number or Companies House Registration Number				

Connected Ownership Details if applicant is not also Owner

1.2.29	The person named is	Business Partner <input type="checkbox"/>	Co-owner <input type="checkbox"/>	If 'other' state connection below e.g. "Trustee"	
		Owner <input type="checkbox"/>	Other <input type="checkbox"/>		
1.2.30	Full Name				
1.2.31	Address				
1.2.32	Post Code		1.2.33	Tel. No.	
1.2.34	e-mail address		1.2.35	Fax No.	
1.2.36	Date of Birth (not for companies)				
1.2.37	Unique Reference Number or Companies House Registration Number				

Please continue on a separate sheet if necessary

Form 1 Part 3		Description of the Property	
1.3.1	<p>Please tick ✓ to indicate the type of house for which the application is being made</p> <p>Please note that some of the options (indicated by grey boxes) are unlikely but are required by law to be included in the options</p>	House in Single Occupation <input type="checkbox"/> House in Multiple Occupation <input type="checkbox"/> Flat in Single Occupation <input type="checkbox"/> Flat in Multiple Occupation <input type="checkbox"/> A house converted into and comprising only self-contained flats <input type="checkbox"/> A house in a building used for both residential and business purposes <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1.3.2	<p>Please tick ✓ to indicate the type of property</p>	Detached <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Terraced <input type="checkbox"/> End Terrace <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1.3.3	<p>If "Other" please describe the type of property</p>		
1.3.4	<p>Please tick ✓ to give the approximate date of construction of the property</p>	pre 1919 <input type="checkbox"/> 1919-1945 <input type="checkbox"/> 1945-1964 <input type="checkbox"/> 1965-1980 <input type="checkbox"/> post 1980 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1.3.5	<p>How many storeys does the property have?</p> <p>Include attics with rooms</p> <p>Note that basements often count as storeys - see guidance</p>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> If more than 5 state how many <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1.3.6	<p>If the HMO does not take up all the floors (storeys) of the building, please state which floors comprise the HMO, e.g. '2nd & 3rd Floors'</p>		
1.3.7	<p>Are any parts of the building used for non-residential purposes such as an office, shop, warehouse etc?</p> <p>Please tick ✓</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.3.8	<p>If Yes, please describe the parts of the building and their use</p>		

Form 1 Part 4

Planning & Building Regulation Details

1.4.1	Approximately when did the building first become a House in Multiple Occupation?	
1.4.2	Has any approval under Building Regulations ever been obtained for the building? Please tick ✓	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>
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	

Form 1 Part 5

Accommodation & Amenity Details

1.5.1	How many habitable rooms are there in the HMO ?	<input type="text"/>
1.5.2	How many rooms in the premises provide sleeping accommodation ?	<input type="text"/>
1.5.3	How many rooms in the premises provide living accommodation ?	<input type="text"/>
1.5.4	Is the HMO divided into flats? Please tick ✓	Yes <input type="checkbox"/> No <input type="checkbox"/>
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	<input type="text"/> <input type="text"/>

	Please indicate which of the 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 <input type="text"/> Number Shared <input type="text"/>
1.5.7	Toilets within bath/shower rooms	Number <input type="text"/> Number Shared <input type="text"/>
1.5.8	Separate toilet compartments	Number <input type="text"/> Number Shared <input type="text"/>
1.5.9	Washbasins with hot & cold water supplies	Number <input type="text"/> Number Shared <input type="text"/>
1.5.10	Kitchens	Number <input type="text"/> Number Shared <input type="text"/>
1.5.11	Sinks with hot & cold water supplies	Number <input type="text"/> Number Shared <input type="text"/>

Form 1 Part 6		Provisions for Heating	
1.6.1	What provisions for room heating are there in the property?	Gas fired central heating	<input type="checkbox"/>
1.6.2	Please tick <input checked="" type="checkbox"/> <u>all</u> types provided	Oil fired central heating	<input type="checkbox"/>
1.6.3		Electric storage radiators on an "off-peak" tariff	<input type="checkbox"/>
1.6.4		Individual gas fires in rooms	<input type="checkbox"/>
1.6.5		Individual wired-in electric heaters in rooms	<input type="checkbox"/>
1.6.6		Plug-in electric heaters in rooms	<input type="checkbox"/>
1.6.7		Other types of room heating	<input type="checkbox"/>
1.6.8	If you have specified "other types" of room heating, please explain briefly what these are		
1.6.8	Is there a suitable fixed room heater within each bathroom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.6.9	Is the roof space (loft) above all rooms insulated with at least 100mm of glass fibre insulation (or equivalent)	Yes <input type="checkbox"/>	No <input type="checkbox"/> Not Sure <input type="checkbox"/>

1.6.10	What type of windows are fitted in the property? Please tick ✓ the description which applies to most habitable rooms	Single glazed with timber frames	<input type="checkbox"/>
1.6.11		Single glazed with metal frames	<input type="checkbox"/>
1.6.12		Single glazed with secondary glazing	<input type="checkbox"/>
1.6.13		Double glazed with any frame type	<input type="checkbox"/>
1.6.14		A combination of the above	<input type="checkbox"/>
1.6.15	Do all windows in habitable rooms , provide adequate natural lighting to the rooms? Please tick ✓	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>	
1.6.16	Do all windows in habitable rooms , bathrooms and kitchens provide adequate natural ventilation to the rooms? Please tick ✓	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>	
1.6.17	If you have answered “No” to question 1.6.16, is there provision for mechanical ventilation in rooms where no natural ventilation is provided? Please tick ✓	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Form 1 Part 7

Occupation Details

1.7.1	How many separate Letting Units are there in the HMO ?	<input type="text"/>
1.7.2	How many of these units are vacant at the date of making this application?	<input type="text"/>
1.7.3	How many persons live in the property at the date of making this application?	<input type="text"/>
1.7.4	What is the maximum number of persons you are likely to accommodate in the property?	<input type="text"/>
1.7.5	How many separate households live in the property at the date of making this application?	<input type="text"/>
1.7.6	What is the maximum number of households you are likely to accommodate in the property?	<input type="text"/>
1.7.7	Does the landlord or proposed licence holder or any person connected with them live on the premises? Please tick ✓	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.7.8	If Yes, please give details	

1.8.1	<p>Does the property have a gas supply?</p> <p>Please tick ✓</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
1.8.2	<p>If Yes, do you have a "Landlord's Gas Safety Record" issued within the 12 months preceding the date of this licence application?</p> <p>Please tick ✓</p> <p>If you answer "Yes" to this question, please enclose the original document (not copied or faxed) with this application. (See Section 11 - Enclosures)</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
1.8.3	<p>Do you supply any of your tenants with portable electrical appliances (i.e. electrical appliances which can be unplugged and moved to an alternative location) ? Examples include kettles, microwave ovens, televisions, table lamps etc?</p> <p>Please tick ✓</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
1.8.4	<p>If you have answered "Yes" to question 1.8.3 , have you had all your portable appliances tested by a competent electrician in the 12 months preceding the date of this application? (This is known as Portable Appliance Testing)</p> <p>Please tick ✓</p> <p>If your answer to this question is "Yes" please enclose the electrician's test certificate (See Part 11 - Enclosures)</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
1.8.5	<p>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 five years preceding the date of this application?</p> <p>Please tick ✓</p> <p>If your answer this question is "Yes", please enclose the electrical test report (See Section 11 - Enclosures)</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
1.8.6	<p>Is the property fitted with a fire alarm system (also known as a fire detection & warning system or automatic fire detection (AFD))?</p> <p>Please tick ✓</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

1.8.7	If you have answered "Yes" to question 1.8.6, how many smoke alarms are fitted (including heat alarms)? Note: The positions of these alarms will need to be shown on a property plan (see Section 10)	<input type="text"/>
1.8.8	If you have answered "Yes" to question 1.8.6, has the fire alarm system been inspected by a competent person in the 12 months preceding the date of this application? Please tick ✓ If your answer to this question is "Yes" please enclose the inspector's test report (See Section 11 - Enclosures)	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
1.8.10	If you have answered "Yes" to question 1.8.9, has the emergency lighting system been inspected by a competent person within the 12 months preceding the date of this application? Please tick ✓ If your answer this question is "Yes" please enclose the inspector's test report (See Section 11 - Enclosures)	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.8.11	Do you supply, as part of any tenancy in the property, any upholstered furniture to which the Furniture and Furnishings (Fire)(Safety) Regulations 1988 (as amended) apply? Please tick ✓	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.8.12	If your answer to question 1.8.11 is "Yes", can you confirm that all such upholstered furniture complies with the relevant fire safety criteria ? Please tick ✓	Yes <input type="checkbox"/> No <input type="checkbox"/>

Form 1 Part 9 Information Concerning Tenure, Mortgage, Services and Accreditation

1.9.1	Is the property Leasehold? Please tick ✓	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.9.2	If you have answered "Yes" to question 1.9.1 please give length of lease and lease remaining	Lease period <input type="text"/> Period remaining <input type="text"/>
1.9.3	Is there a mortgage outstanding on the property? Please tick ✓	Yes <input type="checkbox"/> No <input type="checkbox"/>

1.9.4	<p>If you have answered “Yes” to question 1.9.3 please give the Name and Address of the mortgage lender and the mortgage account number</p>	<p>Name:</p> <p>Address:</p> <p>Post Code:</p> <p>Account Number:</p>
1.9.5	<p>Are any housekeeping or similar services provided for the residents? Examples might include breakfast, all meals, laundry, cleaning of rooms etc.</p> <p>Please tick ✓</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
1.9.6	<p>If you have answered “Yes” to question 1.9.5, please give brief details</p>	
1.9.7	<p>Is the property or the proposed licence holder accredited under any Local Authority Accreditation Scheme? Please tick ✓</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
1.9.8	<p>If you have answered “Yes” to question 1.9.7, please give the title of the accreditation scheme and the reference number (if any)</p>	<p>Title of Scheme:</p> <p>Reference:</p>
1.9.9	<p>Is any accreditation application pending? Please tick ✓</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
1.9.10	<p>If you have answered “Yes” to question 1.9.9, please give the date of application</p>	
1.9.11	<p>Is the property included on any approved accommodation list of a University or College? Please tick ✓</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
1.9.12	<p>If you have answered “Yes” to question 1.9.11, please indicate which University or College</p>	

1.9.13	<p>If the licence holder is to be a manager, please confirm that the manager has authority to:</p> <p>a) Create and terminate tenancies in accordance with the law</p> <p>b) access all parts of the premises to the same extent as the landlord</p> <p>c) authorise expenditure of up to 25% of the yearly rental income of the property for repairs etc</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
1.9.14	<p>Please indicate if the property is let so as to include any of the following categories of occupier</p> <p style="text-align: right;">Please tick ✓</p>	<p>Persons under 17 years of age <input type="checkbox"/></p> <p>Asylum Seekers <input type="checkbox"/></p> <p>Refugees <input type="checkbox"/></p> <p>Students <input type="checkbox"/></p> <p>Persons Receiving “Supporting People” Benefits <input type="checkbox"/></p>

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

A separate guide entitled "Providing a plan of your property" is included with your application pack and 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:

1.10.1	Address of the property	<input type="checkbox"/>
1.10.2	Date plan was drawn	<input type="checkbox"/>
1.10.3	Scale used (e.g. 1cm = 1metre) or an indication that your plan is not drawn accurately to scale	<input type="checkbox"/>
1.10.4	Clear indication of which floor is which (i.e. Ground, First etc.)	<input type="checkbox"/>
1.10.5	Location of all smoke detectors	<input type="checkbox"/>
1.10.6	Location of all fire doors	<input type="checkbox"/>
1.10.7	Location of all extinguishers	<input type="checkbox"/>
1.10.8	Location of all emergency lighting units	<input type="checkbox"/>
1.10.9	An indication as to whether smoke detectors are interlinked	<input type="checkbox"/>
1.10.10	An indication as to whether smoke detectors are battery or mains powered	<input type="checkbox"/>

Form 1 Part 11
Declarations & Enclosures

		I enclose: the following (please tick ✓ & enter details where applicable. Please enclose all available relevant documents. All original forms will be returned to you)	
1.11.1	A properly completed Form 2 (Licence Holder) <input type="checkbox"/>	4.1.2	A Form 2 has already been submitted <input type="checkbox"/>
		4.1.3	Give date of submission <input type="text"/>
1.11.2	A properly completed Form 3 (Manager) <input type="checkbox"/>	4.2.5	A Form 3 has already been submitted <input type="checkbox"/>
		4.2.6	Give date of submission <input type="text"/>
1.11.3	A properly completed or copied Form 4 (Property & Tenancy Management)		<input type="checkbox"/>
1.11.4	A copy of any relevant Building Regulations approval or completion certificate		<input type="checkbox"/>
1.11.5	A copy of any relevant planning consent		<input type="checkbox"/>
1.11.6	A properly completed Form 5B indicating the persons on whom I have served notice of my application		<input type="checkbox"/>
1.11.7	A Form 6 giving details of other houses for which you hold a licence		<input type="checkbox"/>
1.11.8	A Form 7 (voluntary) to assist the Council with its equal opportunities monitoring policies		<input type="checkbox"/>
1.11.9	Plans of the property		<input type="checkbox"/>
1.11.10	A report of the last professional inspection of the fire detection & warning system (if applicable)		<input type="checkbox"/>
1.11.11	A report of the last professional inspection of the emergency lighting system (if applicable)		<input type="checkbox"/>
1.11.12	An original certificate showing that the gas installation and appliances have been inspected by a competent person (normally a CORGI registered inspector) in the 12 months prior to this application. Provision of this certificate is obligatory if there is a gas supply . <input type="checkbox"/>	Give Certificate Number <input type="text"/>	
1.11.13	An original certificate of electrical inspection showing that the electrical installation has been inspected by a competent electrician in the 5 years prior to this application <input type="checkbox"/>	Give Certificate Number <input type="text"/>	
1.11.14	An original test certificate showing that the portable electrical appliances have been inspected by a competent electrician in the 12 months prior to this application (PAT Testing) <input type="checkbox"/>	Give Certificate Number <input type="text"/>	
1.11.15	This item is voluntary. A basic disclosure certificate issued by the Criminal Records Bureau in the 6 months preceding this application, listing criminal offences (if any) You may already have such a certificate and this <u>may</u> help your application and save the Council from having to make enquiries (for which you can be charged) in some cases	Licence Holder <input type="checkbox"/>	Give Certificate Number <input type="text"/>
		Manager <input type="checkbox"/>	Give Certificate Number <input type="text"/>
1.11.16	The fee (see Fees Sheet) <input type="checkbox"/>	Amount: £	<input type="text"/>

Please remember to sign the declaration overleaf

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 proper in connection with the matters listed in questions 2.2.1 to 2.2.14 (Form 2). Such enquiries may include Criminal Records Bureau checks, liaison with the police, fire service and other local authorities. Applicants may have to bear the costs of such checks

I have read and understood the document headed
"Application for HMO Licence - Notes Relating to Misrepresentation and Data Protection"

Signed:

Date

Licence Applicant(s)

WEST MIDLANDS HOUSING FORUM**Application for a Licence to Operate a House in Multiple Occupation (HMO)****Housing Act 2004 Part 2****Licence Holder FORM 2**

You need only fill in this form once no matter how many properties you control. This is, however, conditional on the details remaining the same for each property. If any details are different (for example, if there is a different co-owner) you must fill in and submit a new Form 2 with your application. Should you or your **agent** make future applications for an **HMO** licence, the applicant will be asked to verify that the information you have given in this form remains correct. For this reason **you should keep a copy of this form when you have completed it** . If you have already completed one of these forms all that is necessary is to ensure your name and unique reference number is entered in section 1.1.3 and you can proceed to Form 3.

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

In the case of an ordinary partnership, give the name and address of the principal partner and fill in the names of the other partners in the connected ownership section 2.4 below

In the case of individuals with co-ownership please give one name and details below and the remainder in the connected ownership section. (In most cases the first named **owner** will be the **licence holder** and applicant)

If you act as trustee, please give your details below, adding 'as trustee' to your name, and give ownership details in the connected ownership section 2.4 below

If you are a leaseholder give your own name below, and detail all superior **landlords** or **freeholders** in the connected ownership section 2.4 below

Form 2 Part 1		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	e-mail address	2.1.6	Fax No.	
2.1.7	Date of Birth (not for companies)			
2.1.8	Unique Reference Number or Companies House Registration Number			
2.1.9	For companies, give the Full Name and position in the company of the person responsible for applying for the licence			

2.1.10	Please indicate the extent of your ownership of the property	Own <input type="checkbox"/>	Part-own <input type="checkbox"/>	Do not own <input type="checkbox"/>
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Form 2 **Part 2****Fit & Proper person Details**

Have you or any person who will be involved in the management of the property
(do not include "spent" convictions)? please tick ✓

Yes No Not Sure

a) Committed any offence involving:		Yes	No	Not Sure
2.2.1	Fraud or dishonesty (including benefit fraud)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.2	Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.3	Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.4	Matters listed in Schedule 3 to the Sexual Offences Act 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.5	Received a caution, informal reprimand or formal warning in respect of any of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.6	b) 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.7	c) Contravened any provision of the law relating to housing or of landlord and tenant law. You must include any civil proceedings in which judgement was made against the proposed licence holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.8	d) 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.9	e) Been refused a licence for an HMO under Parts 2 or 3 of the Housing Act 2004 anywhere in England or Wales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.10	f) Breached the conditions of an HMO Licence in England or Wales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.11	g) Been subject to a HMO Control Order or Management Order in England or Wales in the five years preceding the date of this application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.12	h) 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.13	i) Been declared bankrupt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes or "Not Sure" to any of the above questions, please give details below.
Continue on a separate sheet if necessary

2.2.14	
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Please give details of any qualifications you have or training courses you have attended relevant to your responsibilities as property **landlord** or **manager**:

	Date awarded	Qualification/Course	Name of Awarding Body
2.3.1			

Please give details of your membership of any professional or trade organisations relevant to your responsibilities as property **landlord** or **manager**:

	Date membership gained	Nature of membership e.g. 'associate'	Organisation
2.3.2			

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 proper in connection with the matters listed in questions 2.2.1 to 2.2.14 above. Such enquiries may include Criminal Records Bureau checks, liaison with the police, fire service and other local authorities. Applicants may have to bear the costs of such checks

I have read and understood the document headed
"Application for HMO Licence - Notes Relating to Misrepresentation and Data Protection"

Signed:	Date
Proposed Licence Holder(s)	

Form 2 Part 4

Connected Ownership

2.4.1	The person named is	Business Partner <input type="checkbox"/>	Co-Owner <input type="checkbox"/>	If 'other' state connection below e.g. "Trustee"	
		Owner <input type="checkbox"/>	Other <input type="checkbox"/>		
2.4.2	Full Name				
2.4.3	Address				
2.4.4	Post Code		2.4.5	Tel. No.	
2.4.6	e-mail address		2.4.7	Fax No.	
2.4.8	Date of Birth (not for companies)				
2.4.9	Unique Reference Number or Companies House Registration Number				

Connected Ownership

2.4.10	The person named is	Business Partner <input type="checkbox"/>	Co-Owner <input type="checkbox"/>	If 'other' state connection below e.g. "Trustee"	
		Owner <input type="checkbox"/>	Other <input type="checkbox"/>		
2.4.11	Full Name				
2.4.12	Address				
2.4.13	Post Code		2.4.14	Tel. No.	
2.4.15	e-mail address		2.4.16	Fax No.	
2.4.17	Date of Birth (not for companies)				
2.4.18	Unique Reference Number or Companies House Registration Number				

Connected Ownership

2.4.19	The person named is	Business Partner <input type="checkbox"/>	Co-Owner <input type="checkbox"/>	If 'other' state connection below e.g. "Trustee"	
		Owner <input type="checkbox"/>	Other <input type="checkbox"/>		
2.4.20	Full Name				
2.4.21	Address				
2.4.22	Post Code		2.4.23	Tel. No.	
2.4.24	e-mail address		2.4.25	Fax No.	
2.4.26	Date of Birth (not for companies)				
2.4.27	Unique Reference Number or Companies House Registration Number				

Continue on a separate or photocopied sheet if necessary

WEST MIDLANDS HOUSING FORUM**Application for a Licence to Operate a House in Multiple Occupation (HMO)****Housing Act 2004 Part 2****Manager FORM 3****THIS FORM MUST BE COMPLETED AND SIGNED BY THE PROPOSED MANAGER**

You need only fill in this form once no matter how many properties you manage. Should future applications for an **HMO** licence be made, you will be asked to verify that the information you have given in this form remains correct. For this reason **you should keep a copy of this form when you have completed it**

If you sign this form as a partnership or company you must ensure that any persons to whom you delegate management duties are fit and proper persons for the purposes of their duties. Any failure in management duties or responsibilities by such persons may result in you losing your acceptability to manage HMOs and may lead to any or all licences for HMOs which you manage being withdrawn

If you have already completed one of these forms in respect of another property within the same local authority area and the details remain the same all that is necessary is to ensure your name and unique reference number is entered in section 1.1.4 and you can proceed to Form 4.

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

In the case of an ordinary partnership, give the name, address and details of the principal partner and fill in the names of the other partners in the connected management section 3.4 below

Form 3 Part 1		Basic Details			
3.1.1	Full Name				
3.1.2	Address				
3.1.3	Post Code		3.1.4	Tel. No.	
3.1.5	e-mail address		3.1.6	Fax No.	
3.1.7	Date of Birth (not for companies)				
3.1.8	Unique Reference Number or Companies House Registration Number				

Form 3 **Part 2****Fit & Proper person Details**

Have you or any person who will be involved in the management of the property (Do not include "spent" convictions)?		Yes	No	Not Sure
	a) Committed any offence involving:			
3.2.1	Fraud or dishonesty (including benefit fraud)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.2	Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.3	Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.4	Matters listed in Schedule 3 to the Sexual Offences Act 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.5	Received a caution, informal reprimand or formal warning in respect of any of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.6	b) 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.7	c) Contravened any provision of the law relating to housing or of landlord and tenant law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.8	d) 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.9	e) Been refused a licence for an HMO under Parts 2 or 3 of the Housing Act 2004 anywhere in England or Wales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.10	f) Breached the conditions of an HMO Licence in England or Wales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.11	g) Been subject to a HMO Control Order or Management Order in England or Wales in the five years preceding the date of this application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.12	h) 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.13	i) Been declared bankrupt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes or "Not Sure" to any of the above questions, please give details below
Continue on a separate sheet if necessary

3.2.14	
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Form 3 Part 3
Qualifications

Please give details of any qualifications you have, or training courses you have attended, relevant to your responsibilities as a property **manager** :

	Date awarded	Qualification/Course	Name of Awarding Body
3.3.1			

Please give details of your membership of any professional or trade organisations relevant to your responsibilities as a property **manager** :

	Date membership gained	Nature of Membership e.g. 'associate'	Organisation
3.3.2			

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 proper in connection with the matters listed in questions 3.2.1 to 3.2.14 above. Such enquiries may include Criminal Records Bureau checks, liaison with the police, fire service and other local authorities. Applicants may have to bear the costs of such checks

I have read and understood the document headed
"Application for HMO Licence - Notes Relating to Misrepresentation and Data Protection"

Signed: Manager	Date
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Form 3 Part 4

Connected Management

3.4.1	The person named is	Business Partner <input type="checkbox"/>	Co-Owner <input type="checkbox"/>	If 'other' state connection below e.g. "Deputy Manager"	
		Owner <input type="checkbox"/>	Other <input type="checkbox"/>		
3.4.2	Full Name				
3.4.3	Address				
3.4.4	Post Code		3.4.5	Tel. No.	
3.4.6	e-mail address		3.4.7	Fax No.	
3.4.8	Date of Birth (not for companies)				
3.4.9	Unique Reference Number or Companies House Registration Number				

Connected Management

3.4.10	The person named is	Business Partner <input type="checkbox"/>	Co-Owner <input type="checkbox"/>	If 'other' state connection below e.g. "Deputy Manager"	
		Owner <input type="checkbox"/>	Other <input type="checkbox"/>		
3.4.11	Full Name				
3.4.12	Address				
3.4.13	Post Code		3.4.14	Tel. No.	
3.4.15	e-mail address		3.4.16	Fax No.	
3.4.17	Date of Birth (not for companies)				
3.4.18	Unique Reference Number or Companies House Registration Number				

Connected Management

3.4.19	The person named is	Business Partner <input type="checkbox"/>	Co-Owner <input type="checkbox"/>	If 'other' state connection below e.g. "Deputy Manager"	
		Owner <input type="checkbox"/>	Other <input type="checkbox"/>		
3.4.20	Full Name				
3.4.21	Address				
3.4.22	Post Code		3.4.23	Tel. No.	
3.4.24	e-mail address		3.4.25	Fax No.	
3.4.26	Date of Birth (not for companies)				
3.4.27	Unique Reference Number or Companies House Registration Number				

Continue on a separate or photocopied sheet if necessary

WEST MIDLANDS HOUSING FORUM

Application for a Licence to Operate a House in Multiple Occupation (HMO)
Housing Act 2004 Part 2

Property & Tenancy Management **FORM 4**

If the details you give in this form are the same for each of your applications there is no need to fill in a new form for each application. Just fill in the main part of the form once and photocopy as many copies as you need

A useful approach would be to fill in all the boxes where the details given are the same for each property and photocopy the form. Then fill in the blank boxes with the information which varies from property to property

Each form must have the property address and signature sections filled in individually Photocopied or facsimile signatures will not be accepted

4.1 Basic Details

4.1.1	Address of Property		
4.1.2	Proposed Licence Holder's Name	Proposed Licence Holder's Unique Reference Number (or Company Registration Number)	
4.1.3			

Before issuing a licence, the Council is required to be satisfied that the management arrangements for 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. **It does not matter too much if you are unable to answer some of the questions.** An example answer is given alongside each question

	Question	Your Answer	Example Answer (not necessarily the ideal answer)
4.2 Fire Safety			
4.2.1	What arrangements are in place to ensure that fire detection and warning devices continue to work correctly?		All visible detectors checked by manager monthly for damage or warning indicators. Every 6 months 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.
4.2.2	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.

4.2.3	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 and extinguishers.
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4.3 Gas Safety

4.3.1	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.
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4.4 Electrical Safety

4.4.1	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
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4.5 Maintenance & Repairs

4.5.1	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
4.5.2	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

4.5.3	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 a good credit rating!
4.5.4	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.
4.5.5	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
4.5.6	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 apply weedkiller to stop any plants growing.
4.5.7	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

4.6 Security

4.6.1	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.
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4.6.2	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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4.7 Tenancy Management

4.7.1	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
4.7.2	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
4.7.3	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.
4.7.4	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
4.7.5	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

4.7.6	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
4.7.7	Are you a member (or do you intend to become a member) of any scheme which protects tenants' deposits? Give details:		I'm thinking of subscribing to a local scheme though it has not yet started.
4.7.8	Do you provide each tenant with an inventory of furniture and items provided?		Yes - and I take photos!
4.7.9	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
4.7.10	Does the property have buildings insurance?		Yes, with CoverU insurance Company
4.7.11	Does the property have contents insurance?		My own contents are insured with CoverU insurance

Please remember to sign the declaration overleaf

I/We declare that the information contained in this application is correct to the best of my/our knowledge. I we understand that I/we commit an offence if I/we supply any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or I/we are reckless as to whether it is false or misleading

I understand that the Council may need to carry out investigations to assess whether I am (a) "fit and proper" person for the purposes of Part II of the Housing Act 2004. I/We authorise the Council to make such enquiries and share information as it sees proper in connection with the matters listed in questions 2.2.1 to 2.2.14 (Form 2) Such enquiries may include criminal records bureau checks, liaison with the police, fire service and other local authorities. Applicants may have to bear the costs of such checks

I have read and understood the document headed
"Application for HMO Licence-Notes Relating to Misrepresentation and Data Protection"

Signed:

Date

Licence Applicant (s)

WEST MIDLANDS HOUSING FORUM

Application for a Licence to Operate a House in Multiple Occupation (HMO) Housing Act 2004 Part 2

Advising Others of your Application **FORM 5**

Under Schedule 2 to 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:

- 1 Any **mortgagee** of the property
- 2 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
- 3 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 or whose lease or tenancy is for less than three years (including a periodic tenancy)
- 4 The proposed **licence holder** (if that is not you)
- 5 The proposed managing **agent** (if any)(if that is not you)
- 6 Any person who has agreed that he will be bound by any condition or conditions in a licence if it is granted

You must tell each of these persons:

Your name, address, telephone number and e-mail address

The name, address, telephone number and e-mail address of the proposed **licence holder** (if it will not be you)

Whether this is an application under Part 2 or Part 3 of the Housing Act 2004

The address of the property to which it 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 provided a form

Use Form 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 Form 5B to confirm to the Council that everyone who needs to be notified of your application has been informed

Form 5A Notification of Intention to apply for an HMO Licence

To:

Name and Address of person you must notify
5.1.1

5.2.1	This document is to inform you that I		Your Full Name
5.2.2	of		Your Address
5.2.3	My telephone number is		Your Telephone Number
5.2.4	My e-mail address is		Your e-mail Address
5.2.5	Intend on		Intended Date of Application
5.2.6	To apply under Part 2 of the Housing Act 2004 to		Name of Local Authority
5.2.7	for an HMO licence in respect of		Address of HMO to be licensed
5.2.8	The licence holder will be (if not you)		Licence Holder's Name
5.2.9	of		Licence Holder's Address
5.2.10	The licence holder's telephone number is		Licence Holder's Tel. Number
5.2.11	The licence holder's e-mail address is		Licence Holders e-mail address

Signed		
	Licence Applicant(s)	Date

Form 5B

Confirmation to Council that notifications of intention to apply for HMO licence has been served on relevant persons

5.3.1	Address of Property	
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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
5.4.1				
5.4.2				
5.4.3				
5.4.4				
5.4.5				
5.4.6				

	Proposed Licence Holder's Name	Proposed Licence Holder's Unique Reference Number (or Company Registration Number)
5.4.7		
Signed	Licence Applicant(s)	Date:

WEST MIDLANDS HOUSING FORUM**Application for a Licence to Operate a House in Multiple Occupation (HMO)****Housing Act 2004 Part 2****Other Houses licensed to proposed Licence Holder FORM 6**

6.1.1	Address of Property	
6.1.2	Proposed Licence Holder's Name	Proposed Licence Holder's Unique Reference Number (or Company Registration No.)
6.1.3		

Under Schedule 2 to 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 are licensed under Part 2 or Part 3 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

You may use the form set out below to provide this information

6.2.1	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	<input type="checkbox"/>
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List of **other HMOs** or Houses for which the applicant also holds a licence under Part 2 or 3 of The Housing Act 2004

	Address of House	Local Authority
6.3.1	Post Code	
6.3.2	Post Code	
6.3.3	Post Code	
6.3.4	Post Code	

Please see overleaf

If you have more than four other houses for which you hold licences, you may continue to list them below. However it may be more convenient to you to photocopy or print out copies of a list you have compiled or hold as a document on a computer. The list must clearly show the addresses of the houses and the name of the Local Authority with which they are registered. Securely attach your list to this form (e.g. with a staple) and enclose it with your application

	Address of House	Local Authority
6.3.5	Post Code	
6.3.6	Post Code	
6.3.7	Post Code	
6.3.4	Post Code	
6.3.5	Post Code	
6.3.7	Post Code	
6.3.8	Post Code	
6.3.9	Post Code	
6.3.10	Post Code	

Continue on a separate or photocopied sheet if necessary

WEST MIDLANDS HOUSING FORUM

Application for a Licence to Operate a House in Multiple Occupation (HMO)
Housing Act 2004 Part 2

Equal Opportunities Monitoring **FORM 7**

It would assist us greatly if the proposed **licence holder** would provide the following information to help us monitor the progress of our policy of equal opportunities

Completing this form is entirely voluntary. It will be separated from your application and analysed completely separately

7.1.1	Are you:	Please tick ✓		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	
7.1.2	Are you disabled?	Please tick ✓		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
7.1.3	What do you consider to be your ethnic origin?			Please tick ✓				
	White British	<input type="checkbox"/>	Mixed White & Black African	<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>	Black African	<input type="checkbox"/>
	White Irish	<input type="checkbox"/>	Mixed White & Asian	<input type="checkbox"/>	Asian Bangladeshi	<input type="checkbox"/>	Black Any Other	<input type="checkbox"/>
	White Any Other	<input type="checkbox"/>	Mixed Any Other	<input type="checkbox"/>	Asian Any Other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
	Mixed White & Afro Caribbean	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Any Other	<input type="checkbox"/>
7.1.4	What is your age group			Please tick ✓				
	18-29 years	<input type="checkbox"/>	30-45 years	<input type="checkbox"/>	46-60 years	<input type="checkbox"/>	Over 60 years	<input type="checkbox"/>

IMPORTANT

Application for HMO Licence

Notes Relating to Misrepresentation and Data Protection

Misrepresentation

An application for an **HMO** licence is a serious matter and should be regarded in the same manner as applications for other licences such as those required for the sale of alcohol, provision of entertainment or to operate a hackney carriage

Please note that it is a criminal offence to knowingly supply information which is false or misleading for the purpose of obtaining an HMO Licence. Evidence to support any statements or information made in the HMO Licence application may be required at a later date. If the Council subsequently discovers something which is relevant and which you should have disclosed or which is incorrectly or imprecisely stated or described, the licence may be cancelled or other action taken. This may affect other HMO licences with which you have any connection

Data Protection

All of the information provided in the application forms will be handled in accordance with the provisions of the Data Protection Act 1998

To fulfil the Council's obligations under Part 2 of the Housing Act 2004, the Council requires you to provide the information asked for in this form for the following purposes:

- 1) To identify the persons involved in the management of the **HMO** and to facilitate legal proceedings in the event of any offence connected with the licensing of the **HMO**
- 2) To obtain information needed to assess the fitness and competence of persons involved in the management of the **HMO**
- 3) To link properties and persons involved in the management, control and ownership of the **HMO** and any other relevant **HMOs**
- 4) To obtain information concerning the suitability of the property involved to be licensed as an **HMO**

The information you provide may be shared to the extent that it may need to be verified with other agencies such as the Police, other local authorities and other departments within the Council

Some of the information you provide will be entered into a public register but only to the extent required by law. A list of the information required to be published is given overleaf.

The Council may be required to disclose to government agencies certain information you provide

The information may also be used for research, analysis and statistical purposes

The Council may also wish to contact you regarding issues relevant to **HMOs**

Public Register Information

The information the Council is obliged to publish in respect of each **HMO** licence granted under Part 2 of The Housing Act 2004 is as follows:

- a) the name and address of the licence holder
- b) the name and address of the person managing the house
- c) the address of of the licensed **HMO**
- d) a short description of the licensed **HMO**
- e) a summary of the conditions of the licence
- f) the commencement date and duration of the licence
- g) summary information of any matter concerning the licensing of the **HMO** that has been referred to; and
- h) summary information of any decision of the a residential property tribunal or the Lands Tribunal that relate to the licensed **HMO** together with the reference number allocated to the case by the tribunal
- i) the number of storeys comprising the licensed **HMO**
- j) the number of rooms in the licensed **HMO** providing -
 - (i) sleeping accommodation
 - (li) living accommodation
- k) 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
- l) a description of shared amenities including the numbers of each amenity; and
- m) the maximum number of persons or households permitted to occupy the licensed **HMO** under the conditions of the licence.

As indicated at the start of Form 1, the application process uses **Unique Identification Numbers** to link application forms and properties together.

For **corporate bodies** such as limited companies and charities, this will be your **Companies House Registration Number** or Charity Commission Registration Number

Educational Institutions are asked to form their own concise reference number in the style “UnivAston” or “WolvColl”. Please limit to 12 characters

This sheet shows how the unique number is generated.

IF YOU DO NOT WISH TO DO THIS YOURSELF, THE COUNCIL WILL GENERATE THE NUMBER FOR YOU

If you wish the Council to generate the number simply leave the relevant boxes blank and provide as much other information as possible

The Unique Reference Number is made up 9 characters with five parts. To illustrate how the number is generated we will use the example of a Mr Richard Grant whose date of birth is 4th June 1963

Character 1	The Initial letter of the person’s first (or given) name	R
Characters 2-3	The first TWO letters of the family or surname	GR
Characters 4-5	The day of the month of the person’s birth date	04
Characters 6-7	The month of the year of the person’s birth date	06
Characters 8-9	Two characters the Council will use should the number otherwise turn out to be non-unique. This will normally be 00	00

By using this technique you will not have to wait for the Council to give you a unique number which will be especially useful if you have to apply for a licence for a number of properties. It will also enable you or the Council to easily work out your number if you mislay it

You may find it helpful to work out the Unique Reference Numbers using the table below. You can then keep this sheet to hand to help you in completing the forms. You do not have to return this sheet

<p>Richard Grant Council Allocated</p> <p>RGR040600</p> <p>Date of Birth: 4th June 1963</p>		Initial letter of First Name	First two letters of Surname	Date of Month of Birth Date	Month of Year of Birth Date	
	Licence Holder					00
	Manager					00
	Owner					00