

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 |
|--|----------|

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 | <input type="text"/> | Work | <input type="text"/> |
|-----------------|------|----------------------|------|----------------------|

| | | | |
|--------|----------------------|-----|----------------------|
| Mobile | <input type="text"/> | Fax | <input type="text"/> |
|--------|----------------------|-----|----------------------|

| | | | |
|---------------|----------------------|---------------|----------------------|
| Email address | <input type="text"/> | Date of birth | <input type="text"/> |
|---------------|----------------------|---------------|----------------------|

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 | <input type="text"/> | Telephone | <input type="text"/> |
|-------|----------------------|-----------|----------------------|

Full name of freeholder 2

Address of freeholder 2

| | | |
|--|--|----------|
| | | Postcode |
|--|--|----------|

| | | | |
|-------|----------------------|-----------|----------------------|
| Email | <input type="text"/> | Telephone | <input type="text"/> |
|-------|----------------------|-----------|----------------------|

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

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 Do you have Planning permission for the use of the property as an HMO?

Yes – please provide the planning reference number
 No

6.6 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
- b) heat detectors in the kitchens
- c) mains wired smoke detectors in rooms

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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
- e) mains wired smoke detectors in common parts
- f) battery powered smoke detectors in common parts
- g) sounders/alarms on all levels
- h) call points in the communal areas

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If there is a mains wired automatic fire detection and alarm system, has it been tested in accordance with BS5839 at least quarterly?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If **yes**, has the system been tested in accordance with BS5266: Part 1: 1988 at least every three years?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If **yes**, are they fitted with self-closers?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Are they fitted with smoke seals and intumescent strips?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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 –

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?

9.3 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

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.

| | | |
|--------------------------|------|-----------|
| Name of applicant | | Signature |
| | Date | |

| | | |
|---|------|-----------|
| Name of proposed licence holder (if different to applicant) | | Signature |
| | Date | |

| | | |
|------------------------|------|-----------|
| Name of manager | | 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)
- Planning permission consent (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 (m²)
- 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 _____

Privacy Notice for an HMO Licence Application

V1.0 May 2018

1. Identity of the Data Controller and contact details

Rushmoor Borough Council is the data controller for the personal information you provide on this form. You can contact the Council by phone on 01252 398980, via email to privatehousing@rushmoor.gov.uk or by writing to us at Council Offices, Farnborough Road, Farnborough GU14 7JU. You can contact the Council's Data Protection Officer at data.protection@rushmoor.gov.uk.

2. What we need your information for and the legal basis for it

We need your personal information, some of which may be sensitive, to process your application for a HMO licence. The law allows us to use your personal information in this way to carry out responsibilities under the Housing Act 2004, in line with the Council's adopted HMO licensing policy. This is one of the Council's public tasks and is in the public interest, in accordance with the requirements of UK law.

3. Use for any other purposes

If we need to use your information for any other purpose, we will normally inform you before using it, unless we believe you know about the new purpose already or there are legal reasons that prevent us from telling you.

4. Will you pass my information to anyone else?

We may share your information with other teams within the Council such as Planning, Council Tax, Housing Benefits, Building Control, IT, Parking, Legal Services and Waste Management in order to provide our services, carry out our public tasks and to keep our records up to date. If you ask a Councillor for help we may pass information to them and other services to enable them to help you.

We may also pass information about you to third parties where permitted or required by law to do so. This may include other local authorities and government departments or agencies carrying out their public tasks, such as Hampshire County Council, HMRC, Fire Authority and the Police in carrying out criminal investigations.

5. How we will store and look after your information

Your data will be held initially in paper format and on completion, electronically and will not be stored in a country outside the UK. All paper records containing your personal information will be held securely in our filing systems and archives.

6. How long we will retain your information

We will keep your information on our records for a period determined within our retention guidelines, or as long as we are required to do so by law, or in accordance with our operational requirements. For information on our policy for retaining personal information, please see our retention guidelines as published on Rushmoor Borough Council's website.

7. Your rights concerning your information

The General Data Protection Regulation gives you a number of rights concerning your personal information. See the list below. Not all rights apply in every case – it will depend on the legal basis for collecting your information and how we use it.

- The right to be informed
- The right of access
- The right to rectification
- Rights related to automated decision making, including profiling
- The right to restrict processing
- The right to data portability
- The right to object
- The right to erasure

Further details on these rights can be found on our website <http://www.rushmoor.gov.uk/dataprotection>

8. Right to complain to the Information Commissioner's Office

If you are not happy with the way the Council is handling your personal information you have the right to lodge a complaint with the Information Commissioner's Office. (ICO).

You will find details of how to do so on the ICO website at <https://ico.org.uk/> or by phoning their helpline on 0303 123 1113.

9. Why we need your information and the consequences of not providing it

We need your information to carry out our responsibilities under the Housing Act 2004. If you do not provide it, we will be unable to process your application for an HMO Licence.