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SUFFOLK COASTAL DISTRICT COUNCIL

APPLICATION FOR A HOUSE IN MULTIPLE OCCUPATION (HMO) LICENCE UNDER THE HOUSING ACT 2004

In this form and any supplementary documentation, "the Act" means the Housing Act 2004.

This is the form to use if you are making an application under Part 2 of the Act for a House in Multiple Occupation (HMO) Licence.

Data Protection

The information collected on this form will be stored on a computer system registered under the Data Protection Act 1998.

We may use the information for the purposes that the Council has registered with the Data Protection Commissioner.

When you have completed this form and obtained the supplementary information required, please send it to Suffolk Coastal District Council at the address given below.

**MRS S BEACHAM
ENVIRONMENTAL HEALTH OFFICER (HOUSING)
PRIVATE SECTOR HOUSING TEAM
SUFFOLK COASTAL DISTRICT COUNCIL
MELTON HILL
WOODBRIDGE
SUFFOLK
IP12 1AU**

If you are uncertain how to answer any of the questions contained within this form or uncertain as to how to obtain the supplementary information required, please contact:

Mrs S Beacham, Private Sector Housing, tel. 01394 444256 or e-mail, samm.beacham@suffolkcoastal.gov.uk

Does the property fall within the prescribed mandatory definition of a licensable HMO?

	Yes	No
Does this property or any part of it consist of 3 or more storeys ?	<input type="checkbox"/>	<input type="checkbox"/>
Is the property occupied by 5 or more persons?	<input type="checkbox"/>	<input type="checkbox"/>

NOTE:
*A **storey** includes habitable basements, basements used as the main entrance, business premises above and below the residential accommodation, mezzanine floors and attic or loft rooms used for accommodation purposes.*

	Yes	No
Do the occupants share an amenity eg. Kitchen, bathroom, WC?	<input type="checkbox"/>	<input type="checkbox"/>
Is the property occupied by persons living in two or more single households and the property is their only or main residence?	<input type="checkbox"/>	<input type="checkbox"/>

NOTE:
A 'Household' comprises members of the same family living together and includes unmarried couples, foster children and domestic staff. Each person in a group of unrelated friends sharing a house is considered to be a separate household.

If you have answered 'Yes' to all these questions, you need to apply for a licence to use the property.

If you have answered 'No' to any of the questions please contact Mrs Beacham on 01394 444256 for further advice.

Licence Fee

The licence fee is **£435.00** per property. Certain properties may qualify for a reduced fee, however, the full amount must be paid with the application and any reduction will be refunded to you. Where applicants prevaricate in making a full application or the work involved in determining the application falls outside the estimated costs, the Head of Housing and Benefits is authorised to increase the charge to reflect the additional costs to the Council.

Cheques must be made payable to "Suffolk Coastal District Council"

PART 1 PRELIMINARY AND GENERAL INFORMATION

General

Please answer each question unless directed elsewhere.

*Please **circle** answers where appropriate.*

If a question does not provide enough space for your answer, please continue your answer on a separate sheet of paper and mark the sheet with your name (or in the case of a company the company name) and the question number. Please make sure you enclose all additional sheets with your application.

1.1 This application refers to (full property address incl. postcode):

1.2 Please indicate the type of property for which the application is being made:

House in Multiple Occupation

Flat in Multiple Occupation

Please go to Part 2

PART 2 APPLICANT DETAILS

2.1 Is the applicant the proposed licence holder? Yes No

NOTE: You can apply for an HMO licence if:

- a. You own the property
- b. You manage the property
- c. You have been asked to apply on behalf of a person who owns or manages the property.

If **yes**, please go straight to part 3 of the form.

If **no**, please complete this part.

2.2 Name, address and contact details of applicant, (i.e. you):

Full Name

Address

e-mail

Telephone

Home:
Fax:
Work:
Mobile:

2.3 What is your relationship to the proposed licence holder (please circle):

Friend

Relative

Solicitor

Other (please specify)

2.4 What is your interest in the property?

Please go to Part 3

PART 3 PROPOSED LICENCE HOLDER DETAILS

NOTE:

The licence holder can be anyone the applicant proposes. It is the licence holder who will have to comply with the conditions of the licence and will be responsible in the event of a breach of those conditions.

3.1 Type of proposed licence holder (please circle)

Individual Company Partnership Trustee Charity

3.2 Name, address and contact details of proposed licence holder (if company, please give full company name):

Full Name

Address

e-mail

Telephone

Home:
Fax:
Work:
Mobile:

3.3 If the licence holder is a company, partnership or trust, please complete the following:

Names, addresses, telephone numbers and e-mail of all Directors/Partners/Trustees (including yourself if appropriate) (please use separate sheet if necessary):

1.

2.

3.

4.

- 3.5 Is the proposed licence holder a member of any landlords' association or other professional body? Yes No
If **yes**, please indicate which:

- 3.6 Is the proposed licence holder an accredited landlord in this or another authority? Yes No
If **yes**, please indicate which accrediting body:

- 3.7 Please list any relevant professional qualifications held by the proposed licence holder

- 3.8 Please list in the space below any training courses the proposed licence holder has undertaken or conferences attended, in the last three years, which may make him/her a better landlord:

Please go to Part 4

PART 4 IF A MANAGER IS EMPLOYED

4.1 Has a manager been employed to manage the house? Yes No

NOTES: You can appoint someone to **manage the house** on behalf of the licence holder. This can be any person or company. The manager will be the person expected to deal with the day to day running of the house. The local authority will contact this person to gain access to inspect the property.

If **yes**, please provide the managers details:

Type of Manager: (please circle)

Individual Company Partnership Trustee Charity

Other

Name of Manager

Address (including registered address or principle trading address as appropriate)

e-mail

Telephone

Home:

Fax:

Work:

Mobile:

Name, address, telephone number and e-mail of Company Secretary, if applicable

Is the manager a member of a regulated body? Eg. ARLA Yes No

If **yes**, please state which one

Please go to Part 5

PART 5 OWNERSHIP DETAILS

- 5.1 Please provide the following details of ownership and interests in the house to be licensed. Where the interested party is a company, please give their registered address.

Name of Freeholder(s):

Full Name

Address

e-mail

Telephone

Home:
Fax:
Work:
Mobile:

Name of Leaseholder, if applicable:

Full Name

Address

e-mail

Telephone

Home:
Fax:
Work:
Mobile:

Name and Address of person who receives the rent from the tenants

e-mail

Telephone

Home:	
Fax:	
Work:	
Mobile:	

Please go to Part 6

PART 6 RELEVANT INFORMATION

Fit and Proper Person

The local authority must consider evidence whether the proposed licence holder, **and any person associated or formally associated with them**, whether on a personal, work or other basis is a fit and proper person.

The local authority may consider certain individuals or companies to be unsuitable to hold a licence or manage a property. This decision will be made on the basis of information supplied in or accompanying the application form and information held by the local authority or other agencies where we feel there is a need to contact them.

IMPORTANT NOTE: If you have indicated in Part 4 that you employ a Manager these questions must also be answered by him/her. A further copy of this section is attached for this purpose; this must be returned with the completed application.

- 6.1 Has the **proposed licence holder**, or anyone **associated** with the proposed licence holder, ever accepted a simple caution, previously known as a formal caution, from the Police or been convicted of an offence being subject to the Rehabilitation of Offenders Act 1974 involving any of the following?

	Proposed licence holder		Associate	
	Yes	No	Yes	No
Fraud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Offences Act, Schedule 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 6.2 Has the **proposed licence holder**, or anyone **associated** with the proposed licence holder, ever been subject to unlawful discrimination proceedings relating to their business, being subject to the Rehabilitation of Offenders Act 1974 involving any of the following?

	Proposed licence holder		Associate	
	Yes	No	Yes	No
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnic or national origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.3 Has the **proposed licence holder**, or anyone **associated** with the proposed licence holder, ever accepted a simple caution, been convicted of an offence or been served with Statutory Notices under any of the following?

	Proposed licence holder		Associate	
	Yes	No	Yes	No
Housing Acts				
Landlord and Tenant Acts				
Environment Protection Act 1990				
Public Health Acts				
Health and Safety Acts				
Building Regulation or Planning Acts				

6.4 Has the **proposed licence holder**, or anyone **associated** with the proposed licence holder, ever been convicted for non-compliance of a Statutory Notice under any of the following?

	Proposed licence holder		Associate	
	Yes	No	Yes	No
Housing Acts				
Landlord and Tenant Acts				
Environment Protection Act 1990				
Public Health Acts				
Health and Safety Acts				
Building Regulation or Planning Acts				

6.5 Has the **proposed licence holder**, or anyone **associated** with the proposed licence holder, ever been in control of a property that was

	Proposed licence holder		Associate	
	Yes	No	Yes	No
That was subject to a Control Order or Management Order?				
Where works were carried out in default?				

6.6 Has the **proposed licence holder**, or anyone **associated** with the proposed licence holder

	Proposed licence holder		Associate	
	Yes	No	Yes	No
Been refused a licence or registration certificate?				
Breached conditions of a licence or registration certificate?				

6.7 A **Licence holder** must have the financial arrangement necessary to ensure the property is properly managed and maintained. Please answer the following questions.

	Proposed licence holder		Associate	
	Yes	No	Yes	No
Do you have the authority to repair and maintain the property and have the financial arrangements necessary to repair the property?				
Are you an undischarged bankrupt?				
Are there any County Court judgements against you or any company of which you are a director or secretary?				

If you answered Yes to any of the above questions in Part 6 please provide details on a separate sheet.

Please go to Part 7

PART 7 INFORMATION ABOUT THE PROPERTY TO BE LICENSED

7.1 Please give approximate date of construction by circling one of the following categories: (please circle)

Pre - 1919 1919 – 45 1945 – 64 1965 – 1980 post 1980

7.2 If the accommodation is within a converted house, was the conversion done in accordance with the relevant building regulations in force at the time? (please circle)

Yes No Unsure

7.3 If converted into an HMO, please give the approximate date of conversion:

7.4 Description of the building (please circle)

a)	Detached	Semi detached	Terraced	End Terrace
b)	Purpose built HMO	Flat in converted house	Mixed residential & business	Self-contained flats

7.5 Please indicate how the HMO is operating (please circle)

Bed-sits Household with lodgers

Hostel/B&B

Supported Lodgings Shared House Other

7.6 Is any part of the property used for separate commercial activity?

Yes No

7.7 If yes, please give details and location of the commercial activity below

7.8 How many storeys are there in the property.
Include occupied basements and attics but not unoccupied cellar areas.

Storeys: 1 2 3 4 5

7.9 On which levels are the storeys situated (Please circle)

Basement Ground Floor First Floor Second Floor Third Floor

7.10 Considering the age, character and locality of the property, please state if the HMO is/has:

Structurally sound and in reasonable repair	Yes	No
Reasonably free from damp	Yes	No
Clean & in good repair	Yes	No
Secure (locks to doors and windows)	Yes	No
Adequate facilities for rubbish storage and disposal	Yes	No

7.11 Please complete the following table indicating the facilities that are provided within the whole dwelling by ticking or filling in the boxes relevant to indicate the facilities that each individual letting unit has use of within the property.

	LETTING UNIT (Please identify on an attached plan)										
FACILITIES	1	2	3	4	5	6	7	8	9	10	Total
Number of occupants											
Number of bedrooms											
Wash basin in letting unit											
Shared living room											
Exclusive living room											
Shared dining room											
Shared kitchen/s											
Exclusive kitchen											
4-hob cooker, oven and grill											
2-hob cooker, oven and grill											
Microwave											
Dedicated cooker point											
Sink with drainer and base unit											
Refrigerator/s with freezer compartments											
Freezer											
Shared bath/shower room/s with WC and wash hand basin (WHB)											
Shared bath/shower room – no WC and WHB											
Shared WC (no WHB)											
Shared WC and WHB											
Exclusive bath/shower room with WC and WHB											
Fixed heating such as gas central heating											
Electric storage heating											
Other heating, non-portable - please specify											

7.12 Please indicate the total number of households you would like the licence for

Households

7.13 Please indicate the total number of occupants you would like the licence for

Individuals

7.14 If the proposed licence holder lives in the HMO, please state the number of persons in his household, and identify the rooms they occupy.

Please go to Part 8

PART 8 FIRE SAFETY

8.1 Is there a system of fire detection incorporating:

	Yes	No
A fire alarm panel		
Sounders/alarms on all levels		
Emergency lighting in the common hallways		
Mains powered smoke/heat alarms in kitchen/common rooms, hallways, and bedrooms/bedsit rooms		
Battery operated smoke alarms		

8.2 Is there a current fire alarm test certificate?

Yes No If yes, please provide a copy

8.3 Is a contractor employed to inspect and maintain the fire alarm system?

Yes No

If yes, please state who: _____

8.4 Is there a current emergency lighting test certificate?

Yes No If yes, please provide a copy

8.5 Is the kitchen/kitchens areas protected by fire doors?

Yes No If yes, are they fitted with:

	Yes	No
Self closers		
Smoke seals		
Intumescent strips		

8.6 Are all doors opening onto the main escape route at least 30 minute fire resistant doors, incorporating self-closers, smoke seals and intumescent strips?

Yes

No

If no which doors are not:

8.7 Are the fire extinguishers provided tested annually?

Yes

No

If yes, please state type and location and provide a copy of the test certificate(s)

Type of extinguisher	Location of extinguisher

8.8 Are fire blankets provided in kitchen/s

Yes

No

8.9 Is the escape route kept clear of flammable materials and obstructions?

Yes

No

8.10 Is the main exit door openable from the inside without the use of a key?

Yes

No

8.11 Does the property incorporate a sprinkler system?

Yes No

8.12 Has a fire safety risk assessment been undertaken at the dwelling?

Yes No If yes, please provide a copy

8.13 Are the tenants provided with upholstered furniture?

Yes No

If yes, does it all comply with the Furniture and Furnishings (Fire Safety) Amendment Regulations 1993? (these regulations can be obtained from Suffolk County Council Trading Standards)

Yes No

8.14 Please provide details of any fire safety training provided to occupiers.

Please go to Part 9

PART 9 PROPERTY MANAGEMENT

Please circle all answers

- | | | | |
|-----|---|--|----|
| 9.1 | Is there, displayed in a suitable position within the house, a notice giving the name, address and telephone number of the person managing the house? | Yes | No |
| 9.2 | How many gas appliances are there in the house | <input style="width: 100px; height: 20px;" type="text"/> | |
| | Does a CORGI registered contractor carry out safety checks | Yes | No |
| | Please provide copies of the latest gas safety certificates | | |
| 9.3 | Is there a plan for general maintenance?
If yes , what does this include? | Yes | No |
| | | | |
| 9.4 | Are there arrangements in place to deal with repairs as they arise and emergencies at the property? | Yes | No |
| | If Yes, briefly describe what they are and how tenants know who to contact and how they can contact them | | |
| | | | |
| | | | |
| 9.5 | What are the management arrangements for the property when you are on holiday/away from your home for more than 1 week? | | |
| | | | |
| | | | |
| 9.6 | Are the rooms and areas in common use in good repair? | Yes | No |
| 9.7 | Are the rooms and areas in common use in a good decorative condition? | Yes | No |
| 9.8 | Are the rooms and areas in common use in a clean condition? | Yes | No |
| 9.9 | Are arrangements in place for the regular cleaning of common areas? | Yes | No |
| | If yes , how often are the common areas cleaned? | <input style="width: 200px; height: 20px;" type="text"/> | |

9.10	Are all of the staircases, passageways, corridors, halls, lobbies, balconies and entrances in common use free from obstruction?	Yes	No
9.11	Are the amenities (eg. Kitchens/bathrooms) in common use clean?	Yes	No
9.12	Are the amenities (eg. Kitchens/bathrooms) in common use in a good state of repair?	Yes	No
9.13	Is the resident's living accommodation in a good state of repair?	Yes	No
9.14	Are all the windows in a good state of repair?	Yes	No
9.15	Are all the windows openable?	Yes	No
9.16	Are all the windows double glazed?	Yes	No
9.17	What form of heating do the common parts of the property have?		
	• Gas fired central heating	Yes	No
	• Off peak night storage heaters	Yes	No
	• Individual wall mounted gas heaters	Yes	No
	• Individual wall mounted electric heaters	Yes	No
	• Other (please specify)	Yes	No
.....			
9.18	Is the loft insulated?	Yes	No
9.19	If there are cavity walls, are they insulated ?	Yes	No
9.20	Is the property free from all pests and vermin?	Yes	No
	If no , please provide the details of the pest control contractor responsible for treating the infestation	Yes	No
9.21	Have you had your property inspected for the presence of asbestos?	Yes	No
9.22	Do you provide electrical appliances? Eg. Fires, cookers, fridges	Yes	No
	Are the appliances in a safe condition?	Yes	No

Please provide a declaration by a competent person that these appliances have been tested and are in safe working order.

Please go to Part 10

PART 10 TENANCY INFORMATION

10.1	Are the tenants provided with written details of the terms of their tenancy such as a tenancy agreement?	Yes	No
10.2	Is an inventory and schedule of condition prepared at the commencement of occupancy?	Yes	No
10.3	Are rent books provided? If rent books are not provided, are the tenants given receipts/rent statements?	Yes Yes	No No
10.4	Are the tenants provided with a complaints procedure?	Yes	No
10.5	Are tenants required to provide deposits at the commencement of their tenancy? If yes , is there a written procedure to deal with deposit disputes at the end of a tenancy?	Yes Yes	No No

Please go to Part 11

PART 11 DECLARATION

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.

- I declare that the information provided in this application is true and correct to the best of my knowledge. I understand that a criminal offence is committed if I supply any information to a local housing authority in connection with this application for a licence of a HMO that is knowingly false or misleading or I am reckless as to whether it is false or misleading and on conviction may be fined up to £5,000.
- Data Protection – I agree for the Council to obtain information about me from certain third parties, or give information to them, to check the accuracy of information in order for it to determine the application and to prevent or detect crime as permitted by law. These third parties include other government departments, local authorities and other public authorities.

The fee of £435.00 is enclosed.

	Print Name	Signature	Date
Applicant			
Proposed Licence Holder			
Manager			

Please go to Part 12

**PART 12
NOTIFICATION TO INTERESTED PARTIES THAT YOU ARE MAKING A
LICENCE APPLICATION**

12.1 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 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 condition or conditions in a licence if it is granted.

12.2 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 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 12

**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 Suffolk Coastal District Council, Melton Hill, Woodbridge, Suffolk IP12 1AU, under ²Part [2] [3] of the Housing Act 2004.

The application will be submitted on³

The licence application pertains to⁴

⁵The proposed licence holder will be:

Name.

Address.
.....

Telephone number.

E-mail address.

Signed

Name(s).

Address.
.....

Telephone number.

E-mail address.

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

Checklist for Documents to Submit with your Application

- Application Fee - £435.00**
Please make cheques payable to “Suffolk Coastal District Council”
- Most recent test certificate for the fire alarm system**
- Most recent test certificate for the emergency lighting system**
- Most recent test certificate for the sprinkler system (if fitted)**
- Most recent test certificate for the fire fighting equipment**
- Most recent CORGI gas safety certificate**
- Most recent test certificate for the electrical installation to the property.**
The inspection must be carried out by an authorised competent person who is a member of a scheme approved by the ODPM eg. NICEIC or ECA. The report must be produced on a recognised form.
- Most recent test certificate for the electrical fixed appliances.**
This must be provided by a competent person. Competency may be through technical knowledge or experience but must be carried out in accordance with the requirements of the Electricity at Work Regulations.
- Supplementary Fit and Proper Person form (Part 6) for Manager (if applicable)**
- Fire safety risk assessment document, if available**
- Floor plans – Please see the example floor plans overleaf.**

Attach Example Floor Plans Here

Please note if you have downloaded this form from the internet please contact Mrs S Beacham on 01394 444256 to obtain an example of the floor plans we will require.