

GREAT YARMOUTH BOROUGH COUNCIL



LICENSING OF HOUSES IN MULTIPLE OCCUPATION

APPLICATION PACK

The application for a HMO licence is a 6-stage process:

Stage 1: General Details

Stage 2: Applicant Details

Stage 3: Licence Holder Details

Stage 4: Manager and/or Key Holder Details (if applicable)

Stage 5: Property Details

Stage 6: Application Declaration and Fit and Proper Person Declaration

HMO Application Checklist

You are advised to read the guidance that accompanies this application pack.

Stage 1: General Details:

Please complete all sections of the application form.

Please ensure that all relevant persons read and sign the Fit and Proper Person Declaration (Stage 6).

Please ensure that your application is returned to: **Community Protection Team, Environmental Health, Great Yarmouth Borough Council, Maltings House, Malthouse Lane, Gorleston, Great Yarmouth NR31 0GY.**

Please ensure that the relevant application fee and all the required documentation is enclosed with the application form. Failure to do so will result in your application being returned to you and delay the processing of your application.

1. Please state full address of the House in Multiple Occupation (property to be licensed with postcode)

Address of property to be licensed: _____

Postcode: _____

Council tax reference number: _____

1.1. Please state the number of people and households living in the property at the date of this application (includes adults, children and babies). A single person unrelated to other tenants would be a separate household, please see Licence Application Guide for the definition of household.

- Number of people currently occupying the property: _____
- Number of households currently occupying the property: _____
- The number of people that you would like the licence to be for: _____
- The number of households that you would like the licence to be for: _____

1.2. Please give details of the registered owner(s) of the property to be licensed:

Full Name: _____

Address: _____

_____ Postcode: _____

Telephone No. _____ Email: _____

Date property purchased: _____

Full Name: _____

Address: _____

_____ Postcode: _____

Telephone No. _____ Email: _____

(please continue on a separate sheet if necessary)

1.3. Persons with a legal interest in the property other than the owner(s), applicant, proposed licence holder, manager and/or key holders

Please state the full name and address and phone number of all other persons with a legal interest in the property that is the subject of this application, including any mortgagee (e.g. bank or building society), freeholder, or leaseholder with term greater than 3 years. Please give details on a separate sheet if necessary. When giving bank or building society details in respect of a mortgage, please give the mortgage account number. Give address of principal or registered office if a Company or a Trust has an interest in the property and where applicable also give Company registration number

1. Full name: _____

Nature of interest: _____

Address: _____

Telephone No: _____ E-mail address: _____

2. Full name: _____

Nature of interest: _____

Address: _____

Telephone No: _____ E-mail address: _____

3. Full name: _____

Nature of interest: _____

Address: _____

Telephone No: _____ E-mail address: _____

Stage 2: Applicant Details:

2. Applicant details:

Full name: _____

Date of Birth: _____

Address: _____

Telephone Number: _____ Mobile Number: _____

E-mail address: _____

2.1. Relationship of applicant to property to be licensed:

Is the applicant to be the proposed HMO licence holder? Yes/ No

Is the applicant to be the proposed HMO manager? Yes/ No

If "No" is the applicant:

- The owner/ joint owner of the property to be licensed?
- An agent acting on behalf of the proposed licence holder?
- Company director/ company secretary/ charity trustee/ representative of company with a controlling interest in the property?
- Other? (please specify)

Stage 3: Proposed Licence Holder Details:

3. Proposed licence holder details:

Is the proposed licence holder (please tick)

Individual Company Partnership Trustee Charity

Other (please specify): _____

Full name: _____

Date of Birth: _____

Address: _____

National Insurance No. _____

Home Telephone No. _____ Work Telephone Number: _____

Mobile Number: _____ Fax No: _____

E-mail address: _____

Name and address of company secretary (if applicable): _____

Name and address of directors/ partners/ trustees (if applicable):

a) _____

b) _____

c) _____

d) _____

e) _____

Stage 4: Manager Details:

4.1. Will a manager or managing agent be appointed to manage the property?	Yes/ No
4.2. If "Yes" please provide the name and address of the person or agent that will be responsible for the management of the property:	
Full Name: _____	
Address: _____	

_____ Post Code: _____	
Work Telephone No. _____ Home Telephone No. _____	
Mobile No. _____ E-mail address: _____	
4.3. Responsibilities of Manager	
Is the manager responsible for tenancy management issues?	Yes/ No
Can the manager issue new tenancies?	Yes/ No
Does the manager have the authority to end tenancies by the service of notice?	Yes/ No
Does the manager collect any rents on behalf of the licence holder/ property owner?	Yes/ No
Can the manager authorise emergency repairs?	Yes/ No
Can the manager authorise general repairs?	Yes/ No
If "Yes" is the manager constrained by any budget limitations?	Yes/ No
Amount of budget available to manager: £ _____	
4.4. Key Holder Details (if applicable):	
Name and address of any key holder: _____	

Contact Telephone Number: _____	

Stage 5: Details of Property to Be Licensed:

- 5.1. When was the property constructed? _____
- 5.2. Does the property have planning permission for use as a HMO? Yes/ No
- 5.3. When was the property converted in to HMO use (if applicable)? _____

Electrical Safety:

- 5.4. Has the electrical installation had a periodic inspection report within the last 5-years? Yes/ No
If "Yes" have all the recommendations for urgent attention and improvements (code 1 & 2 recommendations) been carried out by a competent person? Yes/ No
- 5.5. I declare that all the portable electrical appliances supplied as part of the letting are compliant with current electrical safety regulations. Yes/ No

***Please provide a copy of landlord's electrical safety certificate with your application**

Gas Safety:

- 5.6. Do you have a current gas safety certificate for the property issued within the last 12-months? Yes/ No

***Please provide a copy of landlord's gas safety certificate with your application**

Furniture Safety:

- 5.7. I declare that all the furniture and furnishings supplied as part of the letting or for use in the communal areas complies with the Furniture and Furnishings (Fire) (Safety) Regulations 1988.

Yes/ No

5.8. Information on Use of Storeys:

Please indicate with a tick the use of each storey forming all or part of the HMO (including attic rooms and basements) in the building. Describe other storeys where use is not included below, these may be partial storeys or storeys attached to the main building:

Storey	Living Accommodation – Whole or Part	Commercial Use – Whole or Part	Used in connection with living accommodation* – please describe
Basement			
Ground			
First			
Second			
Third			

* For example exclusive internal stairway, boiler room, storage, utility room etc.

Please provide floor plan diagrams with your application. Please ensure that on these diagrams rooms are numbered and/ or labelled, and that the position of smoke (SD) and heat detectors (HD) are indicated. Please note that these floor plans will be used by the Council and will not be returned to you, therefore, please ensure you have copies for your own records.

5.9. Room Information. Individual Lettings/ Bedsits/ Bedrooms etc:

Room No.											
Floor Level											
Room Size (m²)											
No. of persons sleeping											
Room Uses*											
Fixed Heating											
Type of Heating#											
Double Glazed Windows											
Cooking Facilities**											
No. Plug Sockets											
Wash Hand Basin***											
Bathroom/ Shower****											
WC****											

Please refer to key on next page for guidance on how to complete this table.

Key: for 5.9. Room Information. Individual Lettings/ Bedsits/ Bedrooms etc:

*	Room Uses = Bedroom Only (BO), Bedroom & Living Room (BL), or Bedroom, Kitchen & Living Room (BKL).
**	Cooking Facilities within room/ bedsit and for exclusive use of the tenant of that room
***	Wash Hand Basin within room
****	Within room or flat and for exclusive use of the tenant of that room/flat
#	Types of heating: Gas central heating (GCH); Electric storage heaters (ESH); Wall mounted panel heaters (WPH); Portable Heaters (PH); Other (O).

5.10: Room Information: Shared Bathrooms:

Floor Level					
No. of Bath/ Shower Rooms					
WHB Y/N					
WC Y/N					
Operable Window Y/N					
Extract Fan Y/N					
No. of Separate WCs					
WHB Y/N					
Operable Window Y/N					
Extract Fan Y/N					

Key:

WHB = wash hand basin

WC = toilet

Y/N = Yes/ No

5.11. Room Information: Shared Kitchens:

Floor Level								
No. of persons using kitchen*								
No. of hobs								
No. of ovens**								
No. of grills								
No. plug sockets***								
No. of storage cupboards#								
Extract Fan								
No. of microwaves								
No. sinks with drainers								
No. of fridges								
No. of freezers								
Fire Blanket								
Fire Extinguisher****								
Area of worktop (m²)								

Key:

*	Total number of persons expected to use kitchen
**	Conventional ovens
***	Above worktops for the use of portable appliances
****	2kg Dry Powder or CO ₂ extinguisher
#	For the storage of food and cooking utensils. Not including cupboards under sinks or any cupboard used to conceal an appliance, eg: a boiler cupboard.

Fire precautions

5.12. Is the HMO provided with a smoke/heat detector system that is connected to an uninterrupted mains electrical circuit (eg: landlord's supply)? **Yes/ No**

If "No" does the property have battery operated detectors? Yes/ No

If "Yes", please provide further information about the system:

When was the system installed? _____

Does the system have:

Control panel Yes / No

Call points (break glass points) Yes / No

Sounders Yes / No

Where are the detectors located?:

Hallways Yes / No

Kitchen Yes / No

Living room Yes / No

Bedrooms Yes / No

Bedsits Yes / No

Other (please list):

5.13. Is the HMO provided with an emergency lighting system? **Yes/ No**

If "Yes", please provide further information about the specification:

When was the system installed? _____

Where are the emergency lights located? _____

5.14. Is a certificate of inspection and testing under BS5839 carried out within the last 6-months is included with this application? **Yes/ No**

Or

Will a certificate of inspection and testing under BS5839 be provided within 2-months from the date on the application form? **Yes/ No**

5.15. Have details of fire exit routes and other fire safety training been provided to the occupiers?

Yes/ No

If "Yes" by which method? (eg: signage on inside door of each bedsit/ letting) _____

5.16. Have you conducted your own (or commissioned one from a competent person/ company that provides that service) fire risk assessment of the property to be licensed?

Yes/ No

***Please provide a copy of your fire risk assessment with your application**

The property to be licensed will be inspected prior to the issue of a HMO licence. One purpose of this inspection is to assess the fire safety requirements that are required for that property.

If you have replied "No" to any of the above the Council will require you to install the missing components by listing works required on the conditions attached to the HMO licence. You will be given a period of time in which to complete the works and will not generally be required to do them before a licence is issued.

If the property is without any fire detection, prior to the installation of the required system, it is strongly recommended that an interlinked system of battery smoke/heat detectors is provided as a temporary measure (see the Licence Application Guide).

Stage 6: Fit and Proper Person Declaration:

Guidance:

All information in this part will be treated as confidential and used only in connection with this application. The Council has a legal obligation to ask the following questions and you must disclose information that you think may be relevant to your application.

Under the Rehabilitation of Offenders Act 1974 you are not required to provide details about previous convictions which are “spent”. A conviction becomes spent after a certain length of time depending upon the sentence and your age at the time of conviction.

If you have any doubts about whether you have to declare a previous conviction, you should contact your local Probation Office or the Citizens’ Advice Bureau or your Solicitor.

Subject to the provisions of the Rehabilitation of Offenders Act 1974, please state the particulars of any relevant issues recorded **against persons named in this application as the owner of the property to be licensed, the applicant, the proposed licence holder and the proposed HMO manager, or any person associated or formerly associated on a personal or work basis with those aforementioned persons.**

Relevant issues

- Criminal Convictions in respect of:
Fraud, Dishonesty, Violence, Drugs, Schedule 3 of the Sexual Offences Act 2003
- Finding by a Court or Tribunal:
Practiced unlawful discrimination of grounds of sex, colour, race ethnic or national origin or disability in connection with a business.
- Contravened any provision of Housing, or Landlord & Tenant law.
These include but are not limited to:
Control Order under the Housing Act 1985
Proceedings by a local authority including taking enforcement action to remedy a category 1 hazard.
The local authority carrying out Works in Default
Interim or Final Management Order under the Housing Act 2004.
Harassment or illegal eviction
- **Acted in contravention of any Approved Code of Practice (ACoP) in relation to the management of HMOs.**
- **Any criminal offence, contravention, or subject to any other proceedings brought by a local authority or other Regulatory Body (for example breaches of the Environmental Protection Act 1990, public health, planning control, or compulsory purchase proceedings or fire safety requirements)**

6.1. Fit and Proper Person Information: Confidential

Details of Criminal or Civil Convictions (see guidance above)

Name	Date	Court	Offence	Sentence

6.2. Has the owner of the property to be licensed, the applicant, the proposed licence holder or the proposed HMO manager previously held or do they currently hold a licence for another house in multiple occupation either with Great Yarmouth Borough Council or any other local authority? Yes/ No

If "Yes" please give details in the table below:

Address of HMO	Licensing Authority	Licence Reference No. (if applicable)	Date Licence Issued	Name of Licence Holder

(please continue on a separate sheet if necessary)

6.3. Has the owner of the property to be licensed, the applicant, the proposed licence holder or the proposed HMO manager previously been refused a licence for another house in multiple occupation either with Great Yarmouth Borough Council or any other local authority or had a HMO licence revoked for any reason? Yes/ No

If "Yes" please give details in the table below:

Address of HMO	Licensing Authority	Licence Reference No. (if applicable)	Date Licence Refused or Revoked (if applicable)	Name of Relevant Person

(please continue on a separate sheet if necessary)

6.4. Is the proposed licence holder a member of any landlords association or other professional body? Yes/ No

If "Yes" please state which: _____

6.5. Is the proposed licence holder an accredited landlord? Yes/ No

If "Yes" please state the name of the accrediting body: _____

6.6. Please list in the space below any relevant training courses the proposed licence holder has undertaken or conferences attended in the last three years:

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 revoked or other action taken.

6.7. APPLICATION 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.

Applicant:

Signed: _____ Print Name: _____

Date: _____

Proposed licence holder:

Signed: _____ Print Name: _____

Date: _____

Property Owner:

Signed: _____ Print Name: _____

Date: _____

Proposed HMO Manager:

Signed: _____ Print Name: _____

Date: _____

Please now read and sign the **Declaration in respect of a fit and proper person (Section 6.8.)**

HOUSING ACT 2004 PART 2

6.8. Declaration in respect of a fit and proper person

(To accompany an application for an HMO Licence)

Name: _____

In connection with the application dated _____ for an HMO Licence in respect of (address): _____

_____ Post Code: _____

I hereby declare that I am* (i) the proposed licence holder, (ii) the manager of the property to whom rent is paid (if different from (i) above), (iii) someone who is otherwise engaged in the management of the property (*all relevant persons must sign declaration below - delete as appropriate) and that I am a fit and proper person to be engaged in that capacity.

In support of the above declaration I confirm that I:

- (i) Do not have any unspent convictions particularly in respect of any offence involving fraud or other dishonesty, or violence or drugs, or any offence listed in Schedule 3 to the Sexual Offences Act 2003 (offences attracting notification requirements);
- (ii) Have not been found guilty by any court or tribunal of practising unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with, the carrying on of any business;
- (iii) Have not had any judgements (whether civil or criminal) made against me under housing, environmental health, public health or landlord and tenant law;
- (iv) Have not acted otherwise than in accordance with any applicable code of practice approved under section 233 of the Housing Act 2004.

And to the best of my knowledge (i) to (iv) above do not apply to anyone who is associated with me and is also involved in the management of the property (associate includes husband, wife, colleague and business partner).

Also please indicate and give details if you have:

- i) Been in control of any property subject to a control order under S379 of the Housing Act 1985 or demolition order in the last 5 years;

- ii) Been in control of a property that has been subject to the service of an improvement notice, a prohibition order, a hazard awareness notice, or emergency remedial action under the Housing Act 2004.
- iii) Been refused a licence or had a licence revoked for any property in relation to HMO, additional or selective licensing under the Housing Act 2004;
- iv) Been found to have breached a condition on a licence for any property in relation to HMO, additional or selective licensing under the Housing Act 2004;
- v) Been in control of any property which has been the subject of an Interim or Final Management Order or a Special Interim Management Order under the Housing Act 2004.

Details of above:

_____ *(please continue on a separate sheet if necessary).*

I/We accept that in connection with the checking of the accuracy of this declaration that the local authority will share this information with other statutory bodies, particularly other local authorities and the Police.

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 revoked or other action taken.

Signed: _____ Date: _____

Print Name: _____

Nature of interest in property: _____

Eg: Applicant, Proposed licence holder; Proposed HMO Manager; Owner of property etc

Signed: _____ Date: _____

Print Name: _____

Nature of interest in property: _____

Signed: _____ Date: _____

Print Name: _____

Nature of interest in property: _____

Signed: _____ Date: _____

Print Name: _____

Nature of interest in property: _____

**IF YOU ARE UNABLE TO SIGN THE ABOVE DECLARATION YOU SHOULD GIVE BRIEF DETAILS
HERE.**

HMO Licence Application Checklist:

Please ensure that all the relevant sections are completed and that you have securely attached all continuation sheets (if used). Please ensure that all continuation sheets are labelled with the property address and date.

Please indicate if you have included the following documents with your application:

- Gas Safety Certificate Yes/ No/ Not applicable
- Electrical Installation Safety Certificate Yes/ No
- Copy of the tenancy agreement/ licence to occupy issued to the tenants/ occupiers. Yes/ No
- Floor Plans Yes/ No
- Automatic Fire Detection System Certificate Yes/ No
- Fire Risk Assessment Yes/ No

Have the following persons signed the Application Declaration and the Fit and Proper Person Declaration?

Person	Application Declaration	Fit & Proper Person Declaration
Applicant	Yes/ No/ Not applicable*	Yes/ No/ Not applicable*
Proposed Licence Holder	Yes/ No/ Not applicable	Yes/ No/ Not applicable
Proposed HMO Manager	Yes/ No/ Not applicable	Yes/ No/ Not applicable
Owner of Property	Yes/ No/ Not applicable	Yes/ No/ Not applicable
Associates	Yes/ No/ Not applicable	Yes/ No/ Not applicable
Other	Yes/ No/ Not applicable	Yes/ No/ Not applicable

* Delete as appropriate