

Housing Act 2004 – Part 2

Application for Variation of House in Multiple Occupation Licence

In order to consider your request to vary your HMO licence please complete the following questions. If your variation request relates to the management arrangements for the property your manager will also need to complete and sign section 5 of this form.

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, this application form and the supporting documents should be sent by:

- 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](#)

SECTION 1 – The HMO Licence to be varied. To be completed in all cases

Address of licensed HMO:	
License Holder:	
Name:	
Address:	
Postcode:	
Email:	
Daytime Tel No:	Mobile Tel No:

SECTION 2 – A change to occupancy. To be completed if there is an increase in maximum number of occupiers

2.0 Maximum number of occupiers on existing licence:

2.1 Maximum number of occupiers requested under this variation:

2.2 Please describe rooms in property to be used by additional occupiers (for example first floor rear room):

2.3 Please describe additional amenities installed in property for use by additional occupiers:

SECTION 3 – A change to a contact address. To be completed if there is a change in address or other contact details

Name:	
Address:	
Postcode:	
Email:	
Daytime Tel No:	Mobile Tel No:
please select appropriate position	
Licence holder	
Management	
Key holder	

SECTION 4 – A change to the property layout. To be completed if there are substantial changes to the layout or accommodation within the property

Please describe the changes to the property below and enclose a layout plan on a separate sheet of paper (does not have to be to scale but should accurately reflect the changes proposed):

SECTION 5 – Change in management. To be completed if there is a change in management arrangements.

5.0 Proposed Manager

Name:	
Company represented (if applicable)	
Address:	
Postcode:	
Email:	
Daytime Tel No:	Mobile Tel No:

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:

5.2 Fit and Proper Person declaration: proposed manager

Before the local authority can vary the licence, it must be satisfied that the proposed manager of the property, is fit and proper to carry out such duties.

This section must be completed, signed and dated by any proposed manager

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.

	Yes	No
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 (please note that the provisions of the Rehabilitation of Offenders Act 1974 applies in respect of 'spent' convictions)

Full name:

Date of the 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.**

SECTION 6 – Declaration. To be completed in all cases.

I declare that the information contained in this application is correct to the best of my 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.

Signature:

Name:

Date:

Position: