

## **HOUSING ACT 2004 – Part 2**

# **APPLICATION FOR LICENCE FOR HOUSE IN MULTIPLE OCCUPATION**



## East Cambridgeshire District Council

The Grange, Nutholt Lane, Ely, Cambridgeshire. Tel: 01353 665555

If you have any queries regarding the completion of this form please contact the Domestic Team of Environmental Services on 01353 665555 or email [DomesticTeamEH@eastcambs.gov.uk](mailto:DomesticTeamEH@eastcambs.gov.uk)

If you have more than one house in multiple occupation you will need to complete a separate application form for each property.

- Part I Landlord Information (must be completed)
- Part II To be completed only if Manager employed
- Part III Fit and proper person (must be completed by applicant and Manager if Manager has been employed)
- Part IV Property details (must be completed)
- Part V Occupier information (must be completed with details of room dimensions)
- Part VI Property description form (must be completed including a sketch plan of each floor of property in a scale not less than 1:100 with location plan)
- Part VII Notification to interested parties that you are making a licence application (must be completed).
- Part VIII Final declaration (must be completed)

Please fill in the form using **BLOCK CAPITALS**

You are asked to sign the declaration at the end of this application form. 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. Statements made in this application may be required at a later date and failure to disclose information or providing information later found to be incorrect, may result in your licence being revoked or other formal action being taken.

**Data Protection**

The information you have supplied is being collected for the purposes of the Housing Act 2004, and will be used to assess your application for a 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.

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

**PART I - Landlord Information (must be completed)**

**Application for HMO Licence**

Address of property to be licensed (inc postcode):  
.....

Name and Address of Applicant: .....  
.....Post Code .....  
..... tel: ..... email: .....  
Date of birth (if under 21) .....

2. The applicant is a Company/Partnership/Trust/Charity (Please delete as appropriate)

3.1 Company/Partnership/Trust/Charity information: including Registered address or principal trading address where appropriate:-

.....  
.....  
..... tel: ..... e-mail: .....

3.2 **Names and Address of all Directors/Partners/Trustees indicating professional qualifications. (Please use separate sheet if necessary. Pre-printed information about your organisation is acceptable, validated by the signature of the appropriate officer)**

.....  
.....

.....  
.....

3.3 Name and Address of Company Secretary (if applicable)

.....  
.....  
..... tel: ..... e-mail: .....

3.4 Please confirm by signature all partners/trustees and the address for contact purposes

Address for contact purposes .....  
.....

Signed: ..... Name: .....(Director/Partners/Trustee?)

Signed: ..... Name: .....(Director/Partners/Trustee?)

Signed: ..... Name: .....(Director/Partners/Trustee?)

Signed: ..... Name: .....(Director/Partners/Trustee?)

**PART II - Application for HMO Licence (to be completed only if manager/agent employed)**

1. Name and Addresses of Person **managing** the property indicating professional qualifications or membership of organisations such as National Landlords Association (NLA) or Residential Landlords Association (RLA).

.....  
.....  
.....

2. Company/partnership/trust information: including registered address or principal trading address where appropriate

.....  
.....  
..... tel: ..... e-mail: .....

3. **Names and Address of all Directors/Partners/Trustees indicating professional qualifications. (Please use separate sheet if necessary. Pre-printed information about your organisation is acceptable, validated by the signature of the appropriate officer)**

.....  
.....  
.....

4. **Name and Address of Company Secretary**

.....  
.....  
..... tel: ..... e-mail: .....

**Please confirm by signature of all partners/trustees of management company/agent:-**

- Signed: ..... Name: .....(Director/Partners/Trustee?)
- Signed: ..... Name: .....(Director/Partners/Trustee?)
- Signed: ..... Name: .....(Director/Partners/Trustee?)
- Signed: ..... Name: .....(Director/Partners/Trustee?)
- Signed: ..... Name: .....(Director/Partners/Trustee?)

**PART III – Fit and Proper Person (must be completed by Applicant and Manager if Manager has been employed)**

1. The local authority must have regard to evidence which shows that a person or any person associated or formerly associated has
- a) Committed an offence involving:
    - fraud
    - dishonesty
    - violence
    - drugs
    - Sexual Offences Act 2003 Schedule 3Only unspent convictions in accordance with the Rehabilitation of Offenders Act 2003 need to be declared.
  - b) Found by a Court or Tribunal to have practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in connection with a business
  - c) Contravened any provision of any enactment related to housing, public health, environmental health or landlord and tenant law, and within the last 5 years been in control of any property:
    - subject to a control order
    - subject to proceedings by a local authority
    - where the local authority has had to carry out works in default
    - subject to a management order under the Housing Act 2004or been refused a licence for a HMO or breached conditions of a licence resulting in revocation of the licence?
  - d) Acted in contravention of any Approved Code of Practice relating to the management of HMO's.

**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 other issues are identified. We will inform you if this is the case.**

**We may also approach other authorities such as the Police Authority, Fire and Rescue Service, Office of Fair Trading etc. for information and confirmation. Signing this application will be taken as your agreement to any such action.**

- 1.1 Please indicate if 1a, b, c, or d apply to you or any person associated with you who may be involved in the **ownership** or **management** of this property. If so, please indicate which and who holds this.

Applicant (if applicable).....

Manager (if applicable).....

Date of offence or incident .....

Details of offence or incident.....

.....

.....

1.2 Are you or your Manager a member of any landlords association or other professional body? Please indicate which:

Applicant .....

Manager .....

1.3 Are you an accredited landlord in this or another authority?  Yes  No

If yes, please state where .....

1.4 Are you or your manager on the lists for any academic or other organisation/institution? Please state which and indicate by initialling your entry that we may contact them for a reference if required.

Applicant .....

Manager .....

.....

.....

1.5 List any related training courses you have undertaken or conferences attended in the last 3 years. (Evidence may be required at a later date).

Applicant .....

.....

.....

Manager .....

.....

.....

1.6 Has the applicant/manager/agent 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 licence.

	Postcode
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## PART IV - Property details (must be completed)

### 1. PROPERTY CONDITION

1.1 When was the house built? (please tick appropriate box)

- Pre 1919                       1919 to 1944                       1945 to 1964  
 1965 to 1980                       Post 1980

1.2 Description of the property (please tick all appropriate boxes)

- detached                       semi-detached                       terraced                       end of terrace  
 purpose built                       mixed residential and                       house converted into self-contained flats  
    block of flats                      commercial  
 other (please specify)

1.3 Description of occupation (please tick appropriate box or boxes if a mix)

- 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 bedsitting accommodation with either a 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 or bathroom or toilet facilities.  
 Hostel type accommodation

1.4 If the accommodation is within a converted house, was the conversion done in accordance with the relevant building regulations in force at the time?       Yes                       No

If **yes**, what year was the conversion carried out? Date

Please provide the relevant Building Control completion certificate for the conversion.

1.5 Please tick all of the floors the property has:

- basement storage                       basement residential                       basement commercial  
 ground floor                       first floor                       second floor  
 third floor                       fourth floor                       fifth floor  
 sixth floor (and above)

1.6 **Considering the age, character and locality of the property, please state if it is/has:**

- a)      structurally sound and in reasonable repair                       Yes     No  
b)      reasonably free from damp                       Yes     No

- c) clean and in good repair  Yes  No
- d) secure (with adequate window and external door locks)  Yes  No
- e) adequate facilities for rubbish storage and disposal  Yes  No

Have you a schedule for

- 1.7 a) planned maintenance  Yes  No
- b) inspection of furniture/facilities/equipment  Yes  No

(please provide brief details)



2. **FIRE SAFETY**

- 2.1 Does the property have a system of fire detection?  Yes  No
- If **yes**, does the system include:
- a fire alarm control panel  Yes  No
  - interlinked detectors in all rooms  Yes  No
  - interlinked smoke detectors in common parts  Yes  No
  - single point battery powered smoke detectors only  Yes  No
  - single point battery powered heat detectors in the kitchens  Yes  No
  - sounders/alarms on all levels  Yes  No
  - call points in the communal areas  Yes  No

If there is a mains wired fire alarm and detection system, has it been tested in accordance with BS5839? (Please provide a copy of a current certificate of testing showing compliance to BS5839)  Yes  No

Is there a log book of inspection/testing?  Yes  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)

- 2.2 Do you have a protected stairway and any associated exit route?  Yes  No
- If yes, please give brief details and indicate a sketch plan.

- 2.3 What is the approximate travel distance from the furthest room exit to the entrance of the accommodation?

metres

- 2.4 Does the property have an emergency lighting system?  Yes  No

If **yes**, has the system been tested in accordance with BS5266 (If yes, please provide a copy of the most recent periodic inspection and test certificate)  Yes  No

- 2.5 Are the doors that open on the communal areas fire doors capable of 30 minutes fire resistance?  Yes  No
- If **yes**, are they fitted with self-closers?  Yes  No

- 2.6 Is the following fire safety equipment provided?
- Fire blankets in all kitchens?  Yes  No
  - Fire blankets in shared kitchens only?  Yes  No
  - Fire extinguishers?  Yes  No

- Fire safety signs  Yes  No  
If **yes**, please indicate on sketch plan

Has the fire safety equipment been serviced in the last 12 months?  Yes  No

2.7 Does each tenant have clear written instructions on what to do in the event of a fire?  Yes  No

2.8 Are the tenants provided with upholstered furniture?  Yes  No  
If **yes**, does it all comply with the Furniture and Furnishings (Fire Safety) Regulations 1988 (as amended)?

2.9 Are the tenants able to open all bedroom doors and the final exit door to the whole dwelling without a key? (i.e. the front entrance door has no deadlock)  Yes  No

2.10 Has a fire safety risk assessment been undertaken at the dwelling?  Yes  No  
(if **yes** please provide a copy)

### 3. PROPERTY MANAGEMENT

3.1 Is there, displayed in a suitable position within the property, a notice giving the name, address and telephone number of the person managing the house?  Yes  No

3.2 How many gas appliances are there in the house?

3.3 Does a Gas Safe registered contractor carry out safety checks for the gas appliances in the property?  Yes  No  
 N/A

3.31 Have you an Electrical Installation Condition Report or Periodic Inspection Report for the electrical installation?  Yes  No

3.32 Do you supply any portable electrical appliances? (Ones that can be unplugged and moved for example fridges, kettles, toasters, lamps etc)  Yes  No

If 'yes' please enclose a copy of the Portable Appliance Test (PAT) certificate that was issued in the last 2 years if the appliance is more than 2 years old.

**Please provide copies of the latest Gas Safety, EICR and PAT certificates.**

3.4 Is there a programme in place for general maintenance of the property?  Yes  No  
Does this include:

Structural repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amenities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Furniture	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.5 Are there adequate financial arrangements in place to allow for repair works to be carried out at the property?  Yes  No

3.6 Are the rooms and areas in common use in good repair?  Yes  No  
In a good decorative state?  Yes  No  
In common use in a clean condition?  Yes  No

3.7 Are arrangements in place for the regular cleaning of common parts?  Yes  No  
If **yes**, how often are the common parts cleaned and who by?

3.8 Are all of the staircases, passageways, corridors, halls, lobbies, balconies and entrances in common use free from obstruction?  Yes  No

3.9 Are the amenities in common use regularly cleaned?  Yes  No

3.10 Is the resident's living accommodation in a good state of repair?  Yes  No

3.11 Are all windows in a good state of repair?  Yes  No

Are the windows fully openable?  Yes  No

Are the windows double glazed?  Yes  No  Some

3.12 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

Others (please specify)

Is the loft insulated?  Yes  No

If **yes**, to what depth?

If there are cavity walls, do you have cavity wall insulation?  Yes  No

Do you have an Energy Performance Certificate for the property?  Yes  No

**Please provide a copy of the EPC**

3.13 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.  Yes  No

3.14 Are there adequate facilities for the storage and disposal of refuse?  Yes  No  
Briefly describe the facilities available

.....

### TENANCY INFORMATION

4.1 Are the tenants provided with written details of the terms of their tenancy?  Yes  No

4.2 Is an inventory prepared at commencement of occupancy?  Yes  No

4.3 Are rent books provided?  Yes  No  
If rent books are not provided, are the tenants given

receipts/rent statements

Yes  No

4.4 Are the tenants provided with a complaints procedure?

Yes  No

4.5 Is there an emergency 24 hour contact telephone number that can be used by the tenants in relation to the property?

Yes  No

If **yes**, please provide the number:

4.6 Are tenants required to provide deposits at the commencement of their tenancy?

Yes  No

If **yes** which tenancy deposit scheme do you use?

## PART V - Occupier Information (must be completed)

Please include details of all occupiers, including children and babies occupying the letting

- 5.1 How many households\* currently live at the property?
- 5.2 How many occupiers\* currently live in the property?
- 5.3 How many separate lettings are available in the property?
- 5.4 Is the owner or managing agent living in the house? (please tick appropriate box)  Yes  No

If yes, please state their names and flat/room number

If yes are there any rooms for the exclusive use of the proposed licence holder (please identify)?

.....

Are any shared with the other residents (please identify)?

.....

**\*One household consists of family members or a cohabiting couple. A group of 5 friends living in a property is 5 households. Occupiers are all those individuals living there and must include babies, children and any resident landlord and family.**

- 5.5 Occupation by room (please read notes below and complete table overleaf)

Please list every habitable room on every floor of the house

- Please start from the bottom of the house and work upwards
- Include all occupiers, including children occupying the lettings
- Indicate whether the occupiers in this room share amenities (S) or if the amenities are for the exclusive use (E)

\* Room location (to be taken when looking at the property from the front at street level eg. ground floor right room)

**PART V- Occupier Information (Cont.)**

1. Room Location *	2. Room Name	3. Description (e.g. Bedsit, self contained flat, bedroom)	4. Floor Area (m <sup>2</sup> )	5. Names of Occupiers	6. Cooking Facilities E or S	7. Food Storage	8. Baths/Shower E or S	9. W.C E or S.	10. Wash hand Basin (whb)	13. Fire Precautions in Room
e.g. Ground floor right	Room 4	Bedsit	10m <sup>2</sup>	Mr A. Smith Mrs B. Smith	Electric cooker microwave (E)	Fridge (E)	Both (S)	W.C. (S)	1 in room	Heat detector kitchen. Fire blanket kitchen

## **PART VI – Property Description**

**Please complete the table overleaf following the guidance for each column below:**

1. Please indicate which floor (basement (if any), ground/1<sup>st</sup>/2<sup>nd</sup>, etc). If you have more floors than indicated, please use a separate sheet.
2. Type and total number of bedsits, bedrooms, living rooms on this floor – not including kitchen and bathrooms.
3. Total number of occupants on this floor, including adults and children.
4. – 7. Please indicate if amenities on this floor (if applicable) are used exclusively by the occupier(s) of one flat or bedsit (E) on that floor, or if this is shared with another tenant in another part of the property.(S)
8. Please indicate number of smoke alarms and other fire precautions on this floor. Please specify and put on sketch plan. **Please submit and attach a sketch plan of each floor of the property to be licensed, with the position of kitchens, bathrooms, firefighting equipment e.g. fire blankets, alarms, fire safety sign locations, smoke alarms, etc and emergency lighting. This should be to a scale not less than 1:100.**

### **FURTHER INFORMATION**

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.

**PART VI - Property Description (Cont.)**

1. Floor	2. Type and No. of Rooms (Bed/sit Living)	3. Total No. of Occupants (adults + children)	4. Total No. of kitchens on this floor	5. Total No. Baths/ Showers on this floor E or S	6.Total No.of W.C's on this floor E or S	7. Total No of Wash hand basins on this floor E or S	8. Smoke /heat detectors/fire blankets/alarms etc. (please also show on sketch plan)
Basement (if applicable)							
Ground Floor							
First Floor							
Second Floor							



## **PART VII – Notification to interested parties that you are making a licence application**

You must let certain person 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
- 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 3 years
- The proposed licence holder (if that is not you)
- The proposed managing agent (if any) (if that is not you)
- Any other person who has agreed to be bound by any conditions or conditions in a license that is granted.

You must tell each of these persons:

- Your name, address, tel number and email address
- The name, address, tel number and email address 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 or has been submitted

Please sign the following:

I declare that I have served a notice of this application on the following persons who are the only persons known to me that are required to be informed that this application has been made.

Name	Address	Persons interest
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Date of service of notices .....

**PART VIII – Final Declaration**

**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 that is false or misleading and which I/we know is false or misleading.**

**Name of applicant**

Signature

Date

**Name of proposed licence holder (if different to applicant)**

Signature

Date

**Name of Manager**

Signature

Date

Director / Partner / Trustee (delete as appropriate)

Signature

Date

(if different to applicant)

Signature

Date

(if different to applicant)

Signature

Date

## CHECKLIST

1. Form fully completed and signed by applicant and manager (if employed)
2. Location plan of property
3. Sketch plan of each floor of the property in a scale not less than 1:100 indicating position of fire doors, protected routes, firefighting equipment, emergency lighting, kitchens and bathrooms etc
4. Description and dimensions of each room
5. Copy of the most recent periodic inspection and test certificate for
  - a) emergency lighting (if applicable)
  - b) fire safety equipment / alarm system
  - c) gas safety certificate
  - d) electrical certificate
  - e) PAT testing certificate
6. If accommodation is within a converted house copy of Building Control completion certificate (if applicable)
7. Notification sent to interested parties
8. Enclose fee of £353

You can find out ways to pay by visiting our website at <https://www.eastcambs.gov.uk/pay/pay-online> or by telephoning 01353 665555 please make sure you quote “HMO licence fee” and the address of the HMO for which the application is made.