

Housing Act 2004, Part 2: HMO Licensing

Application Form

Please complete the following:

- PART I APPLICANTS INFORMATION** (to be completed in every instance even if you will **not** be the licence holder)
- PART II IF MANAGER / AGENT EMPLOYED** (only to be completed if the manager/agent is to be the licence holder)
- PART III ABOUT THE PROPERTY**
- PART IV AMENITY DETAILS**

Fill in this form in blue or black ink and please write clearly or print.

Checklist:

- Completed and signed application form
- Copy of Landlords Gas Safety Certificate *if applicable*
- Copy of Electrical Certificate
- Any additional information that you are including with this application
- Copy of Tenancy Agreement

PART I: APPLICANTS INFORMATION

NB: In all cases the owner will be known as the applicant

Complete for every property

Will the applicant be the proposed licence holder? Yes No

1. Address of property to be licensed: (One application per property)

_____postcode_____

2. Name & Address of applicant:

Tel:_____email:_____

3. If the applicant is a company, partnership, or trust, please indicate which and complete the following:

3.1 Company/partnership/trust information: including Registered address or principal trading address where appropriate

Tel:_____email:_____

3.2 Names & Addresses of all Directors/Partners/Trustees (*please use a separate sheet if necessary*)

Tel:_____email:_____

3.3 Name & Address of Company Secretary

Tel:_____email:_____

3.4 Please confirm by signature of all partners/trustees an address for service:

Signed:_____Name:_____ (Director/Partner/Trustee?)

Signed:_____Name:_____ (Director/Partner/Trustee?)

Signed:_____Name:_____ (Director/Partner/Trustee?)

Signed:_____Name:_____ (Director/Partner/Trustee?)

4. Name & Address of manager/rent collector/person having control of the property (*please indicate*)

Tel: _____ email: _____

4.1. Please complete PART II if the manager/agent is to be the licence holder as the application is incomplete without this and cannot be processed.

5. **Fit & proper person** – the words and details used in section 5.1 – 5.6 have been taken directly from the regulations within the Statutory Instrument 2006 No.373 and are a fundamental requirement of this application. The mention of ‘the Act’ refers to 2004 Housing Act.

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.

5.1. Please indicate if there has been any unspent convictions that may be relevant to the proposed licence holder’s fitness to hold a licence, or the proposed manager’s fitness to manage the HMO or house and, in particular, any such conviction in respect of any offence involving the following:

- fraud
- dishonesty
- violence
- drugs
- Sexual Offences Act 2003: Schedule 3 (a)

Yes No

5.2. Please indicate if there has been any finding by a court or tribunal against the proposed licence holder or manager that he/she has practised unlawful discrimination on the grounds of sex, colour, race, ethnic or national origins or disability in or in connection with, the carrying on of any business.

Yes No

5.3. Please indicate if there has been any contravention on the part of the proposed licence holder or manager of any provision of any enactment relating to housing, public health, environmental health or landlord and tenant law which led to civil or criminal proceedings resulting in a judgement being made against him.

Yes No

5.4. Please indicate if there has been any information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed which has been the subject of:

- a control order under section 379 of the Housing Act 1985 (a) in the five years preceeding the date of the application or
- any appropriate enforcement action as described in section 5 (2) of the Act

Yes No

5.5. Please indicate if there has been any HMO or house the proposed licence holder or manager owns or manages or has owned or managed for which a local housing authority has refused to grant a licence under Part 2 or 3 of the Act, or has revoked a licence in consequence of the licence holder breaching the condition of his licence.

Yes No

5.6. Please indicate if there has been any HMO or house the proposed licence holder or manager owns or manages or has owned or managed that has been the subject of an interim or final management order under the Act.

Yes No

We may require your co-operation to confirm the information we obtain. We may also have to share/and or check information with other authorities, such as the police, Fire & Rescue Service, Office of Fair Trading, etc.

Signing of this application will be taken as your agreement to any such action.

5.7. Are you a member of any landlords association or other professional body? Please indicate which.

5.8. Please list other HMO's/houses in a) this local authority area b) other local authority area.
(Please use separate sheet if necessary)

5.9. Are you on any accommodation 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.

initials: _____

5.10. Please list any training courses you have undertaken or conferences attended in the last 3 years which you feel make you a better landlord.

NOTE TO APPLICANTS

Please note that it is a criminal offence to knowingly supply information which is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application with regard to the property concerned may be required at a later date. If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled or other action taken.

IMPORTANT INFORMATION

You must let certain persons know in writing that you have made this application or give them a copy of it. 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) i.e. the freeholder and any head lessors who are known to you
- 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 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/she will be bound by any conditions in a licence if it is granted.

You must tell each of these persons:

- Your name, address, telephone number and e-mail address or fax number (if any)
- The name, address, telephone number and e-mail address or fax number (if any) of the proposed licence holder (if it will not be you)
- Whether this is an application for an HMO licence under Part 2 or for a house licence under 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 submitted

I/We declare that I/We have served a notice of this application on the following persons who are the only persons known to me/us that are required to be informed that I/We have made this application:

Signed: _____ Date: _____

Name: (please print) _____

Signed: _____ Date: _____

Name: (please print) _____

Please provide details of the people you have informed regarding the above. *Please use a separate sheet if necessary.*

Name:
Address:
Description of the person's interest in the property or the application:
Date of Service:

Name:
Address:
Description of the person's interest in the property or the application:
Date of Service:

Name:
Address:
Description of the person's interest in the property or the application:
Date of Service:

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 in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or am/are reckless as to whether it is false or misleading.

Signed: _____ Date: _____

Name: (please print) _____

Signed: _____ Date: _____

Name: (please print) _____

Signed: _____ Date: _____

Name: (please print) _____

Signed: _____ Date: _____

Name: (please print) _____

IF YOU HAVE ANY QUERIES IN COMPLETING THIS FORM THEN PLEASE CONTACT US ON 01720 424025

COMPLETED APPLICATION FORMS AND RELEVANT DOCUMENTATION TO BE RETURNED TO:

**ENVIRONMENTAL HEALTH/TECHNICAL SERVICES
COUNCIL OF THE ISLES OF SCILLY
TOWN HALL
ST MARY'S
ISLES OF SCILLY
TR21 0LW**

PART II: IF MANAGER / AGENT EMPLOYED

PART II. APPLICATION FOR AN HMO LICENCE

(only to be completed if the manager/agent will be the proposed licence holder)

The proposed licence holder must be a named individual.

<p>Applicant (owner):</p> <hr/> <p>Address of property to be licensed:</p> <hr/> <hr/> <hr/>
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<p>1. Name & Address of Person managing the property indicating professional qualifications such as RICS, ARMA, ARLA, etc. (please see copy of management regulations enclosed)</p> <p>Name: _____</p> <p>Address (for all correspondence): _____</p> <hr/> <p>Tel: _____ email: _____</p>

1.1 Company/partnership/trust information: including Registered address or principal trading address and Registered Company number where appropriate: *Where different from above.*

Tel: _____ email: _____

2. Names & Addresses of all Directors/Partners/Trustees indicating professional qualifications such as RICS, ARMA, ARLA, etc. (please use a separate sheet if necessary). Pre-printed information about your organisation is acceptable, validated by the signature of the appropriate officer. *Where different from above.*

Tel: _____ email: _____

3. Name & Address of Company Secretary

Tel: _____ email: _____

- 4 Fit & proper person** – the words and details used in section 4.1 – 4.6 have been taken directly from the regulations within the Statutory Instrument 2006 No.373 and are a fundamental requirement of this application. The mention of ‘the Act’ refers to 2004 Housing Act.

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.

Please indicate which, of the below, if any, apply to you or any person associated with you who may be involved in the management of the property.

- 4.1 Please indicate any unspent convictions that may be relevant to the proposed licence holder’s fitness to hold a licence, or the proposed manager’s fitness to manage the HMO or house and, in particular, any such conviction in respect of any offence involving the following:

- fraud
- dishonesty
- violence
- drugs
- Sexual Offences Act 2003: Schedule 3 (a)

Yes No

- 4.2 Please indicate if there has been any finding by a court or tribunal against the proposed licence holder or manager that he/she has practised unlawful discrimination on the grounds of sex, colour, race, ethnic or national origins or disability in or in connection with, the carrying on of any business.

Yes No

- 4.3 Please indicate if there has been any contravention on the part of the proposed licence holder or manager of any provision of any enactment relating to housing, public health, environmental health or landlord and tenant law which led to civil or criminal proceedings resulting in a judgement being made against him.

Yes No

- 4.4 Please indicate if there has been any information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed which has been the subject of:

- I. a control order under section 379 of the Housing Act 1985 (a) in the five years preceeding the date of the application or
- II. any appropriate enforcement action as described in section 5 (2) of the Act

Yes No

4.5 Please indicate if any HMO or house the proposed licence holder or manager owns or manages or has owned or managed for which a local housing authority has refused to grant a licence under Part 2 or 3 of the Act, or has revoked a licence in consequence of the licence holder breaching the condition of his licence.

Yes No

4.6 Please indicate if there has been any information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed that has been the subject of an interim or final management order under the Act.

Yes No

We may require your co-operation to confirm the information we obtain. We may also have to share/and or check information with other authorities, such as the police, Fire & Rescue Service, Office of Fair Trading, etc.

Signing of this application will be taken as your agreement to any such action.

4.7 Please list any training courses you have undertaken or conferences attended in the last 3 years:

4.8 Please indicate number of individual properties you manage: _____

NOTE TO APPLICANTS

Please note that it is a criminal offence to knowingly supply information which is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application with regard to the property concerned may be required at a later date. If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled or other action taken.

IMPORTANT INFORMATION

You must let certain persons know in writing that you have made this application of give them a copy of it. 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) i.e. the freeholder and any head lessors who are known to you
- 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 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/she will be bound by any conditions in a licence if it is granted.

You must tell each of these persons:

- Your name, address, telephone number and e-mail address or fax number (if any)
- The name, address, telephone number and e-mail address or fax number (if any) of the proposed licence holder (if it will not be you)
- Whether this is an application for an HMO licence under Part 2 or for a house licence under 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 submitted

I/We declare that I/We served a notice of this application on the following persons who are the only persons known to me/us that are required to be informed that I/We have made this application:

To be signed by the proposed licence holder.

Signed: _____ Date: _____

Name: *(please print)*

Signed: _____ Date: _____

Name: *(please print)*

Please provide details of the people you have informed regarding the above. *Please use a separate sheet if necessary.*

Name:
Address:
Description of the person's interest in the property or the application:
Date of Service:

Name:
Address:

Description of the person's interest in the property or the application:
Date of Service:

Name:
Address:
Description of the person's interest in the property or the application:
Date of Service:

<p>DECLARATION</p> <p>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 in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or am/are reckless as to whether it is false or misleading.</p> <p>To be signed by the proposed licence holder.</p> <p>Signed: _____ Date: _____</p> <p>Name: (please print) _____</p> <p>Signed: _____ Date: _____</p> <p>Name: (please print) _____</p>

IF YOU HAVE ANY QUERIES IN COMPLETING THIS FORM THEN PLEASE CONTACT US ON 01720 424025

COMPLETED APPLICATION FORMS AND RELEVANT DOCUMENTATION TO BE RETURNED TO:

**ENVIRONMENTAL HEALTH/TECHNICAL SERVICES
COUNCIL OF THE ISLES OF SCILLY
TOWN HALL
ST MARY'S
ISLES OF SCILLY
TR21 0LW**

PART III: ABOUT THE PROPERTY

1. Type Of Property *(please tick only one of the boxes)*

House in single occupation	<input type="checkbox"/>	House in multiple occupation	<input type="checkbox"/>
Flat in single occupation	<input type="checkbox"/>	Flat in multiple occupation	<input type="checkbox"/>
A house converted into and comprising only self contained flats		<input type="checkbox"/>	
A purpose built block of flats	<input type="checkbox"/>	Other	<input type="checkbox"/> please give details _____

2. Property Details

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

(Delete as appropriate)

- | | |
|--|--------|
| a) Structurally sound and in reasonable repair | Yes/No |
| b) Reasonably free from damp | Yes/No |
| c) Clean & 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: | |
| a) Planned maintenance | Yes/No |
| b) Inspection of furniture/facilities/equipment? | Yes/No |
- (please provide brief details if available)*
-

Please give approximate date of original construction: *delete as appropriate*

Pre 1919 1919-45 1946-64 1965-80 Post 1980

If converted, approximate date of conversion _____

3. Fire Precautions

3.1. Is there:

- | | |
|---|--------------------------------|
| a) an adequate system of smoke/heat detectors incorporating | <i>(delete as appropriate)</i> |
| - A fire alarm panel | Yes/No |
| - Emergency lighting in the escape route | Yes/No |
| - Smoke/heat detectors in kitchen/common rooms | Yes/No |
| - Sounders/alarms on all levels | Yes/No |
| - Fire blankets in all kitchens | Yes/No |
| b) Are all the doors opening onto the main escape route 30 minute fire resistant doors incorporating self-closers, smoke seals and intumescent strips | Yes/No |
| If No which doors are not _____ | |
| c) Is the escape route kept clear of flammable material and other obstructions? | Yes/No |
| d) Do you have a contractor to maintain and inspect your system? | Yes/No |
| e) Please state who _____ | |
-

f) Is there a log book of inspection/testing? Yes/No

g) Where is it kept? _____

h) Have the occupants been given details of fire escape routes and fire safety training? Yes/No

4. Heating & Insulation

4.1. 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

Other _____

4.2. Is the loft insulated? Yes/No _____ (date)

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

4.4. Are the windows:

a) In good repair? Yes/No

b) Double glazed? Yes/No

4.5. If there are gas appliances, please confirm that you have a current Landlords Gas Safety Certificate (required annually for the installation and equipment you provide) and **provide a copy.** Yes/No

4.6. Have you an electrical safety certificate from a competent electrical engineer? **Please attach a copy of the most recent certificate.** Yes/No

4.7. Please indicate date of any major work to the electrical installations. _____ (date)

5. Electrical Appliances And Furniture

5.1. Please indicate whether you provide:

a) Furniture Yes/No

b) Appliances (e.g. kitchen equipment, heater, vacuum cleaner etc) Yes/No

5.2. Is all furniture compliant with current fire safety regulations? Yes/No

5.3. Are all the appliances compliant with current electrical safety regulations? Yes/No

6. Tenancy Management

6.1. Please confirm whether you provide the following:

a) Tenancy agreements/written details of terms of tenancy, including sanctions for anti social behaviour? Yes/No

b) If you use a standard form of tenancy agreement, **please provide a copy**

c) Inventory & schedule of condition at commencement of occupancy Yes/No

d) Rent book/receipts Yes/No

e) Repairs contact/procedure Yes/No

f) Complaints procedure Yes/No

7. Any further information you feel will help to demonstrate your management skills?

DECLARATION FOR FURNISHED ACCOMMODATION

I/We declare that the furniture in the HMO or house that is provided under the terms of any tenancy or licence meets any safety requirements contained in any enactment.

Signed: _____ Date: _____
—

Name: *(please print)*

Signed: _____ Date: _____
—

Name: *(please print)*

DECLARATION IF THE PROPERTY HAS GAS APPLICANCES

I/We declare that any gas appliances in the HMO or house meet any safety requirements contained in any enactment.

Signed: _____ Date: _____
—

Name: *(please print)*

Signed: _____ Date: _____
—

Name: *(please print)*

PART IV: Amenity Details

Floor	Habitable Rooms excluding Kitchen	Bedrooms	KITCHENS				BATHROOM					Smoke Alarms No & Location	
			No. of Kitchens	No. of people used by	No. of Sinks	No. of people used by	No of Bath/ Shower Rooms	No. of People used by	No. of WC's	No. of people used by	No. of Wash Hand Basins		No. of people used by
Basement													
Ground													
1 st Floor													
2 nd Floor													
3 rd Floor													
4 th Floor													
Attic													
Mezzanine													

Number of separate letting units: _____

Number of households occupying the HMO or house: _____

Number of people occupying the HMO or house: _____

Please indicate the maximum number of occupiers for which you would like a licence _____

(This could be more or less than the number of people currently resident)

NOTE TO APPLICANTS

Please note that it is a criminal offence to knowingly supply information which is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application with regard to the property concerned may be required at a later date. If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled or other action taken.