

# FAREHAM

## BOROUGH COUNCIL

HOUSING ACT 2004, PART 2 SECTION 63

### LICENSING OF HOUSES IN MULTIPLE OCCUPATION (HMO) – APPLICATION FORM 2018/19

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Use this form if you want to apply for a Licence for a House in Multiple Occupation (HMO).

Please return the completed form with supporting documents, and fee to:

Environmental Health  
Fareham Borough Council  
Civic Offices  
Civic Way  
Fareham  
PO16 7AZ  
01329 236100  
[Regulatory@fareham.gov.uk](mailto:Regulatory@fareham.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 Environmental Health using the contact details above

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

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#### 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 - Licence-holder test of fitness
- Part 5 - 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 must include the appropriate fee (see notes). Please include a sketch 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	<b>To be completed if applicant is an individual</b>	
	(a) Full Name (block letters)	
	Surname	First Name(s)
	(b) Home Address	(c) Telephone numbers Home
	Postcode:	Work / Mobile
	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 <b>and email address</b> of the proposed licence holder.		
1.2	<b>To be completed if applicant is Company or Partnership</b>	
	(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"/>	
	If not, please give the full names address telephone number and email of the proposed licence holder.	

1.3	<b>Please give details of the person Managing the HMO if different from above (see note on page 13)</b>	
	(a) Full Name (block letters)	
	(b) Home Address:  Postcode:	(c) Telephone Numbers Home:  Work/mobile:
	Email address	
1.4	<b>Please give details of the person in control of the HMO if different from above (see note on page 13)</b>	
	(a) Full Name (block letters)	
	(b) Home Address:  Postcode:	(c) Telephone Numbers Home:  Work / Mobile
	(d) Email Address	
1.5	<b>Please give details of any person who has agreed to be bound by any condition contained in the licence (see note on page 13)</b>	
	(a) Full Name (block letters)	
	(b) Home Address:  Postcode:	(c) Telephone Numbers Home:  Work / Mobile
	Email address	
1.6	<b>Details of other properties licensed under Part 2 or Part 3 of the Act</b>	
	<p>Does the proposed licence holder hold a licence in respect of any other properties? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give property address(es) and the name of the licensing authority(s)</p>	
1.7	<b>Details of Accreditation Schemes</b>	
	Give details of any Accreditation Schemes you are a member of including any reference numbers.	

<b>Part 2</b> <b>Information about your interest in the property.</b>	
<b>2.1</b>	<p>Full address of the property which the licence application applies to</p>          <p>Postcode</p>
<b>2.2</b>	<p>Are you the owner? (refer to note 2.3) (Please tick appropriate box)    Yes <input type="checkbox"/>    No <input type="checkbox"/></p>
<b>2.3</b>	<p>If you own the interest jointly with other people, please give the names and postal addresses <b>and Email addresses</b> of your co-owners. If you do not own the property please give the name(s) and address(es) of the owner(s)</p>
<b>2.4</b>	<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.	
3.1	<p><b>Type of HMO (please tick)</b></p> <p><input type="checkbox"/> <b>Shared House</b></p> <p><input type="checkbox"/> <b>Bed-sit rooms</b></p> <p><input type="checkbox"/> <b>Flats</b></p> <p><input type="checkbox"/> <b>Hostel</b></p> <p><input type="checkbox"/> <b>Other (please specify</b></p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>Detached <input type="checkbox"/></p> <p>Semi-detached <input type="checkbox"/></p> <p>Mid-terraced <input type="checkbox"/></p> <p>End terraced <input type="checkbox"/></p> <p>Grouped design <input type="checkbox"/></p> <p>Residential Block <input type="checkbox"/></p> <p>Other (please</p> </div> </div>
3.2	<p><b>What is the approximate age of the property?</b></p> <p>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"/></p>
3.3	<p><b>How many storeys are there?</b> <i>(Please include any occupied basement and business premises whether above or below the living accommodation and any mezzanine floor)</i></p> <p>Total Number.....Number Below Ground.....</p>
3.4	<p><b>Is any of the following fire precautions equipment provided?</b></p> <p>Fire Extinguishers    Yes <input type="checkbox"/>    None <input type="checkbox"/>    Protected Escape route with fire doors    Yes <input type="checkbox"/>    None <input type="checkbox"/></p> <p>Warning Notices    Yes <input type="checkbox"/>    None <input type="checkbox"/>    Fire Blankets    Yes <input type="checkbox"/>    None <input type="checkbox"/></p> <p>Smoke Alarms    Yes <input type="checkbox"/>    None <input type="checkbox"/>    How many smoke alarms? .....</p> <p>Where are the smoke alarms located? .....</p> <p>Details of any other fire precautions equipment:.....</p> <p><b>Please provide details of fire escape routes and other fire safety training provided to occupiers</b></p>

3.5	<p>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"/></p> <p><b>PLEASE PROVIDE A COPY OF YOUR FIRE RISK ASSESSMENT</b></p>
3.6	<p>Do the gas and electrical appliances in the property meet the statutory safety requirements?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p><b>PLEASE PROVIDE COPIES OF ALL RELEVANT DOCUMENTATION AND CERTIFICATES INCLUDING CURRENT ANNUAL GAS SAFETY CERTIFICATE, PORTABLE APPLIANCE TEST AND ELECTRICAL INSTALLATION CONDITION REPORT (dated within 5 years).</b></p>
3.7	<p>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"/></p>
3.8	<p>Please detail the waste management/disposal arrangements for the property:-</p>
3.9	<p>Is there any other business use in the building - Yes/ No - If 'Yes' please specify</p>
3.10	<p>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</p> <p>If yes. <b>PLEASE PROVIDE A BLANK COPY</b></p>
3.11	<p><b>YOU MUST PROVIDE A FLOOR PLAN SHOWING ROOM LAYOUT AND USAGE, APPROXIMATE ROOM SIZES AND POSITION OF ANY SMOKE ALARMS</b></p>

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

<b>Part 3. Continued</b>									
<b>Letting Details.</b> Please continue on a separate sheet if necessary									
<b>Note</b> Vacant lettings that you intend to re-let should be included	<b>Number of habitable rooms within the letting (please exclude kitchens and bathrooms)</b>	<b>Number of adults &amp; children that would normally occupy each letting</b>		<b>Is a bath or shower provided in the letting for the exclusive use of the occupying tenant?</b>	<b>Is a toilet provided in the letting for the exclusive use of the occupying tenant?</b>	<b>Is a wash hand basin provided in the letting for the exclusive use of the occupying tenant?</b>	<b>Is a cooker provided in the letting for the exclusive use of the occupying tenant?</b>	<b>Is a sink provided in the letting for the exclusive use of the occupying tenant?</b>	<b>Is a fridge provided within the letting for the exclusive use of the occupying tenant?</b>
		<b>Adults</b>	<b>Children</b>	<b>Yes/ No</b>	<b>Yes/ No</b>	<b>Yes/ No</b>	<b>Yes/ No</b>	<b>Yes/ No</b>	<b>Yes/ No</b>
<b>Letting 1</b>									
<b>Letting 2</b>									
<b>Letting 3</b>									
<b>Letting 4</b>									
<b>Letting 5</b>									
<b>Letting 6</b>									

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).

#### Property summary

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

<b>Part 4.</b> <b>Licence-holder / Manager test of Fitness</b> <i>(If any questions are answered yes please see note 5.1 for information on how to provide details)</i>	
5.1	Has the proposed licence holder or manager got any unspent convictions for or involving fraud, dishonesty, violence, drugs or sexual offences?  Yes <input type="checkbox"/> No <input type="checkbox"/>
5.2	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?  Yes <input type="checkbox"/> No <input type="checkbox"/>
5.3	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?  Yes <input type="checkbox"/> No <input type="checkbox"/>
5.4	Has any property owned by the proposed licence holder or manager been the subject of : (i) A Control Order under section 379 of the Housing Act 1985 in the last 5 years?  Yes <input type="checkbox"/> No <input type="checkbox"/>  (ii) or any appropriate enforcement action described in section 5(2) of the Act? (See note)  Yes <input type="checkbox"/> No <input type="checkbox"/>
5.5	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>  Yes <input type="checkbox"/> No <input type="checkbox"/>
5.6	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>  Yes <input type="checkbox"/> No <input type="checkbox"/>
5.7	Has a Local Authority carried out work in default in relation to a property that you own or have owned?  Yes <input type="checkbox"/> No <input type="checkbox"/>
5.8	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>  Yes <input type="checkbox"/> No <input type="checkbox"/>



**Part 5.**  
**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 persons 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				

### 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:  |
| 9. Current Fire Risk Assessment  | <input type="checkbox"/> |  |
| 10. Tenancy Agreement example (if provided to tenant)                                    | <input type="checkbox"/> | (Y/N)  |

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"/> |

Following receipt of your application form, it will be checked to ensure the following:

- it has been fully completed
- the correct additional documents have been provided
- that the proposed licence holder and any other person involved in the management of the HMO is a fit and proper person (as defined in the Housing Act 2004)
- the property is suitable for the number of occupants
- the proposed management arrangements are satisfactory

A visit may be made to the property by Environmental Health to verify the information provided. You will be contacted to make an appointment if this is considered necessary.

Subsequently, the Council are required to send a notice of intention to license the HMO to you, which will inform you if we are able to accept your application with no modifications or if modifications are required and the reasons for them. A modification may be a reduction in the maximum number of people permitted to occupy the HMO from that expressed in your application or possibly an allowance of the expressed number of occupants with conditions attached, such as the provision of an additional bathroom, kitchen or WC.

You are given the opportunity to make representations in respect of the notice within a stated time period.

The Council may refuse to grant a licence and as above, you will be sent notice of refusal to licence with the reasons for this. You have the opportunity to make representations within a stated time period.

There is a right of appeal to any decision made by the Council through the Residential Property Tribunal Service, that is, HM Courts & Tribunal Service, First Tier Tribunal (Property Chamber) Residential Property, Havant Justice Centre, The Court House, Elmleigh Road, Havant, Hampshire, PO9 2AL, 01243 779 394, within 28 days of the decision.

Please be aware that even though the property has been licensed it may still be deficient in amenities and fire safety precautions that will require improving upon. You will be informed of this in due course if this is the case following your application or later inspections as appropriate.

Each Local Authority is required to ensure that all Category 1 hazards in the property, as defined under the Housing, Health and Safety Rating System Operating Guidance are removed or reduced, as appropriate, within five years of a licence being issued. Further to this, the Management of Houses in Multiple Occupation (England) Regulations 2006 places duties on any person responsible for the management of an HMO.

You must therefore expect that Environmental Health will inspect the property from time to time; an appointment will be arranged with the person managing the HMO or their agent. There are occasions where officers do not follow this procedure, for instance, where a tenant has raised a complaint and allows entry without the knowledge of the landlord or agent. We would normally inform the person responsible for the property in writing with the findings of the inspection.

There can be only one licence holder. Therefore, if another person becomes the most appropriate person to be the licence holder, perhaps if the property is sold, then a new licence application must be made.

Where there is a change in circumstances in the information provided, such as the discovery of new information, perhaps the building of an extension, or the changing of a managing agent (but not the licence holder) then either the Council or any of the following people can apply for a variation to the licence: the licence holder, any person having an estate or interest in the property (but excluding a tenant under lease with an unexpired term of 3 years or less), any person with managing or leasing control of the property, and any person on whom the proposed licence imposes any restriction or obligation.

**Part 6.  
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..... Date.....  
*Applicant*

Applicant's Full name:)  
(Block Capitals please)

Position (if acting on behalf of a  
company).....

Signature.....  
Date.....

.....  
*Proposed Licence Holder*  
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'.*

## Guidance notes

**Before lodging an application for a licence for a House in Multiple Occupation (HMO), please ensure that you have read the following guidance notes. If you require any further advice contact Environmental Health.**

In these notes “the Act” means the Housing Act 2004, unless otherwise stated, all references to sections etc are to sections in the Act.

### Meaning of HMO

“HMO” means a house in multiple occupation as defined by sections 254 to 259 Housing Act 2004 and The Licensing of Houses in Multiple Occupation (Prescribed Description) (England) Order 2018.

An HMO licence is required if all of the following apply:

- it has five or more occupiers comprising two or more separate households, regardless of number of storeys
- it is a house or self-contained flat but is not a purpose-built flat situated in a block comprising three or more self-contained flats
- some or all of the occupants share amenities such as bathrooms, toilets or cooking facilities
- at least one of the occupants pays rent (or the accommodation is linked to their employment)
- it is the occupiers' main residence
- it is not an exempt property, namely:
  - o Buildings or part of buildings, occupied by no more than two households each of which comprise a single person
  - o Buildings occupied by a resident landlord with up to 2 tenants
  - o Managed or owned by a public body (such as the police or the NHS) or an LHA or a Registered Social Landlord
  - o Where the residential accommodation is ancillary to the principal use of the building e.g. religious establishments
  - o Student Halls of Residence, where the educational establishment has signed up to an Approved Code of Practice
  - o Buildings regulated otherwise than under the Act, such as care homes, bail hostels etc
  - o Building entirely occupied by freeholders or long leaseholders

Operating a licensable HMO without a licence is an offence which can be dealt with by a financial penalty or a conviction in court.

From 1 October 2018, mandatory licensing is no longer limited to HMOs that are three or more storeys high, but includes buildings with one or two storeys.

**The Person in Control of the HMO** is the person who is entitled to receive the majority of the rent from the tenants and may be the owner, or the owner of a long lease on the property

**The Person Managing an HMO** must either be the person in control of the house or be an agent or employee of the person having control of the house, and be a fit and proper person to be the manager. The manager has day to day responsibility for the HMO and the authority to act on behalf of the person in control. The manager may receive a fee or commission from the person in control of the house or receive a percentage of the rent.

**A Person Bound by Conditions** is any person who has responsibility for compliance with one or more of the conditions in the licence, and may be an agent or employee of the licence holder if the licence holder is a company.

## HMO Register – Disclosure of Licence Holder’s name and address

Section 232 of the Housing Act 2004 and Statutory Instrument 2006/373 which provides for a public register and regulation 11 of the Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions)(England) Regulations 2006 prescribe the information which must go in that register. This includes the licence holders name and address but does not include the telephone number or email address of the licence holder.

Regulation 11 of SI 2006/372 states that the following particulars are prescribed for each entry in a register established and maintained under section 232(1)(a) of the Act in respect of a licence granted under Part 2 (HMOs) or 3 (selective licensing) of the Act which is in force—

- (a) the name and address of the licence holder;
- (b) the name and address of the person managing the licensed HMO or house;
- (c) the address of the licensed HMO or house;
- (d) a short description of the licensed HMO or house;
- (e) a summary of the conditions of the licence;
- (f) the commencement date and duration of the licence;
- (g) summary information of any matter concerning the licensing of the HMO or house that has been referred to [the First-tier Tribunal] 1 or to the [Upper Tribunal] 2 ; and
- (h) summary information of any decision of the tribunals referred to in sub-paragraph (g) that relate to the licensed HMO or house, together with the reference number allocated to the case by the tribunal.

Whereas a name and address is personal data, section 35 of the Data Protection Act 1998 provides that personal data is exempt from the non-disclosure provisions where disclosure is required by or under any enactment.

The licence holder is advised that there is no requirement for the address given to be their home address and a business address can be used instead. Where a business address is given, the section 40(2) DPA exemption applies as there would be no reasonable expectation that this personal data (home address) would be disclosed in light of the choice given to give a business address instead.

## Completing the Form

### Part 1. Licence Holder etc details

If the applicant is a company or similar body, give the official registered or principal address.

### Part 2. Information about the interest in the property

Owner, in relation to the premises

- (a) means a person (other than a mortgagee not in possession) who is for the time being entitled to dispose of the fee simple of the premises whether in possession or in reversion; and
- (b) includes also a person holding or entitled to the rents and profits of the premises under a lease of which the unexpired term exceeds three years

### Part 3. Information about the property.

A flat is a dwelling, which is a separate set of premises, whether or not on the same floor

Persons are to be regarded as not forming a single household unless they are all members of the same family. A person is a member of the same family as another person if those persons are relatives (parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew, niece, or cousin) or other persons living together who are married or live together as husband and wife (or in an equivalent relationship in the case of persons of the same sex)

The Standard of fire protection required will vary with each property. The form asks about certain equipment but it does not necessarily mean that you will have to provide this if it is missing.

Fire Escape Routes will be shown on the sketch plan of the property. If you have a full Automatic Fire Detection System you should provide details of what training you have given the occupants of the property. In other cases it will be adequate to provide information such as a leaflet that are available from [www.firekills.gov.uk](http://www.firekills.gov.uk). Fire Warning signs such as fire exit signs are only appropriate in properties over 4 storeys

Upholstered furniture supplied with rented accommodation must comply with the Furniture and Furnishings (Fire) (Safety) Regulations 1988(as amended). This means that all cover materials must have passed cigarette and match ignition tests and the filling materials must have passed flammability tests. You should check to see that your furniture has a label permanently attached to the lining or underside giving the appropriate details.

Under the Gas Safety (installation and Use) Regulations 1998 the landlord must have an annual gas safety check on all gas appliances by a Gas Safe registered gas installer

A regular and appropriate inspection of the electrical wiring installation is required to ensure that the health and safety of your tenants is not compromised. The landlord is required to provide certification that any appliances provided by the landlord, have been examined by a competent person who has confirmed that they are functioning properly and are safe. An electrical installation certificate is required. Competent electricians must be approved by the NICEIC, ECA, BRE Certification Ltd, British Standards Institute, ELECSA Limited, or NAPIT Certification Ltd. Your electrician will recommend the frequency of inspection appropriate to your property.

Planning Permission may be required in relation to your HMO if there are more than 6 tenants. If you are not sure whether permission or approval is required for the property for which you are seeking a licence, contact the Councils Planning Department. Where permission or approval has already been obtained, please enclose a copy with your application.

## Licence Fee

Applicants for an HMO licence will need to pay the first part payment with the application (based on the number of rooms being let – see table below). This is the “fee on application”. An additional “fee on grant of licence” is payable just before the licence is granted.

After an HMO Licence is granted, refunds will only be granted in exceptional circumstances at the Council's discretion, as the fees are calculated to cover the Council's costs, which have already been incurred. Even if the HMO ceases to be licensable during the licence period and the licence is revoked, there is no pro rata refund as costs have already been incurred by the Council.

A full refund of the fee paid would only be made before a licence is granted in exceptional circumstances, unless at the time the fee was paid the house was not an HMO, or was not an HMO that was required to be licensed, in which case the fee can be refunded in full. During the licencing process, if the licensing process is not complete and an application is withdrawn or cancelled, then a partial refund can be granted. The refund would be the balance of the fee paid, minus the costs incurred up to that point.

Registered charities are exempt from paying HMO

Licence fees. Current fees are shown below, or refer

to [www.fareham.gov.uk](http://www.fareham.gov.uk)

Contact [regulatory@fareham.gov.uk](mailto:regulatory@fareham.gov.uk) for more details on how to pay the fee.

Fees can be paid by:

- Cash at our cash office or
- by cheque payable to Fareham Borough Council

Contact [regulatory@fareham.gov.uk](mailto:regulatory@fareham.gov.uk) for more details on how to pay the fee.



No. bedrooms ("units of accommodation" or "households")	Standard HMO licence fee and Re- licence fee (Licence duration is 5 years)	
	Fee on Application	Fee on Grant of Licence
Up to 5 People	£500	£340
6 -10 people	£650	400
11 – 15 people	£800	£460
16- 20 people	£900	£570
More than 20 people	£1000	£680

#### Part 4 Licence holder test of fitness and compliance with management conditions

The local authority must be satisfied that the person applying for an HMO licence is a "fit and proper person" to hold a licence. The same test applies to any person managing the premises and any director or partner in a company or organisation, which owns or manages the HMO. The local authority may approach other authorities such as the police authority, Fire & Rescue Service, Office of Fair Trading, etc., to check whether the applicant has any relevant convictions. We may require your co- operation in obtaining DBS information in confirmation of the above.

- 5.1 If you do have any convictions you are required to declare, these should not be sent with the application form but should be sent under separate confidential cover. Unspent convictions may be convictions for which the rehabilitation period has not been completed, or convictions, which are excluded from the Act (i.e. never spent). Not all convictions would be relevant to a person's prospective role as an operator of an HMO, for example motoring offences would not be relevant but a conviction for fraud or theft could be since the operator would be in a position of trust. If you are unsure about any matter, please contact us.
- 5.4 The appropriate enforcement action described in section 5(2) of the Act means:
- 1) Serving an Improvement Notice under section 11 or 12
  - 2) Making a Prohibition Order under section 20
  - 3) Serving a Hazard Awareness Notice under section 28
  - 4) Taking Emergency Remedial Action under section 40;
  - 5) making an Emergency Prohibition Order under section 43;
  - 6) making a Demolition order under subsection (1) or (2) of section 265 of the Housing Act 1985 (c. 68);
  - 7) declaring the area in which the premises concerned are situated to be a clearance area by virtue of section 289(2) of that Act.
- 5.7 "Works in default" - provisions of housing legislation which enables enforcement action in respect of a repair or improvement notice to be taken by local housing authorities either with or without agreement and which provides for the recovery of related expenses.