

APPLICATION FOR LICENCE FOR HOUSE IN MULTIPLE OCCUPATION



East Cambridgeshire District Council

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

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)
- 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 Declaration (must be completed)
- Part VIII Checklist (must be completed)

Please fill in the form using BLOCK CAPITALS

FOR FURTHER INFORMATION, PLEASE SEE WEBSITE www.eastcambs.gov.uk or contact 01353 665555

For office use only

Date received
Reference number
Fees received

**PART I: LANDLORD INFORMATION
(MUST BE COMPLETED)**

PART I. Application for HMO Licence

Property Address:
.....

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

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

3.1 Company/partnership/trust 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 such as RICS, ARMA, ARLA, etc. (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: TO BE COMPLETED ONLY IF MANAGER/AGENT EMPLOYED

PART II: Application for HMO Licence

Property Address:

.....

.....

1. Name and Addresses of Person **managing** the property indicating professional qualifications such as RICS, ARMA, ARLA, etc.

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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 such as RICS, ARMA, ARLA, etc. (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 Schedule 3
 - b) 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 housing or landlord and tenant law
In particular, 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 2004 or been refused a licence or breached conditions of a licence.
 - d) Acted in contravention of any Approved Code of Practice (ACoP)

We may require your cooperation in obtaining Criminal Records Bureau information in confirmation of the above. 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
Manager
.....

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

.....

.....

PART IV: PROPERTY DETAILS (must be completed)

1. PROPERTY CONDITION

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

Pre 1919

Pre 1919 to 1944

Pre 1945 to 1964

Pre 1965 to 1980

Post 1980

1.2 Description of the property (please tick appropriate box)

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)

shared house

hostel

shared flat

A mix of self-contained units and shared accommodation

Bedsits with shared facilities

Self-contained single household unit Other (please specify)

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:
- | | | |
|--|---|--|
| <input type="checkbox"/> basement storage | <input type="checkbox"/> basement residential | <input type="checkbox"/> basement commercial |
| <input type="checkbox"/> ground floor | <input type="checkbox"/> first floor | <input type="checkbox"/> second floor |
| <input type="checkbox"/> third floor | <input type="checkbox"/> fourth floor | <input type="checkbox"/> fifth floor |
| <input type="checkbox"/> 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) reasonably free from damp | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) clean and in good repair | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) secure (with adequate window and external door locks) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) adequate facilities for rubbish storage and disposal | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Have you a schedule for

- 1.7
- | | |
|---|--|
| a) planned maintenance | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) inspection of furniture/facilities/equipment | <input type="checkbox"/> Yes <input type="checkbox"/> 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:
- | | | |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> a fire alarm control panel | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> heat detectors in the kitchens | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> mains wired smoke detectors in rooms | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> mains wired smoke detectors in common parts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> battery powered smoke detectors in common parts only | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> sounders/alarms on all levels | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> call points in the communal areas | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If there is a mains wired fire alarm and detection system, has it been tested in accordance with BS5839 at least quarterly? (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: Part 1: 1988 at least every three years? (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 Furnishings (Fire Safety) Amendment Regulations 1993?

- 2.9 Are the tenants able to open the front entrance door to the whole dwelling from the inside without a key? (i.e. the front entrance door has no deadlock) Yes No

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 CORGI registered contractor carry out safety checks for the gas appliances in the property? Yes No
 N/A

Please provide copies of the latest gas safety certificates.

- 3.4 Is there a programme in place for general maintenance of the property? Yes No
Does this include: Structural repair Yes No
 Amenities Yes No
 Equipment Yes No
 Furniture Yes No

- 3.5 Does this include structural repair? Yes No

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

- 3.7 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

- 3.8 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?

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

- 3.10 Are the amenities in common use regularly cleaned? Yes No

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

- 3.12 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

- 3.13 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

- 3.14 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

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, is there a written procedure to deal with deposit disputes at the end of a tenancy? Yes No

- 4.7 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

Postcode

- 4.8 Has the applicant or manager/agent ever applied for and been refused a house in multiple occupation licence? Yes No

If yes, which authority refused the licence and when was it refused?

- 4.9 Has the applicant, manager/agent ever breached any condition of a licence issued under Parts 2 and/or 3 of the Housing Act 2004? Yes No

If **yes**, please provide details of the licence condition(s) breached and the local authority in which they were breached.

PART V: OCCUPIER INFORMATION

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

- 5.1 How many individuals currently live at the property?
- 5.2 How many households 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

- 5.5 Occupation by room (please 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

1. Room Location *	2. Room Name	3. Description (e.g. Bedsit, self contained flat, bedroom)	4. Floor Area (m ²)	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)	11. Fire Precautions in Room
e.g. Ground floor right	Room 4	Bedsit	10m ²	Mr A. Smith Mrs B. Smith	Electric cooker microwave	Fridge	Both (S)	W.C. (S)	1 in room	Heat detector kitchen. Fire blanket kitchen

PART VI : PROPERTY DESCRIPTION

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 VI : PROPERTY DESCRIPTION NOTES

1. Please indicate which floor (basement (if any).ground/1st/2nd, etc). If you have more floors than indicated, please use 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.**

NOTES – SEE PREVIOUS

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.

FINAL DECLARATION VII

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
PART VIII

1. Form fully completed and signed by applicant and manager (if employed)
2. Sketch plan of each floor of the property in a scale not less than 1:100 indicating position of fire doors, protected routes, fire fighting equipment, emergency lighting, kitchens and bathrooms etc
3. Location plan of property
4. 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
5. If accommodation is within a converted house copy of Building Control completion certificate (if applicable)
6. Enclose fee of £300
Cheque payable to East Cambridgeshire District Council

Thank you