

HOUSING ACT 2004, PART 2 SECTION 63

LICENSING OF HOUSES IN MULTIPLE OCCUPATION (HMO) – APPLICATION FORM

Use this form if you want to apply for a Licence for a House in Multiple Occupation (HMO). You should request an invoice for the required fee when you submit the application form.

Please return the completed form with supporting documents, by email to licensing@wokingham.gov.uk

If you are uncertain how to answer any of the questions or have any queries about the process or HMOs in general we would encourage you to seek advice and guidance by contacting Private Housing at the above email address.

Private Housing and Licensing Teams, Civic Centre, Shute End, Wokingham RG40 1BN

If you have more than one property in multiple occupation, you will need to fill in a separate application for each property.

IMPORTANT

Please answer all questions unless directed. Please read the notes (set out at the end of the form before answering the questions to which they relate).

- Part 1 - Licence-holder etc details.
- Part 2 - Information about the interest in the property.
- Part 3 - Information about the property and its occupation
- Part 4 - Letting details
- Part 5 - Licence-holder test of fitness
- Part 6 - Details of persons served with notice of this application

Please attach all relevant certificates of installation, inspection or maintenance. The declaration at the end of the application must be signed and dated and the fee must be paid (see notes). Please include a floor plan of the property, showing approximate room sizes and layout.

Part 1.**Licence Holder etc details****(see note about disclosure of licence holder's address in the HMO Register)**

1.1	To be completed if applicant is an individual	
	(a) Full Name (block letters)	
	Surname	First Name(s)
	(b) Home Address	(c) Telephone numbers
		Home
		Work / Mobile
	Postcode:	
	Email Address	
Preferred method of contact (please tick)		
Home <input type="checkbox"/> Work / Mobile <input type="checkbox"/> Email <input type="checkbox"/>		
Are you the proposed licence holder? (<i>please tick</i>) Yes <input type="checkbox"/> No <input type="checkbox"/>		
If not, please give the name, address, telephone number and email address of the proposed licence holder.		
1.2	To be completed if applicant is Company or Partnership	
	(a) Full name of Company or Partnership	
	(b) Address of Principal or Registered Office	
	(c) Tel. Number	Email address
	Is the Company or Partnership the proposed licence holder? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Private: Information that contains a small amount of sensitive data which is essential to communicate with an individual but doesn't require to be sent via secure methods.

	If not, please give the full names address telephone number and email address of the proposed licence holder.	
1.3	Please give details of the person Managing the HMO if different from above (see definition in the guidance notes)	
	(a) Full Name (block letters)	
	(b) Home Address: Postcode:	(c) Telephone Numbers Home: Work/mobile:
	Email Address:	
1.4	Please give details of the person in control of the HMO if different from above (see definition in the guidance notes)	
	(a) Full Name (block letters)	
	(b) Home Address: Postcode:	(c) Telephone Numbers Home: Work / Mobile
	Email Address	
1.5	Please give details of any person who has agreed to be bound by any condition contained in the licence (see definition in the guidance notes)	
	(a) Full Name (block letters)	
	(b) Home Address: Postcode:	(c) Telephone Numbers Home: Work / Mobile
	Email Address	

Private: Information that contains a small amount of sensitive data which is essential to communicate with an individual but doesn't require to be sent via secure methods.

1.6	Details of other properties licensed under Part 2 or Part 3 of the Act
	Does the proposed licence holder hold a licence in respect of any other properties? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give property address(es) and the name of the licensing authority(s)
1.7	Details of Accreditation Schemes
	Give details of any Accreditation Schemes you are a member of including any reference numbers.

Part 2																																	
Information about your interest in the property.																																	
2.1	Full address of the property which the licence application applies to Postcode																																
2.2	<table border="1"> <tr> <td colspan="2">Type of property <i>(please tick appropriate box)</i></td> </tr> <tr> <td>Is this a house in single occupation?</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>A house in multiple occupation?</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>A flat in single occupation?</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>A flat in multiple occupation?</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>A house converted into and comprising only of self-contained flats?</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Purpose built flats?</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>A building in both residential and business use?</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Other (please specify)</td> <td>.....</td> </tr> </table> <table border="1"> <tr> <td>Detached</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Semi-detached</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mid-terraced</td> <td><input type="checkbox"/></td> </tr> <tr> <td>End terraced</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Grouped design</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Residential Block</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other (please specify)</td> <td>.....</td> </tr> </table>	Type of property <i>(please tick appropriate box)</i>		Is this a house in single occupation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	A house in multiple occupation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	A flat in single occupation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	A flat in multiple occupation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	A house converted into and comprising only of self-contained flats?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Purpose built flats?	Yes <input type="checkbox"/> No <input type="checkbox"/>	A building in both residential and business use?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other (please specify)	Detached	<input type="checkbox"/>	Semi-detached	<input type="checkbox"/>	Mid-terraced	<input type="checkbox"/>	End terraced	<input type="checkbox"/>	Grouped design	<input type="checkbox"/>	Residential Block	<input type="checkbox"/>	Other (please specify)
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2.3	Are you the owner? (refer to note 2.3) (Please tick appropriate box) Yes <input type="checkbox"/> No <input type="checkbox"/>
2.4	<p>If you own the interest jointly with other people, please give the names and addresses and email addresses of your co-owners.</p> <p>If you do not own the property please give the name(s) and address(es) and email addresses of the owner(s)</p> <p>You must give notice of this application to other parties who have an interest in the property.</p>
2.5	<p>Is there a mortgage on the property? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please enter details of the mortgage provider in the box on page 9 to confirm that you have notified the mortgage provider of your intention to apply for an HMO licence.</p>

Part 3. Information about the property and its occupation (see guidance note)	
3.1	What is the approximate age of the property? Pre 1919 <input type="checkbox"/> 1919-1945 <input type="checkbox"/> 1945-1964 <input type="checkbox"/> 1965-1980 <input type="checkbox"/> post 1980 <input type="checkbox"/>
3.2	How many storeys are there? <i>(Please include any occupied basement and business premises whether above or below the living accommodation and any mezzanine floor)</i> Total Number..... Number Below Ground.....
3.3	How many separate letting units?
3.4a	How many living rooms? <i>(this excludes kitchens and kitchen / dining rooms)</i>
3.4b	How many bedrooms or bedsitting rooms / bedsits?
3.5	How many bath / shower rooms?
3.6a	How many separate WCs within own compartment?
3.6b	How many WCs within bathrooms / shower rooms?
3.7	How many wash hand basins?
3.8	How many kitchens or kitchen / dining rooms?
3.9	How many kitchen sinks?
3.10	How many households currently occupy the property?
3.11	How many people currently occupy the property?
3.12	Is any of the following fire precautions equipment provided? Fire Extinguishers Yes <input type="checkbox"/> None <input type="checkbox"/> Protected Escape route with fire doors Yes <input type="checkbox"/> None <input type="checkbox"/> Warning Notices Yes <input type="checkbox"/> None <input type="checkbox"/> Fire Blankets Yes <input type="checkbox"/> None <input type="checkbox"/> Smoke Alarms Yes <input type="checkbox"/> None <input type="checkbox"/> How many smoke alarms? Where are the smoke alarms located? Details of any other fire precautions equipment: Please provide details of fire escape routes and other fire safety training provided to occupiers

3.13	Does the furniture in the property, which is provided under the terms of any tenancy or licence, meet the statutory fire safety requirements? Yes <input type="checkbox"/> No <input type="checkbox"/>
3.14	Do the gas and electrical appliances in the property meet the statutory safety requirements? Yes <input type="checkbox"/> No <input type="checkbox"/> PLEASE PROVIDE COPIES OF ALL RELEVANT DOCUMENTATION AND CERTIFICATES INCLUDING ANNUAL GAS SAFETY CERTIFICATE, PORTABLE APPLIANCE TEST AND ELECTRICAL INSTALLATION CONDITION REPORT dated within 5 years.
3.15	Has building work been carried out at the property within the last five years requiring planning consent or building regulations approval? Yes <input type="checkbox"/> No <input type="checkbox"/>

**YOU MUST PROVIDE A FLOOR PLAN SHOWING ROOM LAYOUT AND USAGE,
APPROXIMATE ROOM SIZES AND POSITION OF ANY SMOKE ALARMS**

Checklist for submitting an application and documents required	
Please tick the box (or state "not applicable") to confirm that you have supplied the following:	
1. A floor plan for the property detailing the layout and position and size of each room	<input type="checkbox"/>
2. A "Gas Safe" Annual Gas Safety Record for all appliances and installations	<input type="checkbox"/>
3. Periodic Electrical Installation Condition Report dated within 5 years	<input type="checkbox"/>
4. Portable Electrical Appliance test Reports (PAT Tests) dated within 1 year	<input type="checkbox"/>
5. Test reports relating to the automated fire detection system (AFD) if applicable	<input type="checkbox"/> No AFD <input type="checkbox"/>
6. Test reports relating to the emergency lighting (if applicable)	<input type="checkbox"/> No emergency lighting <input type="checkbox"/>
7. Building Regulations Compliance Certificate (if the answer to 3.15 is yes)	<input type="checkbox"/>
8. Date of planning consent (if the answer to 3.15 is yes)	<input type="checkbox"/> Date:
Please confirm by ticking the box that you:	
1. Have appropriate Landlords' HMO and Building Insurance in place	<input type="checkbox"/>
2. Have paid (or are about to pay) the initial Licence fee	<input type="checkbox"/>

Part 4. Letting Details. Please continue on a separate sheet if necessary					
Letting * (e.g. Flat 1, Room 3 etc and description of the room occupied e.g. basement rear, ground floor front etc)		Occupier (Full Name of <u>each</u> occupier)	Proposed number of occupants (if different)	Number of Habitable Rooms ** by Letting	Approx. room size
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Enter the total number of proposed occupants and habitable rooms					

* Only members of the same household should occupy one room, i.e. persons who are of the same family or in a relationship (unless the HMO is of a hostel or dormitory type, which should be made clear on the application form)

**Habitable Room includes any room normally used as a bedroom or living room.

Part 5. Licence-holder / Manager test of Fitness <i>(If any questions are answered yes, please see note 5.1 for information on how to provide details)</i>	
5.1	<p>Has the proposed licence holder or manager got any unspent convictions for or involving fraud, dishonesty, violence, drugs or sexual offences?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
5.2	<p>Has the proposed licence holder or manager been found guilty by any court or tribunal of practising any unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability in or in relation to any business?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
5.3	<p>Has the proposed licence holder or manager been found guilty in any civil or criminal proceedings of contravention of any enactment relating to housing, public health, environmental health or landlord and tenant law?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
5.4	<p>Has any property owned by the proposed licence holder or manager been the subject of :</p> <p style="text-align: center;">(i) A Control Order under section 379 of the Housing Act 1985 in the last 5 years?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center;">(ii) or any appropriate enforcement action described in section 5(2) of the Act? (See note)</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
5.5	<p>Has the proposed licence holder or manager ever been refused a licence under Part 2 or Part 3 of the Housing Act 2004 for any property? <i>(If yes please give details)</i></p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
5.6	<p>Has the proposed licence holder or manager ever had a licence revoked for breach of any conditions of a licence granted under Part 2 or Part 3 of the Housing Act 2004? <i>(If yes please provide details)</i></p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
5.7	<p>Has a Local Authority carried out work in default in relation to a property that you own or have owned?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
5.8	<p>Have an Interim or Final Management Order ever been made in respect of any property owned or managed by the proposed licence holder or manager? <i>(If yes please provide details)</i></p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Part 6.**Details of persons served with notice of this application**

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:

1. Any mortgagee of the property to be licensed
2. Any owner of the property to which the application relates (if this is not you) i.e. the freeholder and any head lessors that are known to you
3. 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)
4. The proposed licence holder (if that is not you)
5. The proposed managing agent (if any) (if that is not you)
6. Any person who has agreed that he will be bound by any condition in a licence if it is granted.

You must tell each of these persons:

1. Your name, address, telephone number and email address and fax number (if any)
2. The name, address, telephone number and email address and fax number (if any) of the proposed licence holder (if it will not be you)
3. Whether this is an application for an HMO Licence under Part 2 or a house licence under Part 3 of the Housing Act 2004
4. The address of the property to which the application relates
5. The name and address of the Local Housing Authority to which the application will be made
6. The date the application will be submitted

Details of Persons served with notice of this application *(Continue on another sheet if necessary)*

Description of person's interest in the property or the application	Name	Address	Email address	Date of Service
Mortgagee of the property to be licensed				
Owner of the property				
Long leaseholder				
Proposed licence holder (if that is not you)				
Proposed managing agent (if any) (if that is not you)				
Any person who has agreed that he will be bound by any condition in a licence				

**Part 7.
DECLARATION**

WARNING: IF YOU KNOWINGLY MAKE A FALSE STATEMENT OR FAIL TO COMPLY WITH ANY CONDITION OF THE LICENCE YOU MAY BE LIABLE FOR PROSECUTION

Note: Your application will not be valid until you complete all the relevant parts of this form, provide all necessary documents and have paid the required fee.

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.

I/we declare that I/we have served a notice of this application on the persons listed in Part 6 who are the only persons known to me/us that are required to be informed that I/we have made this application.

Signature

Applicant

Date.....

Applicant's Full name:
(Block Capitals please)

Position (if acting on behalf of a company)

Signature

Proposed Licence Holder

Date.....

Proposed licence holder's Full name:
(Block Capitals please)

Position (if acting on behalf of a company)

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes'.

Equalities data

The Council wishes to ensure that the HMO Licencing process is fairly administered and therefore asks applicants for HMO licences to give the following information about themselves in order to enable the Council to monitor whether there is any disproportionate effect related to the protected characteristics in the Equalities Act 2010.

Circle, tick that which applies, or delete those which do not apply

Applicant's gender: Male Female

Do you consider yourself to have a disability? Yes No

Of which ethnicity would you describe yourself?

White British

White Irish

White European

Other white background

Black or Black British

Black Caribbean

Black African

Black European

Other Black background

Mixed White and Black Caribbean

Mixed White and Black African

Mixed White and Asian

Other mixed background

Asian or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Other Asian Background

Arabian

Other ethnicity