

## Housing Act 2004 – Part 2

### **Application for to renew 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 Public Health and Housing Team:

- email: [customer.services@westsuffolk.gov.uk](mailto:customer.services@westsuffolk.gov.uk)

When completed send this application and supporting documents to:

- email to: [customer.services@westsuffolk.gov.uk](mailto:customer.services@westsuffolk.gov.uk), or
- post to: Public Health and Housing, 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.

Your information will not be used for any other purpose. Your information may be shared and verified with other agencies such as the Police, other local authorities and other departments within the council.

Your information will be retained for the period of the HMO licence, if granted.

Data will be processed and held securely and in accordance with the General Data Protection Regulations.

Further information about data protection can be found on the West Suffolk Website at <https://www.westsuffolk.gov.uk/privacy/>

## 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 fee for an HMO Licence renewal, valid for five years is **£350**

**To pay online please follow the link below:**

[https://www.westsuffolk.gov.uk/epayments/IAS\\_4/live/ml\\_webpayselect.asp](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 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:

(Continue on a separate page if necessary.)

**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.**

<b>Property number/name</b>	<b>Street</b>	<b>Town</b>	<b>Postcode</b>

(Please continue on a separate sheet if necessary).

**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:

(Continue on a separate sheet if necessary)

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:

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:

(Continue on a separate sheet if necessary)

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:

(Continue on a separate sheet if necessary).

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:

(If there are more than two other people with an interest, please continue on a separate sheet).



**You must let these people know in writing that you have made an application to renew 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

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.

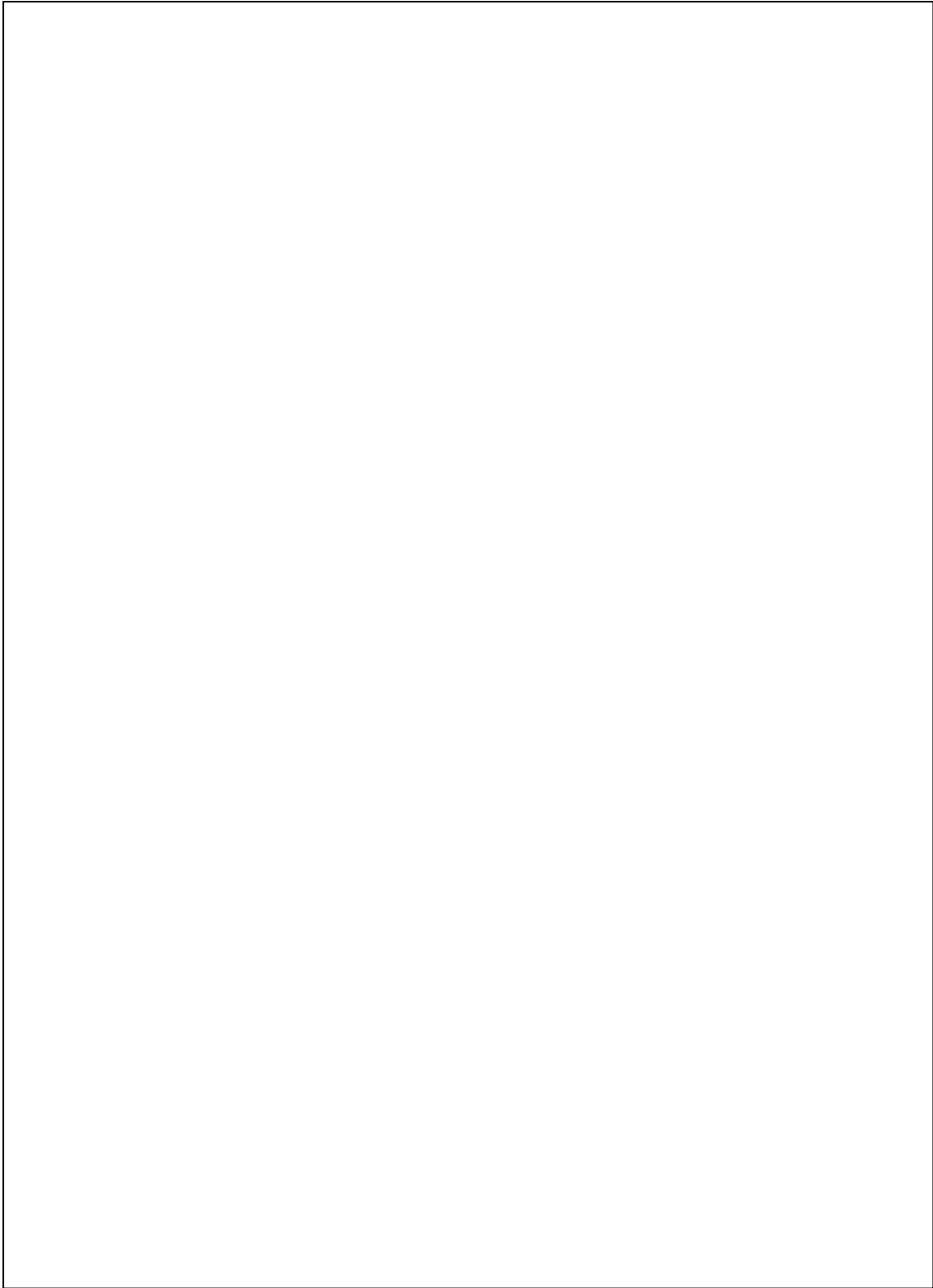
### 7.0 Occupation of the property:

<b>Number of households and occupiers in the property</b>	<b>At the time of the application</b>	<b>Proposed maximum</b>
<b>Households</b>		
<b>Occupiers</b>		

**7.1 Please give the dimensions in metres of bedrooms, kitchens and lounge / dining areas, and confirm whether the use of the room is shared between households.**

<b>Floor level (for eample basement, 1<sup>st</sup> floor)</b>	<b>Room number</b>	<b>Description of room (for example kitchen, bedroom)</b>	<b>Approximate dimensions (for example 2m x 1.5m)</b>	<b>Total floor area (for example 3m<sup>2</sup>)</b>	<b>Shared?</b>

**7.2 Please outline below any relevant changes which the Council needs to be aware of in regards to occupation of the property, amenities provided, property layout or fire precautions.**

A large, empty rectangular box with a thin black border, intended for the user to provide details on relevant changes to the Council regarding property occupation, amenities, layout, or fire precautions.

## 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.**

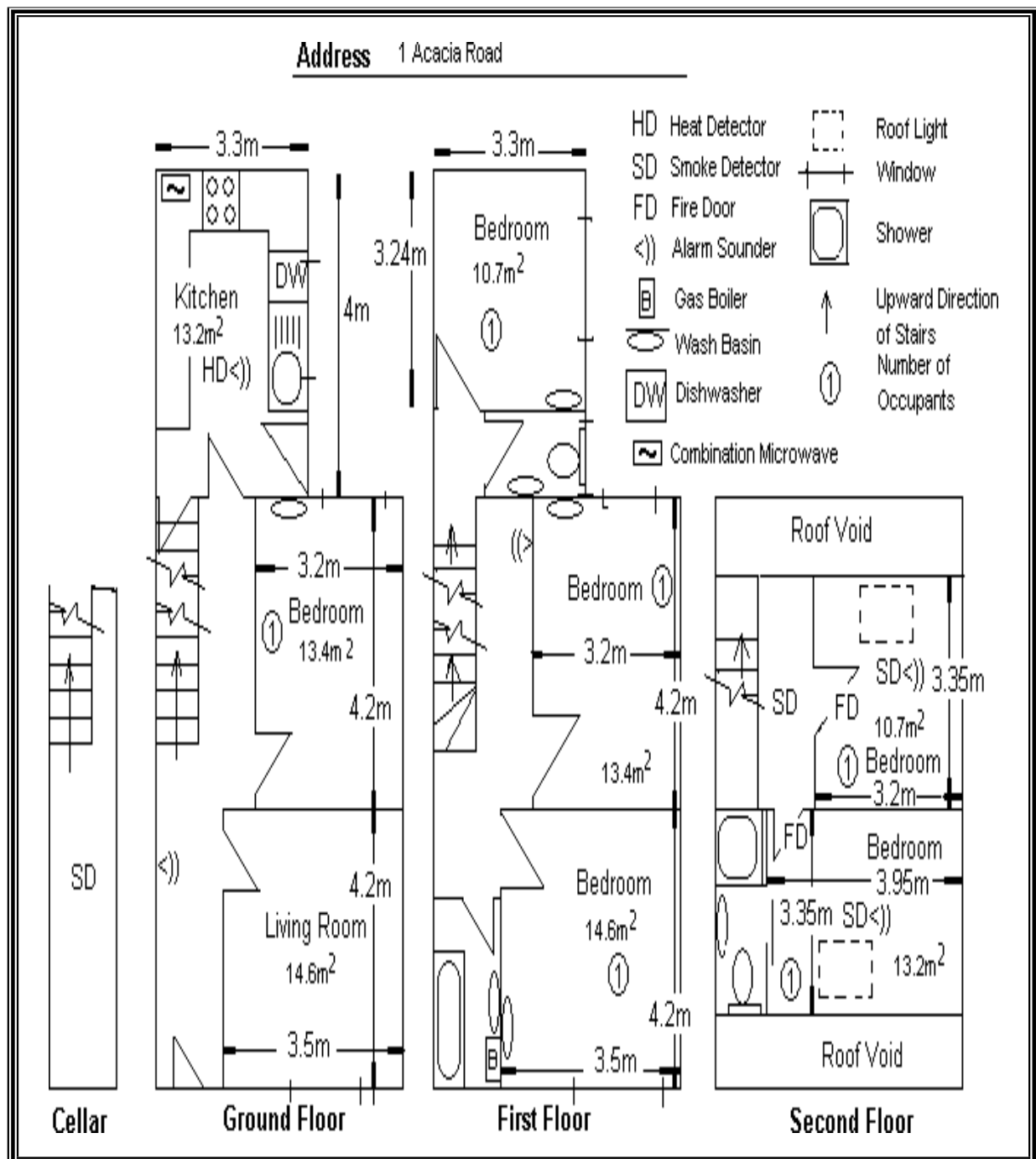
The plan must clearly show the room sizes, proportions and layout of the house, along with the location of the amenities and fire safety measures.

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><b>Gas Safety Certificate</b></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><b>Periodic Inspection Report/ Electrical Installation Condition Report for the Electrical Installation</b></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><b>Fire Alarm Test Certificate</b></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><b>Emergency Lighting Test Certificate</b></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><b>Portable Appliance Test Certificate (PAT)</b></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><b>Fire fighting equipment</b></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><b>Sprinkler system (if fitted)</b></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><b>Energy Performance Certificate</b></p> <p>Please submit a copy of the latest EPC if available.</p>	<input type="checkbox"/>
<p><b>Tenancy agreement</b></p> <p>Please provide a copy of the tenancy agreement used (or other written statement of terms of occupancy).</p>	<input type="checkbox"/>
<p><b>Plan of property</b></p> <p>Please provide a plan of the property</p>	<input type="checkbox"/>
<p><b>HMO licence application payment completed:</b></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 HMO licence renewal.

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:			
<b>Name</b>	<b>Address</b>	<b>Description of the person's interest in the property or the application</b>	<b>Date of service</b>

**Appendix to Part 11**

**The Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006**

<sup>1</sup>To.....

.....

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 on<sup>2</sup> .....

The licence application pertains to<sup>3</sup> .....

The proposed licence holder will be<sup>4</sup>:

Name: .....

Address: .....

.....

Phone number: .....

Email address: .....

Signed

Name(s): .....

Address: .....

.....

Phone number: .....

Email address: .....

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<sup>1</sup> Insert name and address of recipient

<sup>2</sup> insert date application to be made

<sup>3</sup> insert address of the property to be licensed

<sup>4</sup> only complete where the licence holder is different from you