

## 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 Public Health and Housing Team:

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

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

<b>Address of licensed HMO:</b>	
<b>License Holder:</b>	
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:
Licence holder/management/key holder (please delete as appropriate and use additional sheets if necessary)	

**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	<input type="checkbox"/>	<input type="checkbox"/>

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:

(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.**

**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: