

## 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.

Fee calculation

Reference number

### Address of property to be licensed

	Postcode
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### 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
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Contact numbers	Home	<input type="text"/>	Work	<input type="text"/>
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Mobile	<input type="text"/>	Fax	<input type="text"/>
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Email address	<input type="text"/>	Date of birth	<input type="text"/>
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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
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Email	<input type="text"/>	Telephone	<input type="text"/>
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Full name of freeholder 2

Address of freeholder 2

		Postcode
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Email	<input type="text"/>	Telephone	<input type="text"/>
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**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

**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 who 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** How many people are you applying to licence the property for?

**5.5** 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





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**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)

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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)

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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

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**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?

**9.2** Does a GAS SAFE REGISTER registered contractor carry out safety checks for any gas appliances in the property?  Yes  No  NA

**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.





**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 am/are reckless as to whether it is false or misleading.**

**I/we declare that I/we have served a notice of this application on the persons detailed in section 14 of this application, who are the only persons known to me/us that are required to be informed that I/we have made this declaration.**

<b>Name of applicant</b>		Signature
	Date	

<b>Name of proposed licence holder</b> (if different to applicant)		Signature
	Date	

<b>Name of manager</b>		Signature
	Date	

<b>Name</b>		Signature
	Date	

<b>Name</b>		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<sup>2</sup>)
- 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** \_\_\_\_\_