RUSHMOOR BOROUGH COUNCIL

For office use only
Date stamp
Fee calculation
Reference number

Application to Licence a House in Multiple Occupation (HMO)

Please use the accompanying notes when completing this form.

If you have more than one house in multiple occupation you will need to complete a separate application form for each property. Please fill in the form using BLOCK CAPITALS and black ink. If you require more space to answer any question, please use additional sheets, specifying which question your answer relates to and attach the sheets to the application form.

Address of property to be licensed

Postcode

Type of application (please tick appropriate box) – see note A

☐ New licence (property not registered under the previous HMO registration scheme)

☐ New licence (property registered under the previous HMO registration scheme)

Registration expired/expires on:

Is the applicant the proposed licence holder? **See note 1**

☐ Yes – please go straight to **Part 2** ☐ No – please complete **Part 1**

PART 1 – Applicant details – see note 1

First name(s)

Family name

Address

Postcode

Contact numbers Home Work

Mobile Fax

Email address Date of birth

What is your relationship to the proposed licence holder? (please tick the appropriate box)

☐ Relative ☐ Agent ☐ Solicitor ☐ Other (please specify)

What is your interest in the property?

PART 2 – Proposed licence holder details – see note 2

Is the proposed licence holder (please tick the appropriate box)

☐ Individual ☐ Company ☐ Partnership ☐ Trustee ☐ Charity

Other (please specify)

Full name of proposed licence holder (if a company, please give full company name)

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

Postcode

Contact numbers Home Work

Mobile Fax

Email address Date of birth

Name of company secretary, if applicable

Names of directors/partners/trustees, if applicable

PART 3 – Manager details – see note 3

Has an agent or individual been employed to manage the property?

☐ Yes – please go to **3.2** ☐ No – please go to **3.1**

3.1 If **no**, please provide the name, address and telephone number of the person who is responsible for the management of the property

Name Telephone number

Address

Postcode

3.2 If **yes**, is the manager (please tick appropriate box)

☐ Individual ☐ Company ☐ Partnership ☐ Trustee

Other (please specify)

PART 3 – Manager details (continued) – see note 3

Full name of manager (if a company, please give full company name)

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

Postcode

Contact numbers Home Work

Mobile Fax

Email address Date of birth

Is the manager a member of a regulatory body?

☐ Yes – please state which regulatory body

☐ No

PART 4 – Ownership details of property to be licensed – see note 4

Please provide the details of ownership and all others with a legal interest in the property to be licensed. If you require more space, please continue on a separate sheet.

4.1 Name of freeholder(s)

Full name of freeholder 1

Address of freeholder 1

Postcode

Email Telephone

Full name of freeholder 2

Address of freeholder 2

Postcode

Email Telephone

4.2 Name of mortgagee (if none, state none)
e.g. bank, building society or other who has a loan secured against the property

Reference or roll number

Address of mortgagee

Postcode

4.3 Name of leaseholder(s) (if none, state none). Please continue on a separate sheet, if necessary.

Full name of leaseholder 1

Address of leaseholder 1

Postcode

Email

Telephone

Full name of leaseholder 2

Address of leaseholder 2

Postcode

Email

Telephone

Full name of leaseholder 3

Address of leaseholder 3

Postcode

Email

Telephone

Full name of leaseholder 4

Address of leaseholder 4

Postcode

Email

Telephone

4.4 Full name of person who collects the rent

Address of person who collects the rent

Postcode

Email

Telephone

4.5 Full name of person who receives the rent

Address of person who receives the rent

Postcode

Email

Telephone

4.6 Full name of any other person who may be bound by a condition of the proposed licence and w is not referred to in Parts 1, 2 or 3.

Address

Postcode

Email

Telephone

PART 5 – Occupier information – see note 5

Please include all occupiers, including children and babies occupying the lettings.

5.1 How many individuals currently live in the property?

5.2 How many households currently live in the property?

5.3 How many separate lettings are available in the property?

5.4 Are any of the people listed in Parts 1, 2, 3 or 4 of the form living in the property?

☐ Yes – please state their names

☐ No

5.5 Please list every habitable room on every floor of the house

- Please start from the bottom of the property and work upwards
- Please include all occupiers, including children and babies

Location (to be taken when looking at the property from the front at street level e.g. ground floor front right room)	Room name (e.g. Room 4, Flat 6)	Description (e.g. bedsit, living room)

- Please continue on a separate sheet if necessary
- You may find it helpful to draw your sketch plan before completing this section
- Please ensure that the details you provide in this section match those in your sketch plan.

Floor area (m^2)	Number of occupiers	Name(s) of occupier(s)	Type of tenancy (e.g. Assured Shorthold Tenancy)

PART 6 – Property information – see note 6

6.1 When was the property built? (please tick appropriate box)

☐ Pre 1920 ☐ 1920 to 1945 ☐ 1946 to 1979 ☐ Post 1979

6.2 Description of the property (please tick appropriate boxes)

☐ Detached ☐ Semi-detached ☐ Terraced ☐ End of terrace

☐ Purpose built block of flats ☐ Mixed residential and commercial

☐ House converted into self contained flats ☐ Other (please specify)

6.3 Description of occupation (please tick appropriate boxes)

☐ Shared house ☐ Shared flat

☐ Bedsits with shared facilities ☐ Hostel

☐ Studios ☐ Self-contained single household unit

☐ A mix of self-contained units and shared accommodation

☐ Other (please specify)

6.4 If the accommodation is within a converted property, was the conversion done in accordance with the relevant building regulations in force at the time?

☐ Yes – please state the year the conversion was carried out

☐ No

Please provide the relevant Building Control completion certificate for the conversion.

6.5 Please tick all of the floors the property has, including mezzanine floors and any floors used for commercial purposes

☐ Basement storage ☐ Basement residential ☐ Basement commercial

☐ Ground floor ☐ First floor ☐ Second floor ☐ Third floor

☐ Fourth floor ☐ Fifth floor ☐ Sixth floor ☐ Over six floors

PART 7 – Amenities – see note 7

7.1 Please specify which lettings detailed in Part 5 have exclusive use of a bath and/or shower

PART 7 – Amenities (continued) – see note 7

7.2 How many shared baths and/or showers are there in the property?

Baths ☐ Showers ☐

7.3 Please specify which lettings detailed in Part 5 have exclusive use of a toilet

7.4 How many shared toilets are there in the property? ☐

7.5 How many shared toilets are there in a separate compartment to the bathroom? ☐

7.6 Please specify which lettings detailed in Part 5 have exclusive use of a wash hand basin

7.7 How many shared wash hand basins are there in the property? ☐

7.8 What kitchen facilities are provided in the property? Tick as appropriate

☐ Shared kitchen(s) ☐ Mixture of exclusive/ shared kitchens ☐ Exclusive use of kitchens only

7.9 How many sets of shared kitchen facilities are there in the property? ☐

7.10 Please specify which lettings detailed in Part 5 have exclusive use of kitchen facilities

7.11 How many sinks are there in the property? ☐

PART 8 – Fire safety – see note 8

8.1 Does the property have a system of fire protection? ☐ Yes ☐ No

If **yes** does the system include:

a) a fire alarm control panel ☐ Yes ☐ No

b) heat detectors in the kitchens ☐ Yes ☐ No

c) mains wired smoke detectors in rooms ☐ Yes ☐ No

PART 8 – Fire safety (continued) – see note 8

8.1 continued

If the property has a system of fire protection, does it include:

d) battery powered smoke detectors in rooms ☐ Yes ☐ No

e) mains wired smoke detectors in common parts ☐ Yes ☐ No

f) battery powered smoke detectors in common parts ☐ Yes ☐ No

g) sounders/alarms on all levels ☐ Yes ☐ No

h) call points in the communal areas ☐ Yes ☐ No

If there is a mains wired automatic fire detection and alarm system, has it been tested in accordance with BS5839 at least quarterly? ☐ Yes ☐ No

If yes, please provide a copy of a current certificate of testing showing compliance to BS5839.

Is there a log book of inspection/testing ☐ Yes ☐ No

If **yes**, what is the date of the last entry? ☐

Name the person responsible for maintaining the alarm system ☐

Please state the location of the log book (if applicable)

☐

8.2 Does the property have an emergency lighting system ☐ Yes ☐ No

If **yes**, has the system been tested in accordance with BS5266: Part 1: 1988 at least every three years? ☐ Yes ☐ No

If yes, please provide a copy of the most recent periodic inspection and test certificate.

8.3 Are the doors that open on to the communal areas fire doors capable of 30 minutes fire resistance? ☐ Yes ☐ No

If **yes**, are they fitted with self-closers? ☐ Yes ☐ No

Are they fitted with smoke seals and intumescent strips? ☐ Yes ☐ No

8.4 Is the following fire safety equipment provided?

a) fire blankets in all kitchens ☐ Yes ☐ No

b) fire blankets in shared kitchens only ☐ Yes ☐ No

c) fire extinguishers ☐ Yes ☐ No

If **yes for fire extinguishers**, please state where they are located

☐

PART 8 – Fire safety (continued) – see note 8

8.4 continued

Has the fire safety equipment been serviced in the last 12 months? ☐ Yes ☐ No

8.5 Does each tenant have clear written instructions on what to do in the event of a fire? ☐ Yes ☐ No

8.6 Are the tenants provided with upholstered furniture? ☐ Yes ☐ No

If **yes**, does all the furniture you provided comply with the Furnishings (Fire Safety) Amendment Regulations 1993? ☐ Yes ☐ No

PART 9 – Property management – see note 9

9.1 Is there, displayed in a suitable position within the property, a notice giving the name, address and telephone number of the manager? ☐ Yes ☐ No

9.2 How many gas appliances are there in the property? ☐

9.3 Does a CORGI registered contractor carry out safety checks for any gas appliances in the property? ☐ Yes ☐ No ☐ N/A

Please provide copies of the latest gas safety certificates.

9.4 How many gas safety certificates are enclosed (copies)? ☐

9.5 Is there a programme in place for general maintenance of the property ☐ Yes ☐ No

If **yes** does this include:

a) structural repair ☐ Yes ☐ No

b) amenities ☐ Yes ☐ No

c) equipment ☐ Yes ☐ No

d) furniture ☐ Yes ☐ No

9.6 Are there adequate financial arrangements in place to allow for repairs works to be carried out at the property? ☐ Yes ☐ No

9.7 Are the rooms and areas in common use in good repair? ☐ Yes ☐ No

Are the rooms and areas in common use in a good decorative state? ☐ Yes ☐ No

Are the rooms and areas in common use in a clean condition? ☐ Yes ☐ No

9.8 Are arrangements in place for the regular cleaning of common parts? ☐ Yes ☐ No

If **yes**, how often are the common parts cleaned? ☐

9.9 Are all of the staircases, passageways, corridors, halls, lobbies, Balconies and entrances in common use free from obstruction? ☐ Yes ☐ No

PART 9 – Property management (continued) – see note 9

9.10 Are the amenities in common use regularly cleaned? ☐ Yes ☐ No

Are the amenities in common use in a good state of repair? ☐ Yes ☐ No

9.11 Is the residents' living accommodation in a good state of repair? ☐ Yes ☐ No

9.12 Are all the windows in a good state of repair? ☐ Yes ☐ No

Are all the windows fully operable? ☐ Yes ☐ No

Are all the windows double glazed? ☐ Yes ☐ No ☐ Some

9.13 What form of heating does 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) ☐

Is the loft insulated? ☐ Yes ☐ No

If there are cavity walls, do you have cavity wall insulation? ☐ Yes ☐ No ☐ N/A

9.14 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.

☐

PART 10 – Tenancy management – see note 10

10.1 Are all of the tenants provided with written details of the terms of their tenancy? ☐ Yes ☐ No

10.2 Is an inventory prepared at the commencement of occupancy? ☐ Yes ☐ No

10.3 Are rent books provided? ☐ Yes ☐ No

If **no**, are the tenants given receipts/rent statements? ☐ Yes ☐ No

10.4 Are the tenants provided with a complaints procedure? ☐ Yes ☐ No

10.5 Is there an emergency 24 hour contact telephone number that can be used by tenants in relation to the property? ☐ Yes ☐ No

If **yes**, please provide the number: ☐

PART 10 – Tenancy management (continued) – see note 10

10.6 Are the tenants required to provide deposits at the commencement of their tenancy? ☐ Yes ☐ No

If **yes**, is there a written procedure to deal with deposit disputes at the end of a tenancy? ☐ Yes ☐ No

PART 11 – Relevant information – see note 11

11.1 Subject to the provisions of the Rehabilitation of Offenders Act 1974, please state the particulars of any relevant issues (see below) recorded against any person named in Parts 1, 2, 3 and/or 4 or any person associated or formerly associated on a personal or work basis with those named in Parts 1, 2, 3 and/or 4 (continue on a separate sheet if necessary).

Name	Date	Court	Offence	Sentence

Relevant issues include:

i) Criminal offences involving: fraud, dishonesty, violence, drugs, schedule 3 of the Sexual Offences Act 2003.
ii) Practised unlawful discrimination on the grounds of sex, colour, race, ethnic or national origins, or disability in connection with a business.
iii) Contravened any provision of housing and/or landlord and tenant law.

(Please see guidance notes.)

PART 11 – Relevant information (continued) – see note 11

11.2 Has any person named in Parts 1, 2, 3 and/or 4 of this form previously held or do they currently hold a licence for another house in multiple occupation? ☐ Yes ☐ No

If **yes**, please provide the addresses of these properties, along with details of the authorities that issued the licences

11.3 Has any person named in Parts 1, 2, 3 and/or 4 of this form ever applied for and been refused a licence for a house in multiple occupation? ☐ Yes ☐ No

If **yes**, which authority refused the licence

When was it refused?

11.4 Has any person named in Parts 1, 2, 3 and/or 4 of this form ever breached any condition of a licence issued under Parts 2 or 3 of the Housing Act 2004? ☐ Yes ☐ No

If **yes**, please provide details of the licence conditions breached and the local authority in which they were breached

PART 12 – Additional information – see note 12

12.1 Is the proposed licence holder a member of any landlords association or other professional body? ☐ Yes ☐ No

If **yes**, please state which

12.2 Please list any training courses undertaken, and/or conferences or forums attended by the proposed licence holder/manager, in the last three years, which support this application.

PART 13 – Further information – see note 13

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

PART 14 – Declaration – see note 14

As the applicant, you must let certain people know in writing that you have made this application, or give them a copy of it.

The people 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 any part of the property (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 to be bound by any conditions in a licence if it is granted.

You must tell each of these people:

- Your name, address, telephone number, email address and fax number (if any);
- The name, address, telephone number, email address and fax number (if any) of the proposed licence holder (if it will not be you);
- That this is an application for an HMO licence under Part 2 of the Housing Act 2004;
- The address of the property to which the application relates;
- The name and address of the local housing authority (Rushmoor Borough Council, Council Offices, Farnborough Road, Farnborough, GU14 7JU) to which the application will be made;
- The date the application will be submitted.

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	Date	Description of the person's interest in the property or application

I/we declare that the information contained in this application is correct to the best of my 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 function under Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or am/are reckless as to whether it is false or misleading.

Name of applicant		Signature
	Date	
Name of proposed licence holder (if different to applicant**)**		Signature
	Date	
Name of manager		Signature
	Date	
Name		Signature
	Date	
Name		Signature
	Date	

Checklist for submitting an application

Please enclose the following:

- A sketch plan for the property detailing the layout and position of each room (minimum A4 size) ☐
- A current Inspection Report from a competent electrician ☐
- A landlord's gas safety certificate, issued by a Gas Safe Registered contractor ☐
- BS5839 test reports relating to the fire detection system (if applicable) ☐
- BS5266 test reports relating to the emergency lighting system (if applicable) ☐
- Building Control Completion Certificate (if applicable) ☐

The Council may require you to submit, or you may wish to submit, other documents, for example, copies of planning permissions, tenancy/licence agreements, certified accounts (or summaries), recent portable electrical equipment tests, in support of your application.

Please send the completed application form and copies of any necessary documents to:

Rushmoor Borough Council
Housing Services
Council Offices
Farnborough Road
Farnborough
GU14 7JU

Sketch plan

Method of measurement

For the purpose of determining the floor area of the room the following method shall be applied:

- All dimensions to be given in metres (m) or square metres (m^2)
- Any part of the floor space which has a ceiling height of less than 1.5m shall be excluded
- Any floor area that is covered or occupied by a fixed cupboard or projecting chimney shall be excluded
- All measurements for calculating the floor area should be made at floor level
- For each floor/room, indicate the position of all fixtures and fittings, including doors, windows, built-in cupboards, chimney breasts or any unusual features

Address _____

Floor _____

Sketch plan

Address _____

Floor _____

Sketch plan

Address _____

Floor _____

Sketch plan

Address _____

Floor _____