



Working in partnership

HOUSING ACT 2004 – PART 2
APPLICATION FOR MANDATORY LICENSING OF A HOUSE IN
MULTIPLE OCCUPATION

PLEASE NOTE

You must let certain persons know in writing that you have made this application or give them a copy of it. You can do this by completing and sending a Form A (included in this pack) to all relevant parties, remembering to keep copies of the completed forms. The parties who need to know about the application are:

Any mortgagee of the property

Any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessees 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 will be bound by any condition or conditions in a licence if granted

Please then complete Form B (included in this pack) and submit it with this application form. This will confirm who has been made aware of your application for a HMO licence.

PLEASE RETURN THE COMPLETED APPLICATION TO:

Head of Environmental Health
Gosport Borough Council
Town Hall
High Street
Gosport
PO12 1EB

Head of Environmental Health
Fareham Borough Council
Civic Offices
Civic Way
Fareham
PO16 7AZ

The Housing Act 2004 requires that all high risk Houses in Multiple Occupation (HMO) are licensed with the Local Authority.

For the purposes of mandatory HMO Licensing, a “HMO” means a building that is occupied by more than one household and where some or all of the households share kitchen or bathroom facilities. Typically this would include a house that is let as “bed-sit” rooms, as a “shared” house or flats that are not “self-contained”.

High risk HMO means a HMO that:

- i) Is three or more storeys high (includes basements and attics that are used for human habitation)
- ii) Has 5 or more people occupying the property as more than one household and
- iii) Where the households share kitchen or bathroom facilities.

The application for a Licence must be made by either the owner of the HMO or by the person managing the HMO. To be able to license a HMO, a manager must be able to demonstrate that he/she has a proper contractual arrangement with the owner that makes the manager fully responsible for the day-to-day control of the HMO (i.e. would usually include taking on new tenants, collection of rent, organising repairs etc.).

1. ADDRESS OF HMO TO BE LICENSED:

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2. TYPE of HMO

Please tick the appropriate box to indicate the type of accommodation provided.

Bed-sit rooms	Shared house	Bed & Breakfast	Flats	Hostel
<input type="checkbox"/>				
Other (please specify)				

3. AGE OF BUILDING

Please tick the appropriate box to indicate the age of the building

pre 1919	1919 – 1945	1945 – 1964	1965 - 1980	Post 1980
<input type="checkbox"/>				

4. OTHER BUSINESS USE

Is there any other business use in the building?	YES/NO
If "YES" please specify	

5. NAME OF PROPOSED LICENCE HOLDER(S)

Full (Forename(s) and surname) Name and date of birth of each person:	
Address:	
Post code:	Telephone No:
Email address:	

5.1 PLEASE INDICATE THE PROPOSED LICENCE HOLDER'S INTEREST IN THE HMO.

(Select "YES" or "NO", as appropriate, from the answer boxes below):

The Owner of the HMO	YES/NO
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The Manager of the HMO	YES/NO
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5.2 IF THE PROPOSED LICENCE HOLDER IS A COMPANY, PARTNERSHIP OR TRUST THEN PLEASE PROVIDE EITHER:

a) The names and business/correspondence addresses of all the Directors/Partners/Trustees:

Name:
Address:

Name: Address:
Name Address:
Name: Address:
Name: Address:

OR

b) The name and registered address of the Company Secretary

Name: Address:

6. RESPONSIBILITY FOR THE HMO

Is proposed licence holder the person in “day to day” control of the HMO?	YES/NO
Is proposed licence holder the person who would be bound by any conditions that are attached to the licence, if granted?	YES/NO

If you are not the person who is in control of the HMO or the person who will be bound by any conditions attached to the licence then please specify below who is that person

Name:	
Address:	
Post code:	Telephone No:
Email address:	

7. NAME & ADDRESS OF THE APPLICANT

Full Name:	
Address:	
Post code:	Telephone No:
Email address:	

7.1 PLEASE INDICATE THE APPLICANT'S INTEREST IN THE HMO

(Select "YES" or "NO", as appropriate, from the answer boxes below):

The Owner of the HMO	YES/NO
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The Manager of the HMO	YES/NO
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8. FIT AND PROPER PERSON

Please carefully read the notes below:

When considering an application to license a HMO, the Local Authority must be satisfied that the proposed Licence Holder is a “Fit and Proper” person to hold a Licence. It is therefore necessary that the following details be supplied about the proposed Licence Holder and any other person that the applicant proposes will be involved in the management of the house.

a) Does anyone involved in the management of the HMO have unspent convictions in respect of an offence involving fraud, dishonesty, violence, drugs or any offences listed in Schedule 3 of the Sexual Offences Act 2003.	YES/NO
b) Has the proposed Licence Holder been found by a court or tribunal to have practised unlawful discrimination on the grounds of sex, colour, race, ethnic or national origins, or disability in, or in connection with, carrying out of any Business.	YES/NO
c) Has the proposed Licence Holder contravened any provision of Housing Law (e.g. non compliance with a formal notice that required specified works carried out to a rented house) or Landlord & Tenant Law (e.g. illegal eviction or harassment of a tenant). Includes any civil proceedings in which judgement was made against the proposed Licence Holder.	YES/NO
d) Has the proposed Licence Holder ever owned any property which has been subject to a control order (made under Section 379 of the Housing Act 1985(a)) in the last five years.	YES/NO
e) Has the proposed Licence Holder ever been refused a licence under Parts 2 and 3 of the Housing Act 2004.	YES/NO
f) Has the proposed Licence Holder ever breached any condition of a licence granted under Parts 2 or 3 of the Housing Act 2004.	YES/NO
g) Has any act on the part of the Licence Holder been otherwise than in accordance with a Code of Practice approved under Section 233 of the Housing Act 2004. This relates to any property owned/ has been owned by the proposed Licence Holder.	YES/NO

(Continued on next page)

<p>h) Has the proposed Licence Holder ever owned any property that has been the subject of any proceedings (whether in court or otherwise) by a local authority. Includes any work that the local authority has carried out as a result of default on the part of the proposed Licence Holder.</p>	<p>YES/NO</p>
<p>i) Has the proposed Licence Holder ever owned any property that has been the subject of an interim or final management order or a special interim management order made under the Housing Act 2004.</p>	<p>YES/NO</p>
<p>All the above questions must be answered.</p>	
<p>If you have answered “YES” to any of the above, please provide details below: (Please read attached guidance notes)</p>	

<p>9. Are you a member of a recognised Landlord's Association? If "YES" please provide your registration number and the name & address of the Association below:</p>	<p>YES/NO</p>
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<p>10. Do you own or manage a HMO that has been licensed by another Local Authority?</p> <p>If you can provide evidence that you have been accepted by that Authority as a "Fit and Proper" person then that may assist you to be accepted as a "Fit and Proper" person for the purpose of this application. It may also qualify you for a discount on the Licence fee that will be charged. Please include with this application a copy of the HMO Licence that has been granted by that Authority.</p>	<p>YES/NO</p>
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<p>11 Do you own or manage any other HMOs that have already been licensed by this Local Authority?</p> <p>If "Yes" please include with this application a copy of the HMO Licence that has been granted. You may qualify for a discount on the Licence fee that will be charged.</p>	<p>YES/NO</p>
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<p>12. Do you own or manage any other HMOs within the area of this Local Authority that need to be licensed?</p> <p>If "YES" please provide below the address(es) of the HMOs:</p>	<p>YES/NO</p>
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13. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH SEPARATE LETTING WITHIN THE HMO.

Note Vacant lettings that you intend to re-let should be included	Number of habitable rooms within the letting (please exclude kitchens and bathrooms) <u>Examples</u> Single room bed-sit counts as one. A flat with one bedroom and one living room counts as two	Number of adults & children that would normally occupy each letting		Is a bath or shower provided in the letting for the exclusive use of the occupying tenant?	Is a toilet provided in the letting for the exclusive use of the occupying tenant?	Is a wash hand basin provided in the letting for the exclusive use of the occupying tenant?	Is a cooker provided in the letting for the exclusive use of the occupying tenant?	Is a sink provided in the letting for the exclusive use of the occupying tenant?	Is a fridge provided within the letting for the exclusive use of the occupying tenant?
		No. of Adults	No. of children						
Letting 1				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Letting 2				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Letting 3				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Letting 4				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Letting 5				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Letting 6				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO

(Continued on next page)

Letting 7				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Letting 8				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Letting 9				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Letting 10				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Letting 11				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Letting 12				YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO

14. PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE KITCHEN & BATHROOM FACILITIES IN THE HMO

Total number of baths or showers in the property	Total number of toilets in the property	Total number of wash hand basins in the property	Total number of cookers with 4 rings and an oven	Total number of other cookers provided (i.e. Baby Belling or microwave ovens)	Total number of sinks provided	Total number of refrigerators provided.

15. CONDITIONS APPLIED TO ANY FUTURE LICENCE WILL REQUIRE THAT THE MANAGEMENT OF THE HMO MEETS A SUITABLE STANDARD. PLEASE INDICATE BELOW WHETHER THE HMO THAT IS THE SUBJECT OF THIS APPLICATION CURRENTLY MEETS THESE STANDARDS.

a) All the furniture and furnishings, within the HMO, provided by or on behalf of the landlord/manager, complies with the Furniture & Furnishings (Fire)(Safety) Regulations 1988 (as amended)	YES/NO
b) The fire alarm system within the HMO has been checked by a competent person within the last twelve months and found to be fully functional.	YES/NO/ NONE PROVIDED
c) The electrical installation within the HMO has been checked by a competent person within the last twelve months and found to be adequate and fully functional.	YES/NO
d) All the gas and electrical appliances within the property that have been provided by the Landlord meet the relevant statutory safety requirements	YES/NO
e) At the beginning of each tenancy, each new tenant is supplied with a written tenancy agreement that describes the responsibilities of the landlord and the tenant and which sets out the terms for the tenancy.	YES/NO

16. DOCUMENTS TO BE SUBMITTED WITH YOUR APPLICATION.

- a) Please provide a plan of the HMO that shows the layout for each storey within the building (see guidance notes).**
- b) A valid Landlords Gas Safety Record that demonstrates that any gas appliances within the HMO (that are owned by the Landlord) have been checked by a Gas Safe registered contractor within the last 12 months and have been found to be safe for use.**
- c) If since 1990, you have carried out any conversions, alterations etc that required Building Regulation approval or Planning Permission then please provide copies of the relevant approvals, permissions.**

Guidance notes for plans

The plan should be scaled or dimensioned and should:

i) Label the use of each room within the HMO (e.g. bedroom, living room, kitchens, bathrooms, dining/living rooms etc).

ii) Indicate the size (e.g. 10 m², 10 feet sq., 5m x 5m etc.) of the habitable rooms within each letting and of any communal rooms (e.g. kitchens, dining/living rooms etc.)

iii) Indicate the position of smoke detectors and other fire alarm equipment within the HMO

Each separate Letting should be numbered as in paragraph 13.

17. CHARGES

The basic fee for this application is determined by the maximum number of persons able to reside in the HMO (This could be the number applied for by the applicant or the one decided by the local authority)

NUMBER OF PERSONS ABLE TO RESIDE WITHIN THE HMO	BASIC FEE
1 to 5 Persons	£800
6 to 10 Persons	£1,000
11 to 15 Persons	£1,200
16 to 20 Persons	£1,400
20 + Persons	£1,600

18. DECLARATIONS.

a) 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.

Name of person on whom a notice was served	Address of that person	Description of the person's interest in the property or the application (e.g. Tenant, Mortgagee etc.)	Date of service of notice

b) "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 I/we are reckless as to whether it is false or misleading.

c) I/we agree that, for the purposes of HMO licensing or other Council business, the Council can share the information provided in this application with other Councils, other Council Services and other relevant agencies as appropriate.

SIGNATURE OF APPLICANT(S).

Signature:
Please print full name
Date:

Signature:
Please print full name
Date:

Signature:
Please print full name
Date:

Signature:
Please print full name
Date:

Data Processing Fair Processing Statement

The information that you provide is used to determine whether or not to grant a Premises Licence. We have a duty to protect the public funds we administer and may use your information for the prevention and detection of fraud. The information may also be used for auditing, monitoring, statistical and other research. Some of the information we hold may be shared with other Council or Government departments, agencies and similar organisations (including law enforcement agencies) to enable them to perform their duties or for comparison purposes. The information we hold about you is normally retained for seven years after the end of the licence period. For further information about the National Fraud Initiative see www.fareham.gov.uk/dpnfi



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FORM A

Notice of Application to Licence a House in Multiple Occupation

PLEASE NOTE:-

**YOU MAY NEED TO PHOTOCOPY THIS TEMPLATE FOR MULTIPLE USE.
YOU SHOULD KEEP COPIES OF ALL COMPLETED FORMS AND BE ABLE TO PROVIDE
EVIDENCE OF COMMUNICATION.**

The Housing Act 2004 requires the applicant of a licence under Part 2 of the Act to let certain persons know in writing that this application is being made or give them a copy of it.

A)

I (full name).....

of (home / business address).....

.....

Telephone.....Email.....

B)

Give notice to (full name).....

of (home / business address).....

.....

that;

C)

An application under Part 2 of the Housing Act 2004 is being made

D)

To the GOSPORT BOROUGH COUNCIL / FAREHAM BOROUGH COUNCIL

(please delete as appropriate)

E)

In respect of (address of the property to be licensed).....

.....

.....

F)

Proposed Licence holder (if not the person in A above);

(full name).....

.....

of (home / business address).....

.....

Telephone.....**Email**.....

G)

The date the application will be submitted is.....

Signed

.....

(full name in capitals)

.....

Date.....

Part 2, Housing Act 2004 relates to Licensing of Houses in Multiple Occupation,

The persons who should be notified are;

- i) Any mortgagee of the property,
- ii) Any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessees who are known to you,
- iii) 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),
- iv) The proposed licence holder (If that is not you),
- v) The proposed managing agent (if any) (if that is not you),
- vi) Any person who has agreed that he/she will be bound by any condition or conditions in a licence if granted.

Data Processing Fair Processing Statement

The information that you provide is used to determine whether or not to grant a Premises Licence. We have a duty to protect the public funds we administer and may use your information for the prevention and detection of fraud. The information may also be used for auditing, monitoring, statistical and other research. Some of the information we hold may be shared with other Council or Government departments, agencies and similar organisations (including law enforcement agencies) to enable them to perform their duties or for comparison purposes. The information we hold about you is normally retained for seven years after the end of the licence period. For further information about the National Fraud Initiative see www.fareham.gov.uk/dpnfi



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FORM B

**Certificate of Notice of Application to
Licence a House in Multiple Occupation**

PLEASE NOTE:

**THIS COMPLETED FORM TO BE RETURNED WITH COMPLETED APPLICATION FORM
TO ENVIRONMENTAL HEALTH at:**

GOSPORT BOROUGH COUNCIL, TOWN HALL, HIGH STREET, GOSPORT PO12 1EB or
FAREHAM BOROUGH COUNCIL, CIVIC OFFICES, CIVIC WAY, FAREHAM, PO16 7AZ

(Housing Act 2004 – Part 2)

I (full name) _____ of (address) _____

hereby certify that I served the following persons

Name: _____

Address: _____

With notice of application to licence the following property in respect to
Part 2 of the Housing Act 2004

(Address) _____

I enclose copies of these notices. I informed those persons of my name, address, telephone number and email address, the name, address, telephone number and email address of the proposed licence holder (if that will not be me), whether this is an application under Part 2 of the Housing Act 2004, the address of the property to which it (the application) relates, the name and address of the local housing authority to which the application will be made and the date the application will be submitted.

This statement, consisting of two pages signed by me, is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Signed _____

Dated _____

TO BE COMPLETED BY LOCAL AUTHORITY

Date application received	
Is the application valid	Yes/No
Date letter sent to require more information	
Date valid application received	
Date licence issued	
Date licence expires	
Date licence refused	
Reason(s) for refusal of licence:	

Number of lettings within the HMO	
Number of households or persons (delete as necessary) in application	
Maximum number decided by local authority (if different to above)	
Suitable for occupation under s. 65 H.A. 2004	Yes / No
Suitable for occupation under s. 65 H.A. 2004 with conditions	Yes / No / N/A
Proposed licence holder is a fit & proper person	Yes / No
Proposed licence holder is most appropriate person to hold the licence	Yes / No
Proposed manager is 'person having control'/'an agent or employee of the person having control' (Please delete as necessary)	
Proposed manager is a fit & proper person	Yes / No / N/A
Proposed management arrangements are satisfactory	Yes / No / N/A

Basic fee	£
Additional costs	
	£
Discounts	
Membership of landlords association	£
Multiple ownership	£
Total fee to be charged	£