



Application for HMO Licence or Variation of Licence

Reference Number:
(Office use only)

This form should be used to make an application for a Licence to operate a House in Multiple Occupation under Part 2 of the Housing Act 2004.

Please fill in this form in **black** or **blue** ink only. Write clearly within the boxes provided and complete in conjunction with the guidance notes. If you do not complete all of the relevant sections accurately and in full, the processing of the application may be delayed and incur further charges.

Only complete this application form for a House in Multiple Occupation that requires a Licence. This can be assessed by reading the guidance notes accompanying this form.

To: Ashford Borough Council
Housing (Private Sector)
International House, Dover Place, Ashford, Kent. TN23 1HU
I/We apply for [variation of] an HMO Licence

Dated: Signed:

Address of HMO to be licensed:
 Postcode:

Have you applied for an HMO licence within another Authority	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have ticked Yes, please indicate below which authority you have applied to or been granted a licence by.

Please indicate which type of licence application you are making	
Application for a new licence	<input type="checkbox"/>
Variation of an existing licence	<input type="checkbox"/>
Please indicate the type of house for which the application is being made (See note 1)	
House in multiple occupation	<input type="checkbox"/>
Flat in multiple occupation	<input type="checkbox"/>
A house converted and comprising only self-contained flats	<input type="checkbox"/>
Please indicate how the HMO is operating (See Note 2)	
HMO – bed-sits	<input type="checkbox"/>
HMO with shared facilities	<input type="checkbox"/>
Household with lodgers	<input type="checkbox"/>
A hostel, B&B or guesthouse	<input type="checkbox"/>
Supported lodgings	<input type="checkbox"/>
Other, please specify:	

Local Authority	Date Granted
<p>Have you applied for an HMO licence for another HMO within the area of Ashford Borough Council</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please give address(es):</p>	

Part One – Personal Details

Section 1: Details of Applicant

The applicant must be a named individual (See Note 3)

1.1	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>			
	Full Name:				
	Residential address: (See Note 4)	Postcode:			
	Proof of address: (See Note 4)				
	Business address: (if applicable)	Postcode:			
	Proof of address: (See Note 4)				
	Home Tel. No:				Mobile Tel. No:
	Work Tel. No:				Fax No:
	Email address:				
	Date of Birth:				
Interest in property:	Owner <input type="checkbox"/> Manager <input type="checkbox"/> Leaseholder <input type="checkbox"/> Other:				

1.2	Do you have control of the property (See Note 5)
	Yes <input type="checkbox"/> No <input type="checkbox"/>

1.3	Are you the proposed licence holder?
	Yes <input type="checkbox"/> (Please go to question 2.2) No <input type="checkbox"/> (Please go to question 2.1)

Section 2: Details of Proposed Licence Holder

The proposed licence holder must be a named individual (See Note 3)

2.1	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>			
	Full Name:				
	Residential address: (See Note 4)	Postcode:			
	Proof of address: (See Note 4)	Driving Licence <input type="checkbox"/> Bank Statement <input type="checkbox"/> Utility Bill <input type="checkbox"/> Other:			
	Business address: (if applicable)	Postcode:			
	Proof of address: (See Note 4)	Business Rates <input type="checkbox"/> Utility Bill <input type="checkbox"/>			
	Home Tel. No:				Mobile Tel. No:
	Work Tel. No:				Fax No:
	Email address:				
	Date of Birth:				
Interest in property:	Owner <input type="checkbox"/> Manager <input type="checkbox"/> Leaseholder <input type="checkbox"/> Other:				
2.2	If the proposed licence holder is part of a company, partnership, charity or trust, please indicate which and provide contact details of all directors/partners/trustees – please use additional sheet(s) if more than two. If not part of a company, charity or trust, please go to question 2.4				
	Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Charity <input type="checkbox"/> Trust <input type="checkbox"/>				
	Limited Company/Partnership/Charity/Trust name:				
	Registered Company/Charity No:				
	Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/>		Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/>		
	Full Name:		Full Name:		
	Registered Address:		Registered Address:		
	Postcode:		Postcode:		
	Telephone No:		Telephone No:		
	Fax No:		Fax No:		
	Email Address:		Email Address:		
	Date of Birth:		Date of Birth:		

2.3	Please provide details of the Company Secretary/Senior Partner/Trust Secretary:	
	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
	Full Name:	
	Company Secretary Address:	Postcode:
	Telephone No:	Fax No:
	Email Address:	
2.4	Please provide an address where all official correspondence should be sent. All partners/trustees should sign their agreement to this address. This will be the address used on the public register. (See Note 4)	
	Name of person/company:	
	Correspondence Address:	Postcode:
	Telephone No:	
	Email Address:	

I, as a partner/trustee hereby give agreement to the above address being used for all official correspondence and on the public register provided by Ashford Borough Council	
Name: (Please print)	Signature:
Name: (Please print)	Signature:
Name: (Please print)	Signature:

2.5	Is the proposed licence holder a member of any landlord's association or other professional body? Please indicate which	
	Organisation	Since
2.6	Is the proposed licence holder an accredited landlord in this or another Authority? Please indicate and provide details of the scheme operator	
	Authority	Scheme Operator
2.7	Please list training courses/conferences attended – relevant to property management – by the proposed licence holder	
	Training Course	Date

Fit and Proper Person (See Note 6)				
The Local Authority must consider evidence whether the proposed licence holder, and any person associated or formerly associated with them , whether on a personal, work or other basis is a fit and proper person.				
2.8	Has the proposed licence holder , or anyone associated with the proposed licence holder, ever accepted a simple caution, previously known as a formal caution, from the Police or been convicted of an offence (subject to the Rehabilitation of Offenders Act 1974) involving any of the following?			
	Proposed Licence Holder		Associate	
	Yes	No	Yes	No
Fraud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Offences Act 2003, Schedule 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9	Has the proposed licence holder , or anyone associated with the proposed licence holder, ever been subject to unlawful discrimination proceedings relating to their business, (subject to the Rehabilitation of Offenders Act 1974) involving any of the following?			
	Proposed Licence Holder		Associate	
	Yes	No	Yes	No
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnic or national origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.10	Has the proposed licence holder , or anyone associated with the proposed licence holder, ever accepted a simple caution, been convicted of an offence or been served with Statutory Notices under any of the following?			
	Proposed Licence Holder		Associate	
	Yes	No	Yes	No
Housing Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landlord and Tenant Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Protection Act 1990	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and Safety Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Regulation or Planning Laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.11	Has the proposed licence holder , or anyone associated with the proposed licence holder, ever been convicted for non-compliance of a Statutory Notice under any of the following?			
	Proposed Licence Holder		Associate	
	Yes	No	Yes	No
Housing Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landlord and Tenant Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Protection Act 1990	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and Safety Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Regulation or Planning Laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.12	Has the proposed licence holder , or anyone associated with the proposed licence holder, ever been in control of a property subject to any of the following?				
		Proposed Licence Holder		Associate	
		Yes	No	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Control Order of Management Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Where works have been carried out in default	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A licence or registration certificate has been refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Conditions of a licence or registration certificate have been breached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.13	A licence holder must have the financial arrangements necessary to ensure the property is properly managed and maintained. Please answer the following questions				
		Proposed Licence Holder			
		Yes		No	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Do you have the authority to repair and maintain the property and have the financial arrangements necessary to repair the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are you an undischarged bankrupt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there any County Court judgments against you or any company of which you are a director or secretary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Statutory Declaration for Release of Information

To be completed by Proposed Licence Holder:

General Data Protection Regulations 2016 – Ashford Borough Council is the data controller for any personal information held in this form. Your information will only be used to progress your application for a licence and processing is being conducted under the public task legal basis. We will not share your information with any third parties unless we are required or permitted to do so by law. Your information will be retained for 6 years after the date of HMO registration expires or is relinquished. As part of our duty under the Housing Act 2004 we may have to share and/or check your information with other agencies including the Criminal Records Bureau, Police, Fire and Rescue Service, Office of Fair Trading, other local authorities and other relevant departments within this Council, for example Council Tax, Revenues and Benefits and Debtors.

For more information about your data protection rights please see the Council's data protection pages which can be found at www.ashford.gov.uk or contact the Data Protection Officer at , The Data Protection Officer, Ashford Borough Council, Civic Centre, Tannery Lane Ashford TN23 1PL

I, as the proposed licence holder, hereby authorise any statutory body holding information about me, which falls within the categories above, to provide information on request by the Council.

Name: (Please print)

.....

Signature:

.....

Date:

.....

Section 3: Details of Manager/Managing Agent if Different from Proposed Licence Holder The proposed licence holder must be a named individual (See Note 3)

3.1	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>			
	Full Name:				
	Residential address: (See Note 4)				
	Proof of address: (See Note 4)	Postcode: Driving Licence <input type="checkbox"/> Bank Statement <input type="checkbox"/> Utility Bill <input type="checkbox"/> Other:			
	Business address: (if applicable)				
	Proof of address: (See Note 4)	Postcode: Business Rates <input type="checkbox"/> Utility Bill <input type="checkbox"/>			
	Home Tel. No:				Mobile Tel. No:
	Work Tel. No:				Fax No:
	Email address:				
	Date of Birth:				
Interest in property:	Owner <input type="checkbox"/> Manager <input type="checkbox"/> Leaseholder <input type="checkbox"/> Other:				
3.2	If the manager/managing agent is part of a company, partnership, charity or trust, please indicate which and provide contact details of all directors/partners/trustees – please use additional sheet(s) if more than two. If not part of a limited company, partnership, charity or trust, please go to question 3.4				
	Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Charity <input type="checkbox"/> Trust <input type="checkbox"/>				
	Limited Company/Partnership/Charity/Trust name:				
	Registered Company/Charity No:				
	Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/>		Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/>		
	Full Name:		Full Name:		
	Registered Address:		Registered Address:		
	Postcode:		Postcode:		
	Telephone No:		Telephone No:		
	Fax No:		Fax No:		
	Email Address:		Email Address:		
	Date of Birth:		Date of Birth:		

3.3	Please provide details of the Company Secretary/Senior Partner/Trust Secretary:	
	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
	Full Name:	
	Company Secretary Address:	Postcode:
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3.4	Please provide an address where all official correspondence should be sent. All partners/trustees should sign their agreement to this address. This will be the address used on the public register. (See Note 6)	
	Name of person/company:	
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I, as a partner/trustee hereby give agreement to the above address being used for all official correspondence and on the public register provided by Ashford Borough Council	
Name: (Please print)	Signature:
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3.5	Is the manager/managing agent a member of any landlord's association or other professional body? Please indicate which.	
	Organisation	Since
3.6	Is the manager/managing agent accredited in this or another authority? Please indicate and provide details of the scheme operator.	
	Authority	Scheme Operator
	Since	
3.7	Please list training courses/conferences attended – relevant to property management – by the manager/managing agent.	
	Training Course	Date

3.8	Fit and Proper Person (See Note 6)																							
	The Local Authority must consider evidence whether the manager/managing agent is a fit and proper person.																							
	Has the manager/managing agent , ever accepted a simple caution, previously known as a formal caution, from the Police or been convicted of an offence (subject to the Rehabilitation of Offenders Act 1974) involving any of the following?																							
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3.12	Has the manager/managing agent , ever managed a property, subject to any of the following?													
	A Control Order or Management Order? Where works have been carried out in default following service of a notice? A licence or registration certificate has been refused? Conditions of a licence or registration certificate have been breached	<table border="1"> <tr> <th colspan="2">Manager/Agent</th> </tr> <tr> <th>Yes</th> <th>No</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Manager/Agent		Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		Yes	No											
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<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/>	<input type="checkbox"/>													
3.13	If you do not hold a freehold interest or long lease with full repairing obligations, please answer the following questions													
	Do you have the authority to repair and maintain the property? Is there any financial limitation on the amount of work you can carry out?	<table border="1"> <tr> <th colspan="2">Manager/Agent</th> </tr> <tr> <th>Yes</th> <th>No</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Manager/Agent		Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		Manager/Agent												
		Yes	No											
<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/>	<input type="checkbox"/>													
Please detail below the value of any work you can carry out without further authorisation and the procedure which you must follow if works exceed this limit														

Statutory Declaration for Release of Information

To be completed by Manager/Managing Agent:

General Data Protection Regulations 2016 – Ashford Borough Council is the data controller for any personal information held in this form. Your information will only be used to progress your application for a licence and processing is being conducted under the public task legal basis. We will not share your information with any third parties unless we are required or permitted to do so by law. Your information will be retained for 6 years after the date of HMO registration expires or is relinquished. As part of our duty under the Housing Act 2004 we may have to share and/or check your information with other agencies including the Criminal Records Bureau, Police, Fire and Rescue Service, Office of Fair Trading, other local authorities and other relevant departments within this Council, for example Council Tax, Revenues and Benefits and Debtors.

For more information about your data protection rights please see the Council's data protection pages which can be found at www.ashford.gov.uk or contact the Data Protection Officer at , The Data Protection Officer, Ashford Borough Council, International House, Dover Place, Ashford, Kent. TN23 1HU.

Please sign and date the declaration below in order for us to progress your application.

I, as the manager/managing agent, hereby authorise any statutory body holding information about me, which falls within the categories above, to provide information on request by the Council.

Name: (Please print)

.....

Signature:

.....

Date:

.....

Section 4: Details of Person/Organisation Having Control of the Property

(See Note 5)

4.1	Title:	Mr <input type="checkbox"/>			Mrs <input type="checkbox"/>			Miss <input type="checkbox"/>			Ms <input type="checkbox"/>			Other <input type="checkbox"/>		
	Full Name:															
	Residential address: (See Note 4)	Postcode:														
	Proof of address: (See Note 4)															Driving Licence <input type="checkbox"/> Bank Statement <input type="checkbox"/> Utility Bill <input type="checkbox"/> Other:
	Business address: (if applicable)	Postcode:														
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	Home Tel. No:							Mobile Tel. No:								
	Work Tel. No:							Fax No:								
	Email address:															
	Date of Birth:															
Interest in property:							Owner <input type="checkbox"/> Manager <input type="checkbox"/> Leaseholder <input type="checkbox"/> Other:									

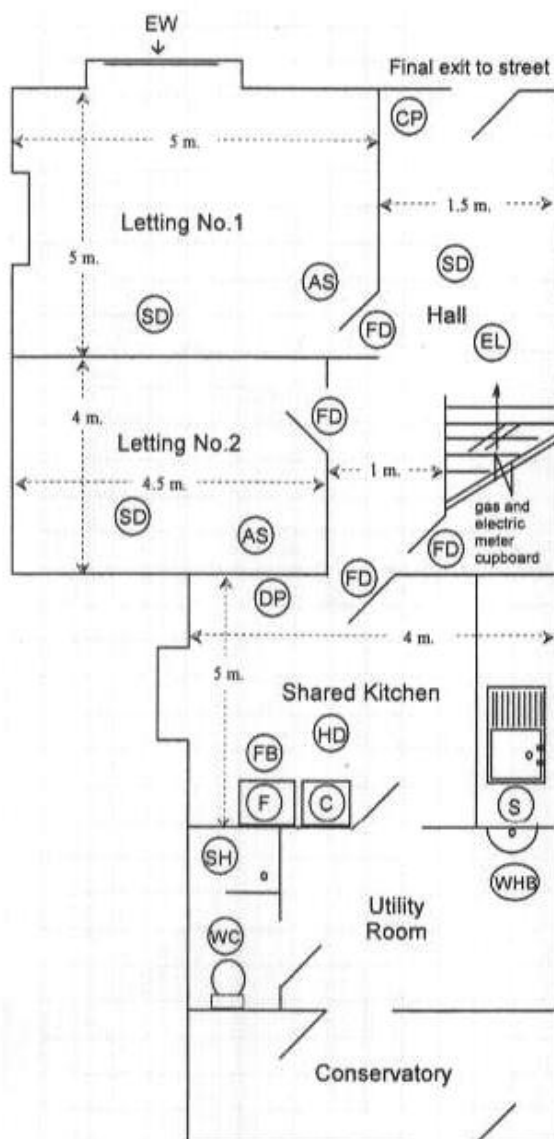
4.2	Are you the freeholder or the leaseholder?
	Freeholder <input type="checkbox"/> Leaseholder <input type="checkbox"/> Neither <input type="checkbox"/>

Part Two – Property Details

Section 1: Details of Property to be Licensed

To be completed for all properties requiring a licence

- 1.1 Please attach a sketch plan, with measurements, showing the location and size (M²) of each room in the property. Below is an example showing the type of sketch and detail required. Please use the abbreviations listed below to mark details on the plan. Please provide a separate sketch of each floor level of the property. Please add additional sheets if you require further space. If you already have plans of the property you may submit these separately, or we can provide sketch plans for you at a charge.



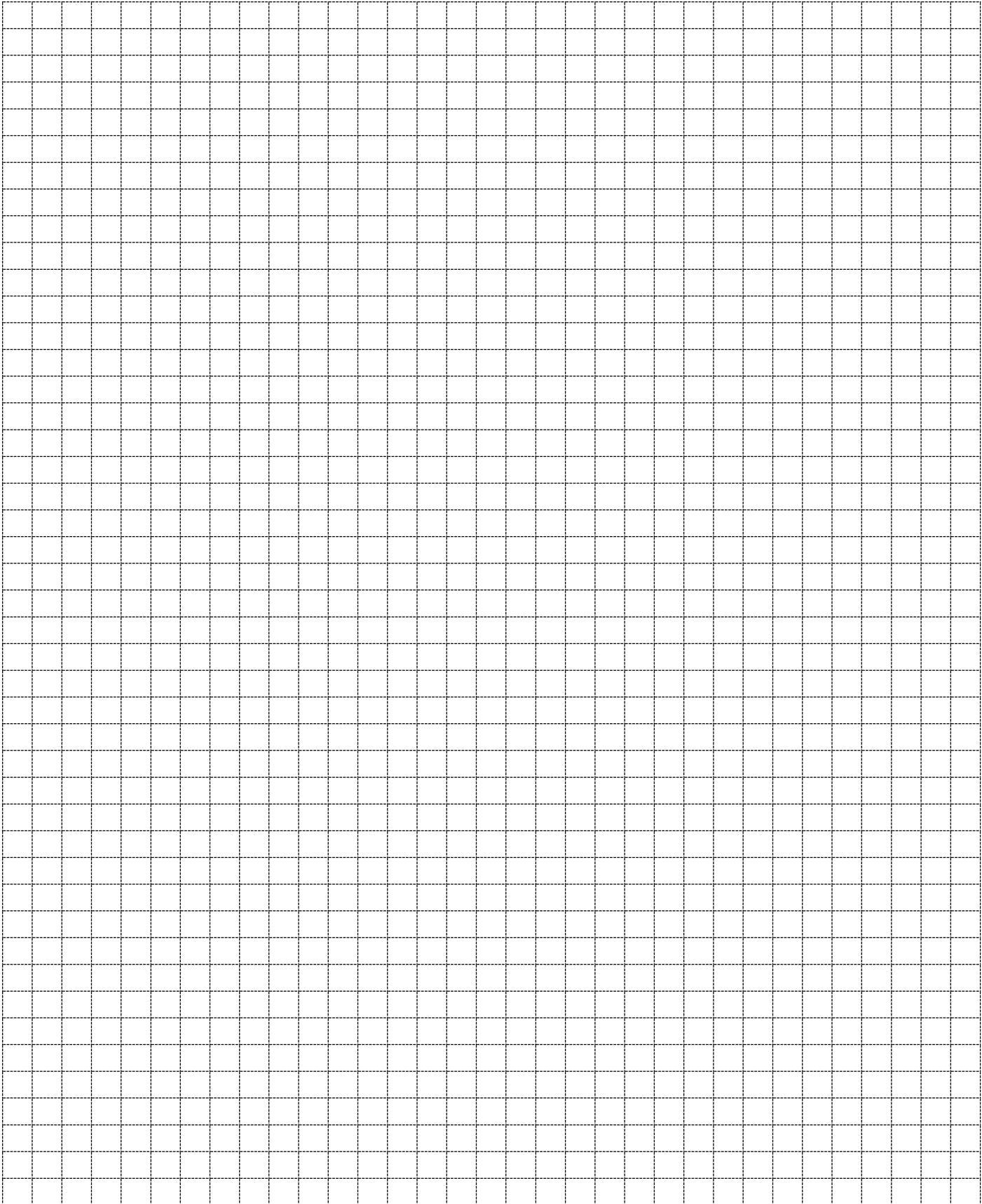
EXAMPLE GROUND FLOOR PLAN

Key of symbols to be used on plan

FD	Fire door
EW	Escape window
EL	Emergency lighting
CP	Manual call point
FAP	Fire alarm control panel
SD	Smoke detector linked to whole house system
HD	Heat detector linked to whole house system
AS	Alarm sounder linked to whole house system
SA	Combined smoke detector/alarm, may be linked or stand alone
HA	Combined heat detector/alarm, may be linked or stand alone
FB	Fire blanket
WE	Water extinguisher
FE	Foam extinguisher
DP	Dry powder extinguisher
SH	Shower
B	Bath
WHB	Wash hand basin
C	Cooker
S	Sink
F	Fridge

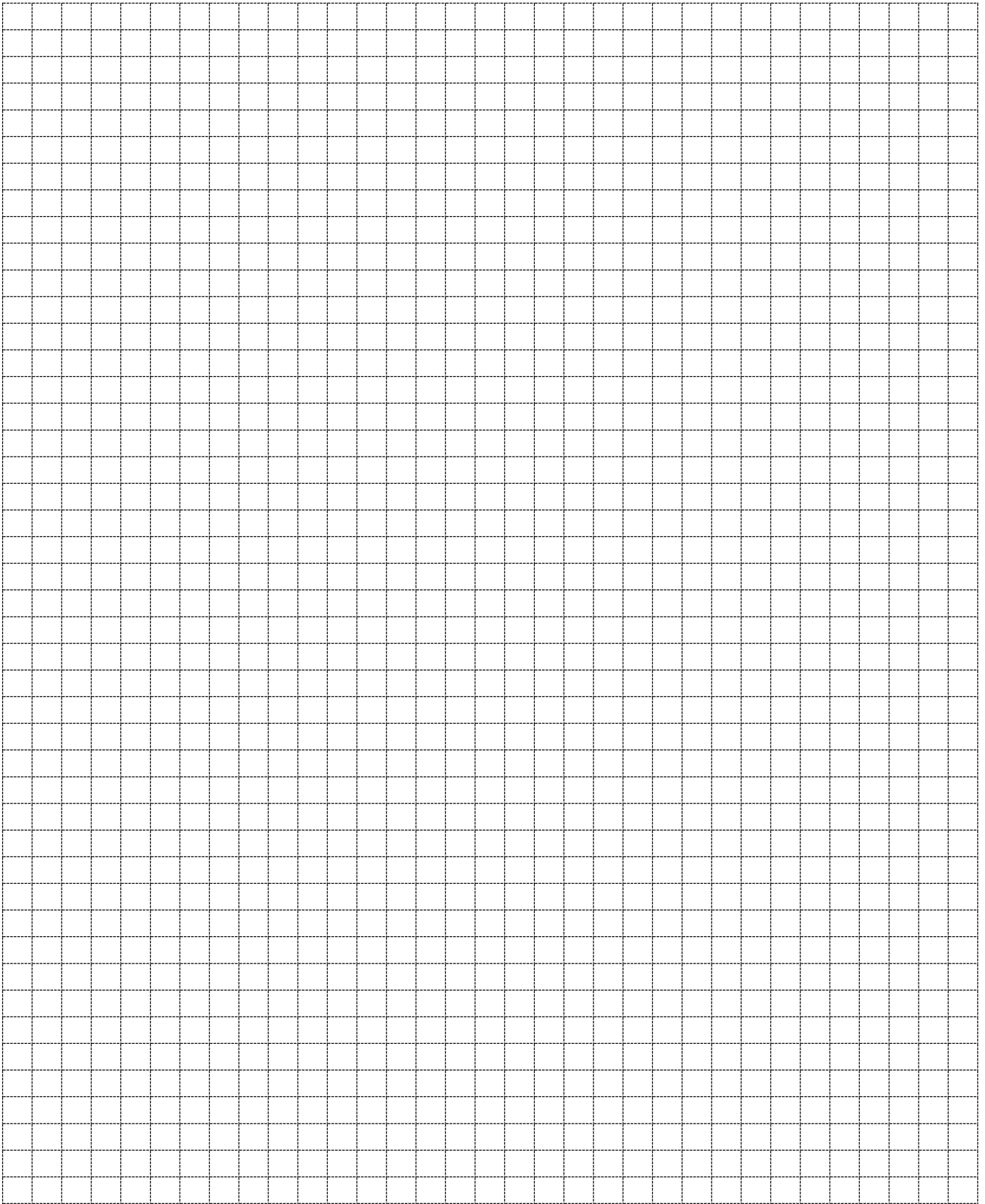
Note: All fastenings to doors required for escape purposes must be thumb-turn type locks, easily openable from the inside without the use of a key.

Sketch Plan



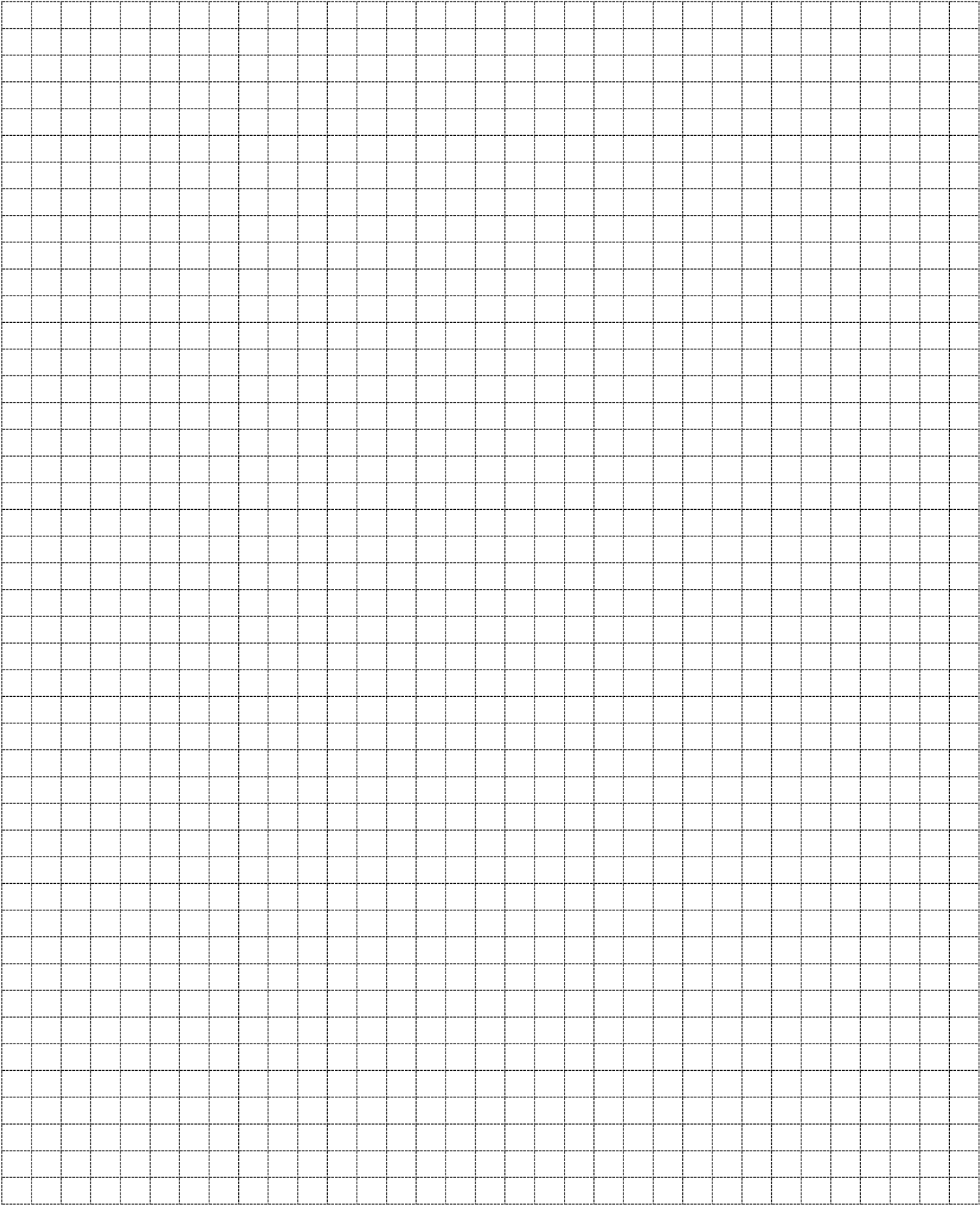
Notes

Sketch Plan



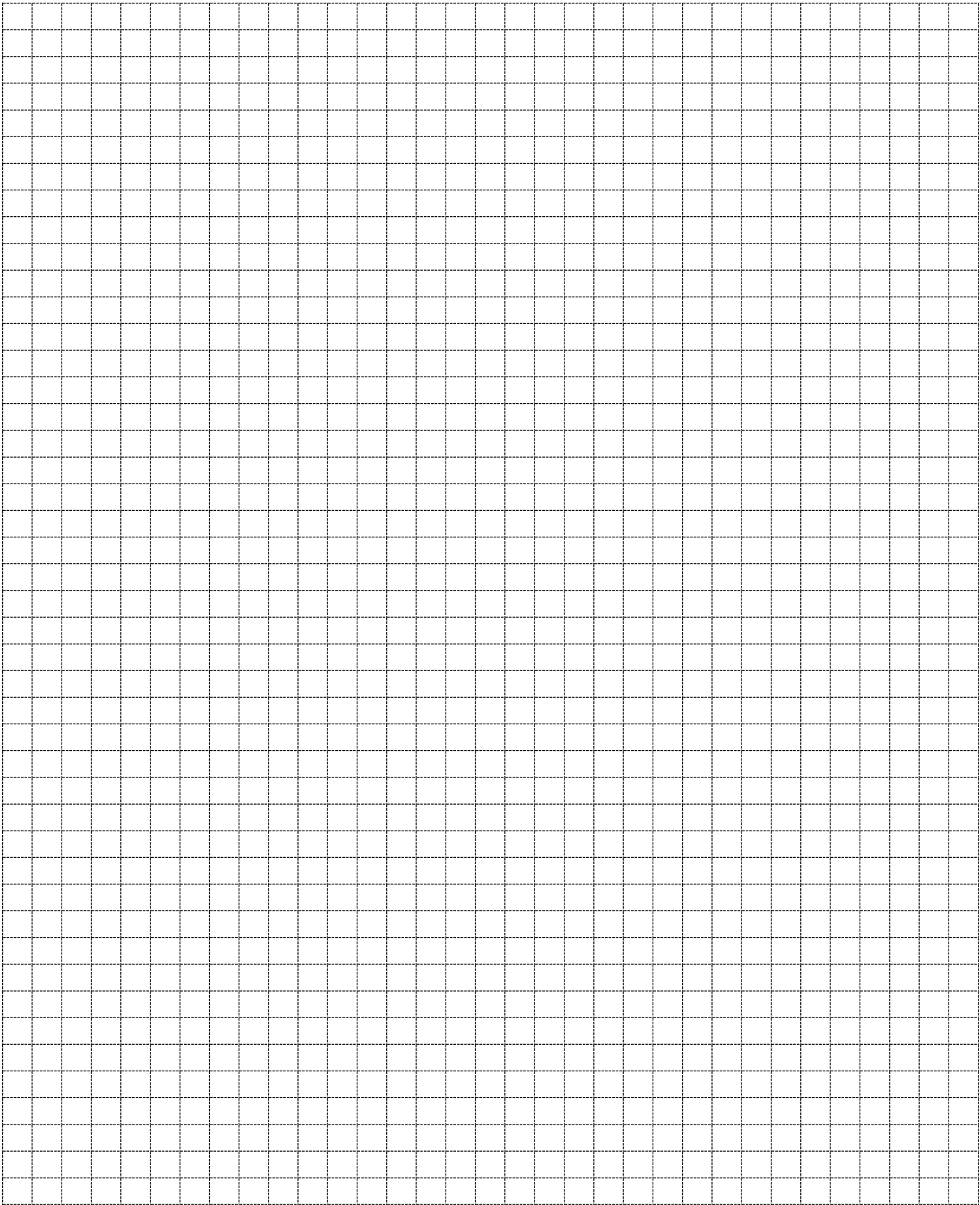
Notes

Sketch Plan



Notes

Sketch Plan



Notes

1.2	Please indicate the type of property to be licensed:	
	Detached <input type="checkbox"/>	Terrace <input type="checkbox"/>
	Semi-detached <input type="checkbox"/>	End Terrace <input type="checkbox"/>
	Other <input type="checkbox"/>	Please indicate
1.3	Please give approximate date of construction of the property:	
	Pre 1919 <input type="checkbox"/>	1945 - 1964 <input type="checkbox"/> Post 1980 <input type="checkbox"/>
	1919 - 1944 <input type="checkbox"/>	1965 - 1979 <input type="checkbox"/>
1.4	If the whole or part of the property has been converted, for example, into self-contained flats, what was the approximate date of conversion:	
	Date:	
1.5	Please provide details of any building works carried out to the property. Please include copies of planning consents, building regulations approval or certificates issued on completion of works.	
	Description of Works	Date of Completion
1.6	How many storeys are there in the property? Include basement and attic conversions but not cellars. (See Note 7)	
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>	
1.7	Over which levels are the storeys situated, such as ground floor, first floor, second floor?	
	Basement <input type="checkbox"/>	First floor <input type="checkbox"/> Third floor <input type="checkbox"/>
	Ground floor <input type="checkbox"/>	Second floor <input type="checkbox"/> Fourth floor <input type="checkbox"/>
	Other <input type="checkbox"/>	Please indicate
1.8	Is any part of the property used for separate commercial activity?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
1.9	If yes, please give details and location of the commercial activity below:	
2.0	How many separate letting units (eg self-contained flats/bedrooms) are there in the property?	
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Other	
2.1	How many households occupy the property at present? (See Note 9 for 'household' definition)	
2.2	What is the maximum number of households that could occupy the property?	

2.3	Please indicate the number of households you would like the licence for.		
2.4	How many individual people occupy the property at present?		
2.5	What is the maximum number of people who could occupy the property?		
2.6	Please indicate the number of occupants you would like the licence for.		
2.7	Is there a resident landlord?		
Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please go to question 3.0			
2.8	Is the proposed licence holder the resident landlord?		
Yes <input type="checkbox"/> No <input type="checkbox"/>			
2.9	Number of people resident in the landlord's household, excluding the landlord?		
2.10	Which rooms in the property are occupied by the resident landlord's household?		
3.0	What form of heating is there in the bathroom/s? (for shared properties only)		
		Yes	No
Radiator/s as part of the gas/oil fired central heating system		<input type="checkbox"/>	<input type="checkbox"/>
Individual wall-mounted electric heater/s		<input type="checkbox"/>	<input type="checkbox"/>
Other, please state:			
3.1	What form of heating is there in the kitchen/s? (for shared properties only)		
		Yes	No
Radiator/s as part of the gas/oil fired central heating system		<input type="checkbox"/>	<input type="checkbox"/>
Individual wall-mounted electric heater/s		<input type="checkbox"/>	<input type="checkbox"/>
Electric storage heater/s		<input type="checkbox"/>	<input type="checkbox"/>
Other, please state:			
3.2	What form of heating is there in the common parts such as hallways and stairwells?		
		Yes	No
Radiator/s as part of the gas/oil fired central heating system		<input type="checkbox"/>	<input type="checkbox"/>
Individual wall-mounted electric heater/s		<input type="checkbox"/>	<input type="checkbox"/>
Electric storage heater/s		<input type="checkbox"/>	<input type="checkbox"/>
Other, please state:			
3.3	Are there any gas appliances in the property?		
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of a valid gas safety certificate			

Section 2: Details of Facilities and Management

To be completed for all properties requiring a licence

4.1	Is there a system of fire detection incorporating:			
		Yes	No	
	A fire alarm control panel	<input type="checkbox"/>	<input type="checkbox"/>	
	Sounders/alarms on all levels	<input type="checkbox"/>	<input type="checkbox"/>	
	Emergency lighting in the common hallways	<input type="checkbox"/>	<input type="checkbox"/>	
	Mains powered smoke/heat alarms in kitchen/common rooms and hallways	<input type="checkbox"/>	<input type="checkbox"/>	
	Battery operated smoke alarms?	<input type="checkbox"/>	<input type="checkbox"/>	
4.2	Is there a current fire alarm test certificate in compliance with BS5839 Part 1:2002, as amended by BS5839 Part 6:2004?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide a copy of the test certificate			
4.3	Is a contractor employed to inspect and maintain the fire alarm system?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please state who:			
4.4	Is there a current emergency lighting test certificate in compliance with BS5266 Part 1:1999?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide a copy of the test certificate			
4.5	Are the kitchen(s)/kitchen areas protected by fire doors?			
	If yes, are they fitted with:			
	Self closers	<input type="checkbox"/>	<input type="checkbox"/>	
	Smoke seals	<input type="checkbox"/>	<input type="checkbox"/>	
	Intumescent strips	<input type="checkbox"/>	<input type="checkbox"/>	
4.6	Are all the doors that open onto the main escape route 30 minute fire resistant doors that incorporate self-closers, smoke seals and intumescent strips?		<input type="checkbox"/>	<input type="checkbox"/>
	If no, which doors are not:			
4.7	Are fire extinguishers provided and tested annually?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please state type and location:			
	Type of Extinguisher	Location of Extinguisher		

		Yes	No
4.8	Are fire blankets provided in the kitchen/s?	<input type="checkbox"/>	<input type="checkbox"/>
4.9	Is the escape route kept clear of flammable materials and other obstructions?	<input type="checkbox"/>	<input type="checkbox"/>
4.10	Is the main exit door openable from the inside without the use of a key?	<input type="checkbox"/>	<input type="checkbox"/>
4.11	Does the property incorporate a sprinkler system?	<input type="checkbox"/>	<input type="checkbox"/>
4.12	Has a fire safety risk assessment been undertaken at the dwelling?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide a copy		
4.13	Is upholstered furniture provided in the property?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, does it comply with the Furniture (Fire Safety) Amendment Regulations 1993?	<input type="checkbox"/>	<input type="checkbox"/>

From the 1st October 2018 Mandatory Conditions Regulations amend schedule 4 of the Act, introducing the following new conditions:

- **Mandatory national minimum sleeping room sizes (see below extracts from guidance 3.3 and 3.4)**
- **Waste disposal provision requirements – these will be covered in Local Authority Conditions attached to each licence issued**

3.3 Minimum sleeping room sizes

From 1 October 2018 local housing authorities must impose conditions as to the minimum room size which may be occupied as sleeping accommodation in the HMO. A room smaller than the specified size must not be used as sleeping accommodation, and communal space in other parts of the HMO cannot be used to compensate for rooms smaller than the prescribed minimum. The purpose of this condition is to reduce overcrowding in smaller HMOs. The standards adopted are similar, but not identical to, those relating to overcrowding in dwellings under section 326 of the Housing Act 1985.

3.4 What is the minimum sleeping room size?

The minimum sleeping room sizes to be imposed as conditions of Part 2 licences are:

- 6.51 m² for one person over 10 years of age
- 10.22 m² for two persons over 10 years of age
- 4.64 m² for one child under the age of 10 years

It will also be a mandatory condition that any room of less than 4.64 m² may not be used as sleeping accommodation and the landlord will need to notify the local housing authority of any room in the HMO with a floor area of less than 4.64 m².

Any area of the room in which the ceiling height is less than 1.5m cannot be counted toward the minimum room size.

In addition local housing authorities are required to impose conditions specifying the maximum number of persons over 10 years of age and/or persons under 10 years of age who may occupy specified rooms provided in HMOs for sleeping accommodation.

The standards are designed to ensure consistency of approach on minimum room sizes used for sleeping within HMOs, and so give certainty for landlords, tenants and local authorities on the absolute minimum standards that are acceptable.

The mandatory room size conditions will however be the statutory minimum and are not intended to be the optimal room size. Local housing authorities will continue to have discretion to set their own higher standards within licence conditions, but must not set lower standards.

Please complete the following table indicating the facilities that are provided within the whole dwelling by ticking the boxes relevant to indicate the facilities that each individual letting unit has use of within the property. (See Note 10)

	Letting Unit										
Facilities	1	2	3	4	5	6	7	8	9	10	Total
Number of people sharing unit											
Number of bedrooms											
Size of bedroom in M ² *											
Wash basin in property – if shared property											
Shared living room											
Exclusive living room											
Dining room											
Shared kitchen/s											
Exclusive kitchen											
4-hob cooker, oven and grill											
Microwave											
Dedicated cooker point											
Sink with drainer and base unit											
Refrigerator/s with freezer compartment											
Freezer											
Shared bathroom/s with WC and WHB											
Shared shower room - separate											
Exclusive bathroom with WC and WHB											
Fixed heating such as gas central heating											
Electric storage heating											
Other heating, non-portable – please specify below:											
*Please note bedrooms are measured from wall to wall discounting any projection into the floor area and any floor area with a ceiling height of less than 1500mm. Measurements should be shown on plans.											

Part 3 - Declarations

Declaration of Applicant and Proposed Licence Holder

(see Note 11)

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 a 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 a rent repayment order requiring you to repay any rents due during the period for which the property was unlicensed.

I declare that the information provided in this application is true and correct to the best of my knowledge. I understand that a criminal offence is committed if I supply any information to a local housing authority in connection with this application for a licence of a House in Multiple Occupation that is knowingly false or misleading and on conviction may be fined up to £5,000.

Note: If you are the applicant AND the proposed licence holder/manager you must sign all the relevant sections below.

Applicant	Name: (please print) Signature: _____ Date: _____
Proposed licence holder	Name: (please print) Signature: _____ Date: _____
Manager/managing agent	Name: (please print) Signature: _____ Date: _____
Person having control of the property	Name: (please print) Signature: _____ Date: _____

Enclosures (as appropriate)

a.	Evidence of permanent residential address of proposed licence holder <input type="checkbox"/>
b.	Building regulations completion certificate and planning consents, if applicable <input type="checkbox"/>
c.	Current fire alarm test certificate <input type="checkbox"/>
d.	Current emergency lighting test certificate <input type="checkbox"/>
e.	Service contract for alarm and safety systems <input type="checkbox"/>

f.	Current landlord's Gas Safety Certificate <input type="checkbox"/>
g.	Most recent periodic test certificate for the electrical installation <input type="checkbox"/>
h.	Most recent PAT certificate, if applicable <input type="checkbox"/>
i.	Fire safety risk assessment, if applicable <input type="checkbox"/>
j.	Licensing Fee. For fee and methods of payment please see attached sheet <input type="checkbox"/>

Declaration of Applicant and Proposed Licence Holder

(see note 11)

You must let certain people know in writing that you have made this application, or give them a copy of it, as follows:

- any mortgagee of the property
- any owner of the property to which this application relates, if that is not you, such as the freeholder, and any head lessees who are known to you
- any other person who is a tenant or 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 of less than three years, including a periodic tenancy
- the proposed licence 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 licence, if it is granted

You must tell each of these people:

- your name, address, telephone number and e-mail address
- the name, address, telephone number and e-mail address of the proposed licence holder, if it will not be you
- that this is an application under Part 2 (Houses in Multiple Occupation) of the Housing Act 2004
- the address of the property it relates to
- the name and address of the local authority to which the application will be made
- the date the application will be submitted

I confirm that I have informed the following people/organisations, in writing, of my application for a licence.

- 1.
- 2.
- 3.
- 4.

How To Fill In An Application For [Variation Of] A House In Multiple Occupation Licence

If you make any mistakes, or do not complete all the relevant sections, it may delay the processing of the application form and incur further charges. If additional information is supplied on a separate sheet(s), please make sure that they are securely attached to the application form. Please read the guidance notes carefully to assist you in:

- deciding if the property requires a licence
- applying for the correct licence
- completing the form correctly
- enclosing all the relevant documents

From 1st October 2018 mandatory licencing will no longer be limited to certain HMOs that are three or more storeys high but will include any building with one or two storeys.

Anyone who owns or manages a House in Multiple Occupation – HMO – that requires a licence will have to apply for a licence from the Local Authority – LHA – in which the property is situated. An application for a HMO Licence has to be made under Part 2 of the Housing Act 2004. Properties that are operating without a licence will be subject to an offence that is liable to a fine not exceeding £20,000.

The Act defines a House in Multiple Occupation as a building or part of a building such as a flat that is:

1. Occupied by more than one household and where more than one household shares – or lacks – an amenity, such as a bathroom, toilet or cooking facilities, or
2. A converted building – but not entirely self contained flats – whether or not some amenities are shared, or
3. Converted self contained flats, that do not meet the 1991 building regulations, and at least one third of the flats are occupied under short tenancies

Please note that there are two definitions concerning HMOs. The definition above is a general HMO definition and is separate from the definition below which is used to determine if a HMO requires a licence. If a HMO meets both definitions, please complete a mandatory HMO licensing application form. If the HMO only meets the above definition, the HMO will not need a licence but will still be subject to the Management of Houses in Multiple Occupation (England) Regulations 2006 and may require a Health and Safety Assessment.

More details on these categories are set out below:

HMOs meeting the standard test

A building meets the standard test if it is a building in which more than one household has living accommodation (other than self-contained flats) and:

- at least two households share a basic amenity, or
- the living accommodation is lacking in a basic amenity.

Basic amenities are defined as a toilet, personal washing facilities or cooking facilities (Section 254(8) of the Housing Act 2004). The degree of sharing is not relevant and there is no requirement that all the households share those amenities.

There is no requirement that the building is converted or adapted in any way (although that may indeed be the case). It applies, therefore, to houses whose characteristics resemble those of a conventional house in single occupancy, but which is an HMO by virtue only of its use, for example 'shared' houses as well as the more traditional bed-sit type HMOs.

HMOs meeting the self-contained flat test that are not purpose-built flats situated in a block comprising three or more self-contained flats

The self-contained flat test mirrors the standard test except that it applies to flats. For the purposes of licensing, a flat meets the self-contained flat test if it is occupied by 5 or more people forming more than one household and the flat lacks a basic amenity or more than one household shares a basic amenity (all of which are in the flat) e.g. a bathroom, toilet or cooking facilities. This includes flats above and below commercial premises, and flats in converted buildings.

Such flats are only required to be licensed if they are not purpose built flats situated in a block of three or more self-contained flats,

Purpose-built is not defined in the regulations and therefore takes its ordinary and natural meaning, i.e. the building was designed and constructed for a particular use.

A purpose-built flat situated in a block comprising three or more self-contained flats is not subject to mandatory licensing even if that flat is in multiple occupation.

HMOs meeting the converted building test under s 254(4) of the Act

A building meets the converted building test if it is a building that has been converted and in which one or more of the units of living accommodation is not a self-contained flat (section 254(4)). It does not matter whether the building also contains self-contained flats.

A converted building is a building (or part of a building) where living accommodation has been created since the building (or part) was constructed (for definition of "converted building" see section 254(8)). Thus a house converted into bed-sits may meet the test, but so could a family house, where only a part of it has been converted to provide separate living accommodation. Such buildings may also meet the standard test, if there is any sharing of facilities between two or more households.

A **single household** refers to persons who are all members of the same family. A person is a member of the same family if they are married to each other, live together as husband and wife including same sex couples, and other relationships. A "relationship" means parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew, niece or cousin. A relationship of the half-blood shall be treated as a relationship of the whole blood and a stepchild shall be treated as his/her child. A person who lives in accommodation supplied by his/her employer or by a member of his/her employer's family, is classed as living in the same household, for example, au pair, nanny, nurse, carer, governess, servants, chauffeur, gardener, secretary or personal assistant.

Living accommodation occupied by persons as their main residence includes persons undertaking a full-time course of further or higher education, migrant and or seasonal workers and asylum seeker or his/her dependants, who have been provided with accommodation under section 95 of the Immigration and Asylum Act 1999(a) and the accommodation is provided under contract to, or on behalf of, the National Asylum Support Service. It also includes HMOs that are operated as a refuge.

If the property falls into all of the above categories, it is a HMO that will require licensing under the mandatory HMO licensing scheme, introduced by the Housing Act 2004 and amended the 1st October 2018. There are different types of licensing schemes that local authorities may operate in the area where your HMO is situated. However, the application form relating to these guidance notes is for the mandatory scheme. Please make sure that you are completing the correct application form.

Note 1

Type of House for which the Application is being made

House in multiple occupation – The whole property is being operating as a HMO either offering shared facilities or bed-sit type accommodation – see below for definition, or as a combination of self contained flats and bed-sits.

Flat in multiple occupation – Part of the building is operating as a HMO either offering shared facilities or bed-sit type accommodation – see below for definition, or as a combination of self contained flats and bed-sits.

House converted and comprising only of self contained flats – A self contained flat refers to a dwelling where access is via a single front door from any common area. Such dwellings would contain all the standard amenities with no sharing of amenities with the occupiers of neighbouring dwellings. However individual flats within such converted blocks will require a mandatory HMO licence if at least two households share a basic amenity and occupied by five or more persons from two or more separate households.

Note 2

How is the HMO Operating

Bed-sits – A term used to describe sleeping/living arrangements that are not self-contained and where there is shared use of some facilities such as bath or shower room, sanitary accommodation or kitchen with the other occupiers of the HMO.

Shared facilities – Where the cooking and washing/toilet facilities are shared between all

members of the HMO but each household has their own sleeping facilities.

Household with lodgers – A resident landlord rents out rooms within the property. For this type of property to be a HMO, there must be 3 or more lodgers able to reside at the property at any one time.

Hostel, B&B, Guesthouse – Accommodation for people with no other permanent place of residence who would otherwise be homeless.

Supported lodgings – Accommodation for young people who live independently but have the assistance of a carer whilst at the property.

Note 3

Details Of Applicant

The applicant must be a named individual

The applicant/proposed licence holder must be a named individual and not a company. If a company applies to be a licence holder, they must nominate an appropriate person to hold the licence within that company. The council has a duty to award the licence to the person it thinks is the most appropriate person to be the licence holder. In normal circumstances, the council would expect the applicant to be the owner/ landlord of the dwelling and apply to be the proposed licence holder. The proposed licence holder must have the power to:

- collect rental income
- let and terminate tenancies
- access all parts of the dwelling
- authorise repairs and maintenance to the property

If this is the case, please complete all of section one, following the instructions given within the section. If the owner/landlord has nominated a manager or managing agent to be the proposed licence holder, they must have the power to undertake the listed conditions such as collect rental income and authorise repairs, in order for the council to assume that they are the most appropriate person to hold the licence.

Note 4

Residential/Business Address

Please provide details of permanent residential or business address of the applicant and/or proposed licence holder – not the address of the HMO to be licensed. The full permanent residential address is required together with the necessary supporting documents to confirm the address. Evidence that will be accepted by the council as proof of address will include one of the following:

- current driver's licence
- recent bank or building society statement – from the last 3 months
- recent utility bill – from the last 3 months
- recent tax correspondence

The supporting documents to confirm the business address will include one of the following:

- Recent utility bill – from the last 3 months
- Business rates
- Recent tax correspondence

Photocopies of the above documents are not accepted. Original documents must be sent with the application form or alternative arrangements made with the council for original documents to be verified.

The council has a duty to maintain a public register and make sure that the contents of the register are available at the authorities head office for inspection by members of the public at all reasonable times. This permanent residential/business address will be the address used on the public register. If you would prefer an alternative address to be used on the public register, please complete

section 2.4 in full in addition to providing residential/business address.

Note 5

Control of the Property

A person having control of the property in normal circumstances is the legal owner/freeholder of the property who receives the 'rack-rent' of the premises. The 'rack-rent' means a rent which is not less than two thirds of the full net annual value of the premises. In circumstances where the owner/freeholder has leased the property to another person or company, the leaseholder will become the person having control of the property.

Note 6

Fit and Proper Person

In deciding whether an application should be granted, the Council must have regard to evidence, which shows that the proposed licence holder and/or manager and any other persons associated or formerly associated with them on a personal, work or other basis is a fit and proper person.

To make sure the Council can, adequately assess whether a licence holder is a fit and proper person a series of questions have been devised. You must answer "yes" or "no" to all of the questions in this section. If you answer "yes" to any of the questions, it will be necessary for the Council to undertake a further assessment. In accordance with the Rehabilitation of Offenders Act 1974, you are not required to provide details about previous convictions that are "spent".

A conviction becomes "spent" after a certain length of time, which changes depending on the sentence and your age at the time of the conviction. The periods are halved if the conviction took place when you were aged 17 or less. If a person is sentenced to more than two and a half years in prison, his/her conviction can never become "spent".

Figure 1

Sentence	Period of good conduct needed for conviction to be spent
6 months to 2½ years imprisonment	10 years
Less than 6 months' imprisonment	7 years
Borstal Training	7 years
A fine or Community Services Order	5 years
Probation Order, Conditional Discharge, or Bind Over	1 year
An Absolute Discharge	6 months

Therefore, all unspent convictions must be declared. Figure 1 indicates the period required for the conviction to become spent.

To enable the Council to be satisfied that the information given is correct, please sign the declaration as requested. This also ensures that in certain cases other authorities such as the Police Authority can be consulted during the licensing process. If the declaration is not signed, the application cannot be processed. If you have any doubts about whether you have to declare a previous conviction, you should contact your local Probation Office, the Citizens Advice Bureau or a Solicitor.

Any information given will be treated as confidential and used only in connection with this application.

Note 7

Storeys in the Property

Properties that require a licence will apply to buildings with one or more storeys.

Definition of storey:

When calculation the number of storeys, the **Regulations** say that you must include:

- Any basement – if it is used as living accommodation; constructed, converted or adapted for use as living accommodation; if it is used in connection with and as an integral part of the HMO or if it provides the main entrance form the street.
- Any loft or attic if it is used as living accommodation; constructed , converted or adapted for use as living accommodation; if it is used in connection with and as an integral part of the HMO; and
- Any other storey used wholly or partly as living accommodation or in connection with and as integral part of the HMO.

If the accommodation is situated above or below business premises, you must also include each storey comprising business premises. So a two-storey maisonette above a shop is a three-storey property for the purposes of HMO licensing.

Note 8

Purpose built flat examples are they in scope:

In Scope

Flat 1
Flat 2

Up to 2 flats in block

In Scope

Flat 2
Flat 1
Shop

Up to 2 flats in block above commercial premises

Not in Scope

Flat 5
Flat 4
Flat 3
Flat 2
Flat 1

Larger purpose built flat blocks with 3 or more flats

Note 9

Households

A **single household** refers to persons who are all members of the same family such as, married and co-habiting couples of the opposite and same sex, and other relationships, A “relationship” means parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew, niece, cousin, relationship of the half-blood and stepchild . Additionally a person living with his/her employer’s family or in accommodation supplied by his/her employer is classed as living in the same household, such as, au pair, carer, gardener, or personal assistant.

Note 10

Facilities Available for each Individual Letting

The table for facilities in Part 2 has been designed to allow information to be given for shared and self-contained properties. It is a “tick box” table to make sure that for each individual letting they have access to certain facilities. If any of the listed facilities are not contained within the property, please leave the box blank. Using the example opposite (Figure 3) please complete the table in Part 2.

Note 11

Declaration of Applicant and Proposed Licence Holder

Please complete all the necessary declarations at the end of each relevant section. The final declaration indicating that all the information contained within the application form is true and correct requires signatures by all persons who have completed Part 1. If the applicant is also the proposed licence holder, please sign both the applicant and proposed licence holder sections as indicated in Part 3.

It is a criminal offence to **knowingly** supply information that is false or misleading for the purposes of obtaining a licence. Under Section 238 of the Housing Act 2004, a person who commits an offence is liable on

summary conviction to a fine not exceeding level 5 on the standard scale (up to £5,000).

FIGURE 3

FACILITIES	LETTING UNIT						TOTAL
	1	2	3	4	5	6	
Number of people sharing unit	1	1	1	1	1		5
Number of bedrooms	1	1	1	1	1		5
Wash basin in property - if shared property	0	0	1	0	1		2
Shared living room	✓	✓	✓	✓	✓		1
Exclusive living room							
Dining room							
Shared kitchen/s	✓	✓	✓	✓	✓		1
Exclusive kitchen							
4-hob cooker, oven and grill		✓		✓	✓		1
Microwave	✓	✓	✓	✓	✓		1
Dedicated cooker point	✓	✓	✓	✓	✓		1
Sink with drainer and base unit	✓	✓	✓	✓	✓		1
Refrigerator/s with freezer compartments	✓	✓	✓	✓	✓		1
Freezer	✓	✓	✓	✓	✓		1
Shared bathroom/s with WC and WHB	✓	✓	✓	✓	✓		1
Shared shower room - separate							
Exclusive bathroom with WC and WHB							
Fixed heating such as gas central heating	✓	✓	✓	✓	✓		
Electric storage heating							
Other heating, non-portable - please specify							