

Housing Act 2004 – Part 2

Application for a licence for a house in multiple occupation (HMO).

This is the form to use if you are making an application under Part 2 of the Housing Act 2004 for a House in Multiple Occupation (HMO) licence.

If you have any queries on completing this form please contact the Private Sector Housing and Environmental Health Team:

- email: customer.services@westsuffolk.gov.uk

When completed send this application and supporting documents to:

- email to: customer.services@westsuffolk.gov.uk, or
- post to: Private Sector Housing and Environmental Health, West Suffolk House, Western Way, Bury St Edmunds, Suffolk IP33 3YU

Data Protection

The information you have supplied is being collected in accordance with the Housing Act 2004 and will be used to assess your application for an HMO licence.

West Suffolk Council will capture and store information in this form so that the requested service can be provided. All personal information will be processed, protected, and disposed of in accordance with the UK General Data Protection Regulation and the Data Protection Act 2018 and will only be used to deliver or improve our services. We will not disclose any personal information to any other third parties unless required to do so by law or we have your consent to do so. For more information on how we do this and your rights in regard to your personal information and how to access it, visit our website: [How we use your information](#)

House in Multiple Occupation (HMO) Licence fee

Section 63 of the Housing Act 2004 allows the council to charge a fee to cover the cost of administering HMO licensing. From time to time the fee may change.

Fees are only refundable in circumstances stipulated by regulations made under the Act.

The fees for a new HMO licence application are as follows:

Please tick which fee is relevant to you.

Type of Application	Fee	Please tick
New Application for a 5 year HMO licence.	£550	
New Application for a 5 year HMO licence where the applicant already has a licenced HMO registered in West Suffolk, and where the licence holder and management arrangements are intended to be the same.	£350	

To pay online please follow the link below:

https://www.westsuffolk.gov.uk/epayments/IAS_4/live/ml_webpayselect.asp

On completion of payment please enter the last 8 digits of your payment reference number:

Payment ref- last 8 digits									
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If you have received a letter from the council inviting you to make an application for an HMO Licence, please state below the reference number as shown on the top right hand corner of the letter:

WK/.....

General information

Which HMOs need to be licenced?

Under the mandatory licencing scheme, a HMO must be licenced if:

- it is occupied by five or more persons, who live as two or more households, **and**
- there are shared amenities such as a kitchen, bathroom or toilet.

If your property does not meet both of the above criteria then you do not need to apply for a HMO licence.

If you are still unsure about something, please phone Customer Services on 01284 757053.

It is a criminal offence to knowingly supply information that is false or misleading for the purposes of obtaining a licence under Part 2 of the Housing Act 2004. Evidence of any statements made in this application with regard to the property concerned may be required at a later date. If West Suffolk Council subsequently discovers something that is relevant and which you failed to disclose in your application, or which was incorrectly stated or described in your application, the licence may be revoked, or other action taken.

If you are applying for a new licence, please complete all parts of this form. If you are applying to renew an existing licence please complete the Renewal form.

If the information on your existing HMO licence has changed for any reason, you must ask us in writing to vary it.

Part 1 – Address of property

1.0 Address of property to be licenced

Address:

Postcode:

Part 2 – The applicant

The applicant should be the proposed licence holder although the licence can be granted to someone else if both the applicant and the licence holder agree.

Is the applicant the proposed licence holder?

Yes

No

If yes, please go to Part 3. If not, please complete the details below:

2.0 Name and address of applicant

Name:

Address:

Postcode:

Contact number:

Fax:

Mobile:

Email:

Part 3 – The proposed licence holder

The licence holder will be legally responsible for the operation of the HMO to be licenced and must have the power to:

- let to, and/or evict, tenants (in accordance with required legal procedures)
- access all parts of the premises to the same extent as the owner
- authorise any expenditure necessary to ensure the health and safety of the tenants and others who may be affected.

The proposed licence holder should normally be the 'person having control' of the property (or the person legally entitled to receive the rental income from the property, usually the owner of the property). However, there may be a good reason why this is not be the case, for instance if the owner is ill or lives abroad. The 'person having control' may be the leaseholder rather than the freeholder.

If the local authority decides to grant a licence, it has a duty to grant that licence to the most appropriate person.

3.0 Pick tick the box that best describes the proposed licence holder

Individual Limited company Partnership
Trust Charity Other

3.1 Please provide full details for the proposed licence holder if an individual

Title:

Full name:

Date of birth:

Email address:

Contact number:

Mobile:

Home address:

Postcode:

Please tick if you are willing to receive your licence by email:

3.2 If you have previously been known by another name, please provide it

.....

3.3 Where the proposed licence holder is a charity, trust, limited company or partnership, please provide details below

Name of the organisation:

Registered address:

Postcode:

Contact number:

Company/charity registration no. (if applicable):

Name of company secretary (if applicable):

Please provide contact details of all directors, partners or trustees

1.

Title:

Full name:

Date of birth:

Email address:

Contact number:

Home address:

Postcode:

2.

Title:

Full name:

Date of birth:

Email address:

Contact number:

Home address:

Postcode:

3.

Title:

Full name:

Date of birth:

Email address:

Contact number:

Home address:

Postcode:

3.4 Please give details for all other licenced HMOs managed by the proposed licence holder

Include all properties for which the proposed licence holder currently holds an HMO licence within Suffolk and in other local authority areas.

Property number/name	Street	Town	Postcode

3.5 Is the proposed licence holder a member of the National Landlord’s Association (NLA) or the Residential Landlord’s Association (RLA)?

Yes No

3.6 Are you an accredited landlord in another local authority? Please give full details of the scheme and the local authority, including membership number if applicable

3.7 Please list any professional qualifications held:

3.8 Please list any training courses, seminars, conferences or similar events that you have attended, or undertaken in the last three years which you feel would help your application, giving course names, locations and dates and so on

3.9 Are there adequate financial arrangements available to the proposed licence holder to enable essential repairs to be carried out to the property or to fund improvements to the property to meet the national minimum standards, or undertake essential fire precaution work?

Yes

No

3.10 Does the proposed licence holder have the power to carry out any works required by the local authority?

Yes

No

Licence holder fit and proper person declaration

This section must be completed, signed and dated by the proposed licence holder.

When considering a HMO licence application, the local authority must be satisfied that the proposed licence holder, and any person involved in the management of the property, is fit and proper to carry out such duties.

3.11 Has the proposed licence holder or anyone associated with the proposed licence holder ever

	Licence Holder		Associate	
	Yes	No	Yes	No
committed any offence involving fraud, dishonesty, violence, drugs or any offences listed in Schedule 3 to the Sexual Offences Act 2003? Only unspent convictions in accordance with the Rehabilitation of Offences Act 2003 need to be declared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
been found by a court or tribunal to have practised unlawful discrimination on the 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"/>	<input type="checkbox"/>
contravened any provision of any enactment relating to housing, public house, environmental health or landlord and tenant law which led to civil or criminal proceedings resulting in a judgement being made against them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ever owned or managed any HMO or house which has been the subject of a control order under Section 379 of the Housing Act 1985 or an Interim or Final Management Order under the Housing Act 2004 or any type of enforcement action in relation to Category 1 hazards under Part 1 of the Housing Act 2004?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ever been refused a licence for a HMO or house under the Housing Act 2004 or had such a licence revoked for breaching the conditions of the licence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ever contravened any approved code of practice relating to the management of HMOs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the answer is 'Yes' to any of the above questions, please give further details:

Full name:

Date of offence or incident:

Details:

I/We declare that the information provided in this section 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 their functions 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 I am/we are reckless as to whether it is false or misleading.

If the proposed licence holder is a company, partnership or trust, this should be signed by the named licence holder and all director(s), partner(s) or trustee(s) (stating their position as appropriate).

Named licence holder

Signature:

Print name:

Date: Position:

Associate:

Signature:

Print name:

Date: Position:

(Continue on a separate sheet if necessary).

Part 4 – Ownership of the property

4.0 Is the proposed licence holder the owner of the property?

Yes No

If 'Yes' please go to **Part 5**, if 'No' please complete Question 4.1.

4.1 Please provide details of the legal owner of the property:

Title:

Full name:

Date of birth:

Email address:

Contact number:

Home address:

Postcode:

Part 5 – Proposed manager

If the proposed licence holder is also the proposed manager, please tick and go to Part 6.

For licencing purposes, the manager of a HMO must:

- be authorised to let to tenants, and terminate tenancies in accordance with the law
- have access to all parts of the premises to the same extent as the landlord
- be authorised to approve reasonable expenditure for necessary repairs
- Be able to travel to the property within a reasonable time, unless there are other arrangements in place to cover any eventuality that may demand his or her presence

5.0 Proposed manager details

Pick tick the box that best describes the proposed manager:

Individual

Company

Partnership

Trustee

Other (please specify):

Name of the manager:

Company name if appropriate:

Contact number:

Email:

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

Postcode:

5.1 Is the proposed manager a member of a regulated body?

Yes No

If 'Yes', please give details:

Name of regulated body:

Registration number:

Contact number:

(Continue on a separate sheet if necessary)

Fit and proper person declaration: proposed manager

This section must be completed, signed and dated by any proposed manager where this is different from the licence holder.

5.2 Has the proposed manager or managing agent ever:

	Yes	No
Committed any offence involving fraud, dishonesty, violence, drugs or any offences listed in Schedule 3 to the Sexual Offences Act 2003? Only unspent convictions in accordance with the Rehabilitation of Offences Act 2003 need to be declared.	<input type="checkbox"/>	<input type="checkbox"/>
Been found by a court or tribunal to have practised unlawful discrimination on the 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"/>
Contravened any provision of any enactment relating to housing, public house, environmental health or landlord and tenant law which led to civil or criminal proceedings resulting in a judgement being made against them?	<input type="checkbox"/>	<input type="checkbox"/>
Ever owned or managed any HMO or house which has been the subject of a control order under Section 379 of the Housing Act 1985 or an Interim or Final Management Order under the Housing Act 2004 or any type of enforcement action in relation to Category 1 hazards under Part 1 of the Housing Act 2004?	<input type="checkbox"/>	<input type="checkbox"/>
Ever been refused a licence for a HMO or house under the Housing Act 2004 or had such a licence revoked for breaching the conditions of the licence?	<input type="checkbox"/>	<input type="checkbox"/>
Ever contravened any approved code of practice relating to the management of HMOs?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer is 'Yes' to any of the above questions, please give further details:

Full name:

Date of offence or incident:

Details:

I/We declare that the information provided in this section 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 their functions 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 I/we am/are reckless as to whether it is false or misleading.

If the manager is a company, partnership or trust, this should be signed by the proposed manager and all other director(s), partner(s) or trustee(s) (stating their position as appropriate).

1.

Signature:

Print name:

Date:

Position:

2.

Signature:

Print name:

Date:

Position:

You may be required to submit a basic Disclosure and Barring Service declaration with your application if the HMO is used to provide accommodation for vulnerable people, or if any other issues are identified. **We will let you know if this is the case.**

Part 6 – Other interested parties

A person 'with an interest' means anyone with an owners' interest in the property such as joint owners, mortgage providers and long leaseholder.

6.0 Does anyone else have a legal interest in the property?

Yes No

If no, please go to part 7.

6.1 Please give details for anyone else with an interest in the HMO (please include details of any tenants with a lease or tenancy of three years or more, and any person where it is proposed that they are subject to licence conditions other than the proposed licenceholder):

1.

Name of person/company:

Home address:

Postcode:

Nature of interest in HMO:

2.

Name of person/company:

Home address:

Postcode:

Nature of interest in HMO:

If mortgage company, please give the mortgage account number:

You must let these people know in writing that you have made an application for a HMO licence, or give them a copy of the application form. A form that can be used to let them know of the application can be found at the end of the application form.

6.2 Please give the name, address and contact details of any other person who has agreed to be bound by any condition contained within the licence (other than the proposed licence holder):

An example would be the owner or co-owner of the property, if different from the proposed licence holder.

Title:

Full name:

Contact number:

Email:

Home address:

Postcode:

Part 7 – HMO Details

The property

7.0 What type of property is it?

Detached

Semi-detached

Terraced

Flats - purpose built block

In converted house

Other:

7.1 What is the approximate date of original construction?

Pre 1920

1920-1945

1946-1964

1965-1980

Post 1980

7.2 Please indicate the nature of the residential accommodation. If the accommodation comprises a mix, please tick all relevant:

- Self-contained flats with all personal washing and cooking facilities behind the flat entrance door
- Non-self-contained flats – each unit of accommodation having its own washing and cooking facilities, but some or all are accessed from common parts of the building
- Separate bed-sitting accommodation with either shared kitchen, bathroom or toilet facilities
- Shared house/flat let to a group of people on a group letting agreement who share communal facilities such as a kitchen, common day space such as a living room / dining room, bathroom and WC facilities
- Dormitory style accommodation

7.3 Is the property to be licenced?

- Purpose built with its present design
- Converted from a previous residential dwelling
- Converted from a non residential structure

If converted, please give the approximate date of conversion:

Please submit documents confirming Planning and Building Regulations Approvals where available.

7.4 How many storeys/floors are there in the building? (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).

- | | | |
|-------------------------------|-------------------------------|---------------------------------------------|
| <input type="checkbox"/> One | <input type="checkbox"/> Two | <input type="checkbox"/> Three |
| <input type="checkbox"/> Four | <input type="checkbox"/> Five | <input type="checkbox"/> More, please state |

7.5 Which levels are the property located on:

Basement

Lower ground floor

Ground floor

First floor

Second floor

Third floor

Other:

7.6 How many habitable rooms are there in the property – other than kitchens and bathrooms (this includes lounges, dining rooms, kitchen- diners and bedrooms):

7.7 Does the property contain any use other than residential (e.g. shop / office):

Yes

No

If yes, please advise of the nature of the other use, and on which storey(s) these activities are carried out:

Occupation of the property

7.8 Does the proposed licence holder live in the property?

Yes

No

If no, go to question 7.10

7.9 Which rooms in the property are for the exclusive use of the Proposed Licence Holder and his/her household?

Are any shared with the residents?

Yes

No

If yes, specify which rooms, including storey/floor:

7.10 Please state the total number of separate letting units in the accommodation:

Of these letting units please state the number where:

- The occupiers have exclusive use of a kitchen, bath/shower and WC
- The occupiers share the use of a kitchen and/or the bath/shower and/or WC
- The occupiers share facilities and the sleeping space (e.g. dormitory style accommodation)

A household consists of family members or a cohabitating couple. A group of 4 friends is 4 households. The total number of occupiers must include children and babies and any resident landlord and family.

7.11 Occupation of the property:

Number of households and occupiers in the property	At the time of the application	Proposed maximum
Households		
Occupiers		

Washing and sanitary facilities

National minimum standards require the provision of at least one bathroom with fixed bath or shower for every five occupiers. Additionally, there must be at least one separate toilet with wash-hand basin separate from a shared bathroom for every five occupiers. All bathrooms and toilets must be suitably located and bathrooms must be adequately heated.

7.13 Please give the total number in the entire HMO, then how many of these are shared between two or more households.

	Total	Shared
Bathroom and/or shower room (including bath or shower, WC and wash hand basin)	<input type="checkbox"/>	<input type="checkbox"/>
Toilets within a bathroom or shower room	<input type="checkbox"/>	<input type="checkbox"/>
Separate bathroom or shower room	<input type="checkbox"/>	<input type="checkbox"/>
Wash hand basins within a bedroom	<input type="checkbox"/>	<input type="checkbox"/>
Wash hand basins within a bathroom or shower room	<input type="checkbox"/>	<input type="checkbox"/>
Separate toilet compartments with a toilet and hand wash basin	<input type="checkbox"/>	<input type="checkbox"/>
Separate toilet compartments with a toilet but no wash hand basin	<input type="checkbox"/>	<input type="checkbox"/>

You must show the positions of these amenities on the plan of your property.

Kitchen facilities

7.14 Please state whether the property is:

- B&B
-

Fully catered



Self catering

Where the accommodation is self catering the national minimum HMO standards require kitchens to be provided with sinks with draining boards, a satisfactory supply of cold and constant hot water, cookers, electrical sockets, worktops, food storage cupboards, refrigerators and extract fans, refuse disposal facilities, fire blankets and fire doors.

7.15 State the location of shared kitchens in the property:

Location of kitchen 1:

Location of kitchen 2 (if applicable):

Location of kitchen 3 (if applicable):

7.16 Do all shared kitchens have the following:

	Yes	No
A sink with draining board	<input type="checkbox"/>	<input type="checkbox"/>
A constant supply of hot and cold water	<input type="checkbox"/>	<input type="checkbox"/>
A cooker with at least 4 rings/grill and oven	<input type="checkbox"/>	<input type="checkbox"/>
Other cooking facilities (for example microwave)	<input type="checkbox"/>	<input type="checkbox"/>
Extractor fans	<input type="checkbox"/>	<input type="checkbox"/>
Fire blankets	<input type="checkbox"/>	<input type="checkbox"/>
Fire doors	<input type="checkbox"/>	<input type="checkbox"/>
Adequate fixed worktops (at least 2m ² size)	<input type="checkbox"/>	<input type="checkbox"/>
Adequate refrigerators	<input type="checkbox"/>	<input type="checkbox"/>
Adequate dry food storage cupboards per occupant	<input type="checkbox"/>	<input type="checkbox"/>
Sufficient electric sockets	<input type="checkbox"/>	<input type="checkbox"/>

If you have entered no to any of the above, please provide details of any work you intend to carry out and when:

7.17 Do any units of accommodation have their own personal kitchen facilities?

Yes No

If yes, please provide details and location of the accommodation:

7.18 Please indicate whether/how many of the personal kitchens have these facilities:

- | | | | |
|---------------------------------------------------------|--------------------------|-----|-------|
| A sink with draining board | <input type="checkbox"/> | Yes | |
| A constant supply of hot and cold water | <input type="checkbox"/> | Yes | |
| A cooker with at least 4 rings/grill and oven | <input type="checkbox"/> | Yes | |
| Other cooking facilities (for example microwave) | <input type="checkbox"/> | Yes | |
| Extractor fans | <input type="checkbox"/> | Yes | |
| Fire blankets | <input type="checkbox"/> | Yes | |
| Fire doors | <input type="checkbox"/> | Yes | |
| Adequate fixed worktops (at least 2m ² size) | <input type="checkbox"/> | Yes | |

- Adequate refrigerators Yes
- Adequate dry food storage cupboards per occupant Yes
- Sufficient electric sockets Yes

7.19 If the kitchens lack any of the above, please provide details of any work you intend to carry out and when:

7.20 Please state whether dining facilities have been provided for the use of the occupier and if so where they are located.

- Yes No

Located:

Fire precautions

7.21 Does the property have an automatic fire alarm and detection system?

- Yes No

7.22 If yes, does it have a fire alarm panel?

- Yes No

7.23 Does the system include the following features (please select one):

- Interlinked detectors in all bedrooms, kitchens, living rooms, the staircase enclosure and the basement
- Interlinked detectors in all bedrooms, kitchens and living rooms, and the staircase only
- Interlinked detectors in all bedrooms and the staircase enclosure
- Interlinked detectors in the staircase enclosure only
- Single point battery operated detectors only

7.24 Please give the locations of all the sounders / alarms / bells fitted to the alarm system if these are separate from the detectors

Floor	Description

7.25 Is the fire alarm (if present) subject to an annual maintenance check by a competent person:

Yes No

7.26 Is emergency lighting provided to the staircase/escape route?

Yes No

If yes, please provide details:

7.27 If the property is fitted with emergency lighting, is it subject to an annual maintenance check by a competent person:

Yes No

7.28 Are fire doors fitted to the following areas:

	Yes	No
The kitchen(s)	<input type="checkbox"/>	<input type="checkbox"/>
All living rooms	<input type="checkbox"/>	<input type="checkbox"/>
All bedrooms	<input type="checkbox"/>	<input type="checkbox"/>
Is the whole of the staircase protected by fire doors	<input type="checkbox"/>	<input type="checkbox"/>

7.29 Are all fire doors fitted with self-closing devices?

Yes **No**

If yes, please identify type: spring chain (Perko) / hydraulic self-closer

7.30 Please provide details of the number and location of any fire blankets in the property:

Room	Location

7.31 Is there any work that you intend to carry out at the property to improve, upgrade or extend the current fire precautions in the property?

Yes **No**

If yes, please provide details of any work you intend to carry out and when it will

be taking place:

7.32 Are all final exit doors and bedroom doors within the property used as a means of escape, capable of being opened from the inside without the use of a key:

Yes No

7.33 Does the property incorporate a sprinkler system?

Yes No

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

Yes No

(If yes, please provide a copy)

Safety

7.35 Is there a gas supply to the property:

Yes No

If yes, please ensure the current Gas Safety certificate is included with your application.

7.36 Do you supply any upholstered furniture within the property?

Yes No

7.37 Please confirm whether it complies with the Furniture and Furnishings (Fire Safety) Amendment Regulations 1993?

Yes No

Thermal insulation/heating

7.38 Indicate the heating provision in the property by ticking the relevant boxes:

	Full	Partial
Gas fired central heating	<input type="checkbox"/>	<input type="checkbox"/>
Oil fired central heating	<input type="checkbox"/>	<input type="checkbox"/>
Off peak night storage heaters	<input type="checkbox"/>	<input type="checkbox"/>
Individual gas heaters	<input type="checkbox"/>	<input type="checkbox"/>
Individual electric wall-mounted heaters	<input type="checkbox"/>	<input type="checkbox"/>
Individual electric portable heaters	<input type="checkbox"/>	<input type="checkbox"/>
Solid fuel fires	<input type="checkbox"/>	<input type="checkbox"/>

If there is a combination of types, please tick multiple types and provide an explanation below. If you have an alternative form of heating, please provide details:

7.39 Does the property have more than 100mm loft insulation:

No

7.40 Does the property have cavity walls:

Yes No Don't know

If yes, has cavity wall insulation been installed:

Yes No Don't know

7.41 Are the windows double-glazed?

Yes No Partial

7.42 If there is any work that you intend to carry out at the property to improve or upgrade the current heating systems or insulation of the property, please give full details of the work and the date to be undertaken:

Electrical

7.43 Do you supply any portable electrical appliances?

Such as electrical appliances that can be unplugged and moved to an alternative location? These include fridges, freezers, kettles, microwave ovens,

televisions, table lamps, toasters, vacuum cleaners and portable heaters.

Yes No

If 'yes' please enclose a copy of the Portable Appliance Test (PAT) certificate, issued in the last twenty four months by a competent electrician, unless the appliances are less than twenty four months old.

I do not have a PAT certificate, issues in the last twenty four months by a competent electrician.

The appliances are less than twenty four months old, and I have the original receipts for the appliances.

Management

7.44 Please outline the procedures or arrangements you have to:

Ensure the escape routes from the house are kept free from obstructions and that the final exit doors can be opened from the inside without the use of a key:

Vet prospective tenants (for example use of a vetting service or accreditation scheme/taking up references)

Agree an inventory with each tenant, detailing the furniture and appliances you supply, including the condition of individual items.

Ensure that your tenants are aware of the fire safety procedures and how you ensure the proper use of fire safety installations, equipment and deal with repair and complaints about disrepair:



Deal with, and cover the cost of, major emergency repair work, such as repairs to a broken central heating boiler:

Ensure that the property is clean, safe and fit for occupation before the start of each new tenancy:

Review the general condition of the property and to ensure that the property and gardens are maintained in a good and safe condition:

Deal with emergency repairs at the property:

Receive and respond to complaints of antisocial behaviour involving or affecting the tenants, their families or visitors to the property or the neighbouring properties:

7.45 Are the occupants given a tenancy agreement or other written statement of the terms of their occupancy?

Yes No

7.46 Is a deposit required at the start of each new tenancy?

Yes No

If Yes, which tenancy deposit scheme do you use?

7.47 How do you provide your tenants with proof of their rent payments?

Rent book Rent statement Receipts

Other (please specify)

7.48 Does the tenancy agreement include any items in respect of anti- social behaviour:

Yes No

If yes, please provide details:

Other matters

7.49 Do all ground floor windows, basement windows and any other windows that are accessible to intruders have window locks:

Yes No

7.50 Does the property have yard or garden:

Yes No

If yes, please provide details of the maintenance arrangements, detailing what is carried out and when:

7.51 Are there adequate facilities for the storage and disposal of refuse:

Yes No

If yes, please provide details of the storage facilities:

7.52 Are there any occupants of the property that are under the age of sixteen:

Yes No

(If yes, please provide details on a separate sheet)

Plan of the property

In order to license a House in Multiple Occupation, the council has to obtain certain information about the property so that it can assess the size and type of property and what amenities and installations exist.

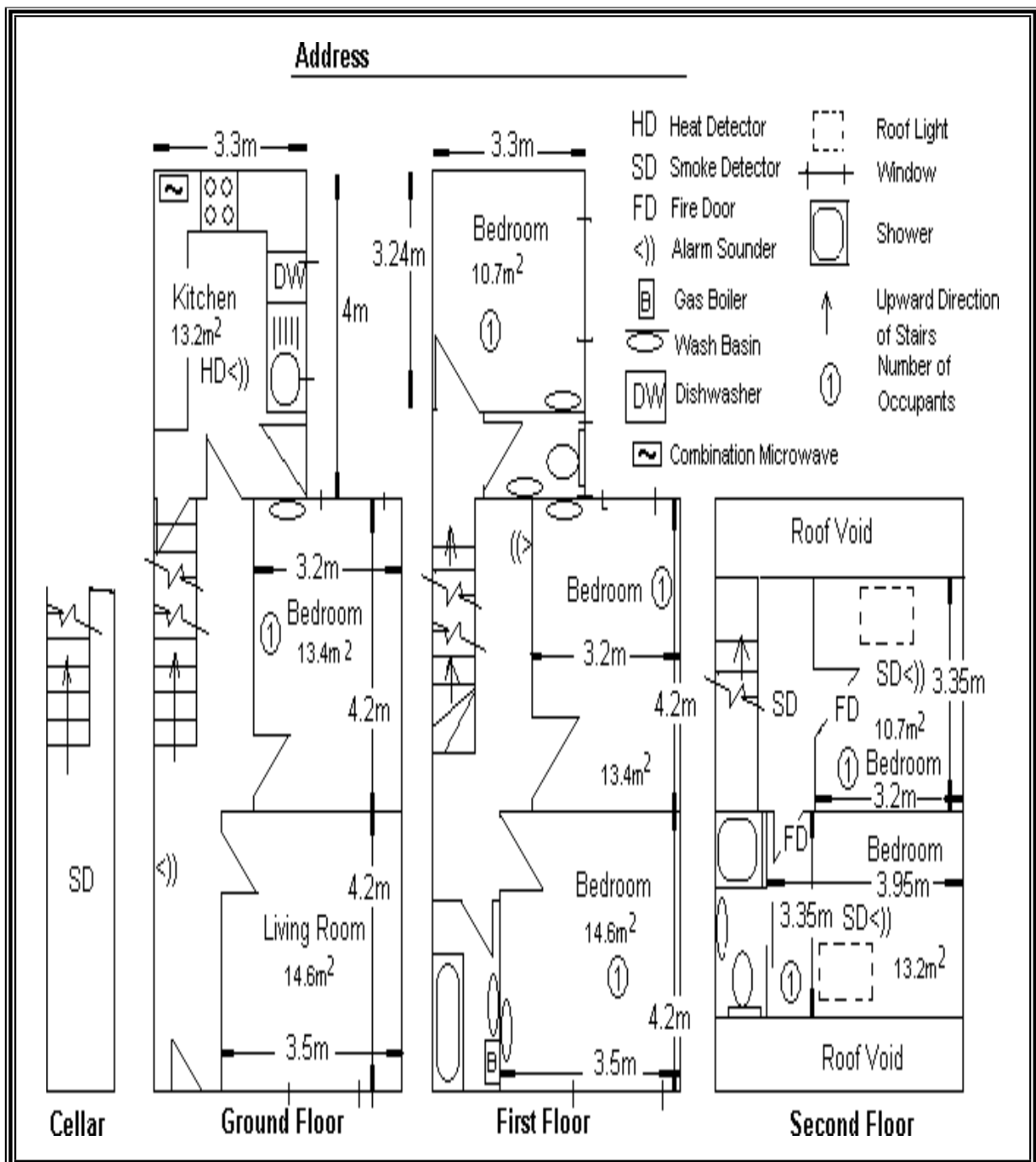
The plan must clearly show the room sizes, proportions and layout of the house, along with the location of the amenities and fire safety measures.

You can draw the plan yourself or get help if you wish. If you already have such plans you can use them.

Your plan must contain all of the following:

- The address of the property and the date the plan was drawn
- The dimensions of the main rooms – front-to-back and side-to-side (in metres) plus an indication of the use of the rooms (for example: bedroom, living room)
- An indication of which storey is depicted (for example: Ground, First, Second)
- The location of all smoke and heat detectors, call-points (break-glass) and control panel
- The location of emergency lighting units (if provided)
- Whether the smoke and heat detectors are mains-powered or battery-operated
- Whether the smoke and heat detectors are interlinked or single point
- The position of wash hand basins, baths, showers, WCs and sink units
- The position of a fire blanket within each kitchen area
- The layout of the kitchen(s) showing work surfaces, sink units, cookers, microwave ovens, hobs, refrigerators and dishwashers
- Whether the doors are fire doors
- Name of each room

Example of acceptable plan:



Part 8 – Supporting documentation

Please indicate which certificates you are submitting with your application by placing a tick in the 'Included' box in the table as appropriate.

Document description	Included
<p>Gas Safety Certificate</p> <p>If there is a gas supply to the property, you must provide a copy of the most recent Landlord's Gas Safety Certificate issued by a Gas Safe Registered contractor.</p> <p>(It must not be more than twelve months old)</p>	<input type="checkbox"/>
<p>Periodic Inspection Report/ Electrical Installation Condition Report for the Electrical Installation</p> <p>You must provide a copy of the latest inspection report issued by an approved electrician in accordance with British Standard 7671</p> <p>(It must still be current, and not be more than 5 years old)</p>	<input type="checkbox"/>
<p>Fire Alarm Test Certificate</p> <p>You must provide a copy of the latest Fire Alarm Test Certificate issued by an approved electrician or specialist fire alarm contractor.</p> <p>(It must not be more than twelve months old)</p> <p>If the fire alarm system was installed less than twelve months ago, then a copy of the Fire Alarm Installation Certificate will be required.</p>	<input type="checkbox"/>
<p>Emergency Lighting Test Certificate</p> <p>If the property has emergency lighting installed, you must provide a copy of the latest Emergency Lighting Test Certificate issued by an approved electrician or specialist fire alarm contractor.</p> <p>(It must not be more than twelve months old)</p> <p>If the emergency lighting system was installed less than twelve months ago, then a copy of the Fire Alarm Installation Certificate will be required.</p>	<input type="checkbox"/>
<p>Portable Appliance Test Certificate (PAT)</p> <p>If you provide electrical appliances as part of the tenancy or licence agreement you must have them regularly inspected by an approved electrician if they are more than twelve months old. Portable appliances include such items as fridges, freezers, kettles, microwave ovens, television, table lamps, toasters, vacuum cleaners, portable heaters and other plug-in appliances.</p> <p>Please provide a PAT Certificate issued by an approved electrician if required.</p> <p>(It must not be more than two years old)</p>	<input type="checkbox"/>

<p>Fire fighting equipment</p> <p>You must provide a copy of the latest test certificate for the fire fighting equipment.</p> <p>(It must not be more than twelve months old)</p>	<input type="checkbox"/>
<p>Sprinkler system (if fitted)</p> <p>You must provide a copy of the latest test certificate for the sprinkler system. This must be provided by a competent person and must not be older than twelve months old.</p>	<input type="checkbox"/>
<p>Energy Performance Certificate</p> <p>Please submit a copy of the latest EPC if available.</p>	<input type="checkbox"/>
<p>Tenancy agreement</p> <p>Please provide a copy of the tenancy agreement used (or other written statement of terms of occupancy).</p>	<input type="checkbox"/>
<p>Plan of property</p> <p>Please provide a plan of the property</p>	<input type="checkbox"/>
<p>HMO licence application payment completed:</p>	<input type="checkbox"/>

Part 9 – 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

I declare that the information contained in this application is correct to the best of my/our knowledge. I understand that I commit an offence if I 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 know is false or misleading or am reckless as to whether it is false or misleading.

The fee of £.....is enclosed.

	Print name	Signature	Date
Applicant			
Proposed licence holder			
Manager			

Part 10 – Notification to interested parties that you are making a licence application

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) that is 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 license 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 license if it is granted.

You must tell each of these persons:

- your name, address telephone number and email address or fax number (if any)
- the name, address, telephone number and e-mail address or fax number (if any) of the proposed license 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 11

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 West Suffolk Council, at West Suffolk House, Western Way, Bury St Edmunds, Suffolk IP33 3YU under Part [2] [3] of the Housing Act 2004.

The application will be submitted on²

The licence application pertains to³

The proposed licence holder will be⁴:

Name:

Address:

.....

Phone number:

Email address:

Signed

Name(s):

Address:

.....

Phone number:

Email address:

¹ Insert name and address of recipient

² insert date application to be made

³ insert address of the property to be licensed

⁴ only complete where the licence holder is different from you