



Application to Licence a House in Multiple Occupation (HMO) Under Part 2 of the Housing Act 2004



Stratford-on-Avon District Council

Private Sector Housing, Elizabeth House, Church Street, Stratford-upon-Avon. CV37 6HX

Telephone: 01789 267575 Facsimile: 01789 260777 Minicom: 01789 260747 Website: www.stratford.gov.uk

If you find the text in this form difficult to read we may be able to supply it in a format better suited to your needs

FORM 1 - The Property

THIS FORM MUST BE COMPLETED BY THE INTENDED LICENCE HOLDER.

Before you start

Please read through the form thoroughly before answering any questions, the form needs to be fully completed. Please ensure you answer all questions.

If there are any sections which do not apply please indicate so with **not applicable** or **N/A**.

Any incomplete applications will be returned and administration charges will apply if you fail to submit documents on time.

Be sure that you need to apply for a licence before submitting an application.

In order for the property to meet the criteria for mandatory licencing there must be:

- 5 persons or more
- Living as 2 or more **households**
- Sharing **amenities** (for example kitchen, bathroom or WC).

A practical guide titled, Glossary of words and phrases (Form 8) is included in the application pack. Terms in the glossary are coloured and in bold in the text of the application form. **We recommend that you read through the practical guide before you complete the application forms and to keep a copy for reference.**

HMO licences last for a maximum of five years and are non-transferable ie. You cannot transfer the licence to a different person. The licence holder must complete Form 2. If the property is being managed by another person (not the licence holder) the Form 3 must be completed.

If you need help and advice in completing your application please seek advice from the Private Sector Housing Team on:01789 260848 or email psht@stratford-dc.gov.uk

Misrepresentation

An application for an HMO licence/re-licence is a serious matter and should be regarded as such.

It is a criminal offence to knowingly supply information which is false or misleading for the purpose of obtaining an HMO Licence. Evidence to support any statements, or information made in the HMO Licence application may be required at a later date. If the Council subsequently discovers something which is relevant and which you should have disclosed, or which is incorrect, or imprecisely stated or described, the licence can be cancelled or other statutory action taken. This may affect other HMO licences with which you have any connection.

UK GDPR and Data Protection Act 2018

The personal data you provide in this form will be used:

- 1) To identify the persons involved in the management of the HMO and to facilitate legal proceedings in the event of any offence connected with the licensing of the HMO.
- 2) To obtain information needed to assess the fitness and competence of persons involved in the management of the HMO.
- 3) To link properties and persons involved in the management of this, and other relevant HMO's.

The Council is under a legal obligation to collect and process this information. You must complete this form in order to obtain a House in Multiple Occupation Licence in compliance with the Housing Act 2004. The personal information that you provide will be shared for the purpose of verification with other agencies, such as the Police and other public bodies.

The Council can be required to disclose your personal information to government agencies and for research purposes. Your name, address, and the address of the property will be entered in a publically accessible register. Your information will be held for six years after your licence expires.

You have the right to access your personal information and complain if you think your information has been used incorrectly or unfairly; you may also have other rights that apply. For further details on your rights and the contact details for the Data Protection Officer, please see the Council's Data Protection Webpage <https://www.stratford.gov.uk/council-democracy/data-protection.cfm>

I have read and understood the notes relating to Misrepresentation and Data Protection. For the purpose of my request, the above information is accurate and true to the best of my knowledge.

Signed										
Licence Applicant (PRINT NAME)										
Dated			/			/	2	0		

The Licence Holder and Property Manager

The first step is to decide who will hold the licence and who will manage the HMO. The people most likely to be a **Licence Holder** or **Manager** are:

- a) The **owner (freeholder)** of the property
- b) The **landlord** (the person entitled to let the property - this is often also the owner)
- c) An **agent** for the landlord (e.g. a firm of letting agents or a relative)
- d) The **manager** of the property

The Council has a duty to award the licence to the person it thinks is the most appropriate person to be the licence holder. Unless you can provide a good reason why someone else should be the licence holder the council will expect the licence holder to be the **landlord** but in any event the Council will expect the licence holder to have the power to:

- a) Let to tenants and **terminate tenancies** in accordance with the law;
- b) Access all parts of the premises to the same extent as the landlord; and
- c) **Authorise expenditure** of up to 25% of the yearly rental income of the property for repairs etc.

An HMO manager may also have the powers mentioned in a) to c) above.

- **Form 1 The Property** must be completed by the proposed licence holder for each property you want to licence.
- **Form 2 The Licence Holder** can be filled in once and copied for each licence application, if you are completing multiple licence applications for the same licence holder within 12 months of each other.
- **Form 3 The Manager** only needs to be submitted where the manager is different from the licence holder. If the Manager details remains the same for multiple properties, Form 3 can be filled in once and copied for each licence application within 12 months of each other.

Please note that if the Council has to serve any legal notices relating to the property, they can be served on the licence holder or the manager.

Basic Details of the HMO

2	Address of the HMO to be licenced								
	Post Code:								
3	Please tick to indicate the type of application	First Application	<input type="checkbox"/>	Renewal	<input type="checkbox"/>				
	Full Name, Registered Company or Charity Name								
	National Insurance, Company House or Charity Registration Number								
4	Proposed Licence Holder								
5	Manager (if not the licence holder)								
6	Owner(s)								
<p>If the licence holder is someone other than the landlord please state the reason for this. Also give their relationship to the landlord and owner (if any) below.</p>									

Connected Persons

Stratford-on-Avon District Council requires the full details of **ALL** Individuals/companies with a financial or **legal** interest in the property and the HMO licence. The following questions will help determine the connected persons involved with the HMO.

If there is a change to any of the contact details of a connected person throughout the term of the licence you must notify the Council within 21 days.

7	Are there any additional freeholder(s)/owner(s) who are not you (the proposed licence holder)? If yes please provide the details of ALL Freeholders below.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8	Is there currently a mortgage on the property? If yes please provide the mortgage details in the connected person section below.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
9	At the date of application are there any mortgage payment arrears exceeding three months?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
10	Is the HMO a leasehold property? If yes please provide the Leaseholders details in the connected persons section below.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
11	If the HMO is a leasehold property, how long is the lease for?	Lease period			
		Lease period unexpired			

If you answered **Yes** to any of the above questions please fill in all of the details of the connected person overleaf. Please tick all of boxes which apply to the person named. You can photocopy and attach separate pages if more are required.

	The Person named is	Licence Holder	<input type="checkbox"/>	Owner (Freeholder)	<input type="checkbox"/>	Co-owner	<input type="checkbox"/>				
		HMO Manager	<input type="checkbox"/>	Mortgage company	<input type="checkbox"/>	Business partner	<input type="checkbox"/>				
		Leaseholder	<input type="checkbox"/>	Letting agent	<input type="checkbox"/>						
	Full Name										
	Address										
	Post Code:										
	Telephone Number	Home									
		Mobile									
		Work									
	Email Address										
	Date of Birth (If applicable)			/		/					
	National Insurance, Company House or Charity Registration Number										
	Mortgage number										

The Person named is	Licence Holder	<input type="checkbox"/>	Owner (Freeholder)	<input type="checkbox"/>	Co-owner	<input type="checkbox"/>			
	HMO Manager	<input type="checkbox"/>	Mortgage company	<input type="checkbox"/>	Business partner	<input type="checkbox"/>			
	Leaseholder	<input type="checkbox"/>	Letting agent	<input type="checkbox"/>					
Full Name									
Address									
Post Code:									
Telephone Number	Home								
	Mobile								
	Work								
Email Address									
Date of Birth (If applicable)			/			/			
National Insurance, Company House or Charity Registration Number									
Mortgage number									

The Person named is	Licence Holder	<input type="checkbox"/>	Owner (Freeholder)	<input type="checkbox"/>	Co-owner	<input type="checkbox"/>			
	HMO Manager	<input type="checkbox"/>	Mortgage company	<input type="checkbox"/>	Business partner	<input type="checkbox"/>			
	Leaseholder	<input type="checkbox"/>	Letting agent	<input type="checkbox"/>					
Full Name									
Address									
Post Code:									
Telephone Number	Home								
	Mobile								
	Work								
Email Address									
Date of Birth (If applicable)			/			/			
National Insurance, Company House or Charity Registration Number									
Mortgage number									

Notifying the connected persons of the application

Under Schedule 2 of the Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions)(England) Regulations 2006, 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 be informed:

- Any **mortgagee** of the property
- Any **owner(s)** of the property to which the application relates (if that is not you) i.e. the **freeholder(s)** 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 3 years (including a periodic tenancy)
- The proposed **Manager** (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 it is granted

You must tell each of these persons:

- Your name, address, telephone number and e mail address
- The name, address, telephone number and e mail address of the proposed licence holder (if it will not be you)
- This is an application under Part 2 of the Housing Act 2004
- The address of the property to which it relates
- The name and address of the Council to which the application will be made
- The date that the application was submitted

Using Form 4 to notify the connected persons

A form headed 'Notification of Intention to Apply for HMO Licence' (Form 4) is enclosed with this application pack.

You should use this form to supply the required information to the persons required to be notified by law as listed in the paragraph above. **PLEASE DO NOT RETURN FORM 4 TO THE COUNCIL.**

Complete the boxes with all of the names and addresses of persons you need to notify about your application. If you want to maintain confidentiality you can photocopy the form several times and fill each one in individually using just one address box. Alternatively, you can fill in one or more forms with several names and addresses, photocopy them and serve them on each person. Once you have given out the forms to the relevant people, you must complete the following declaration:

Declaration of notification to the connected persons

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	Address	Description of the persons interest in the property/application	Date of service
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Signed	
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Licence Applicant (PRINT NAME)	
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Dated			/			/	2	0		
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The Property

Description of the Property

12	Type of HMO	House <input type="checkbox"/>	Flat <input type="checkbox"/>	Other <input type="checkbox"/>	Please Specify: <input type="checkbox"/>
13	Building Type	Detached <input type="checkbox"/>	Semi-detached <input type="checkbox"/>	Terraced <input type="checkbox"/>	
		End Terraced <input type="checkbox"/>	Purpose Built Flat <input type="checkbox"/>	Converted Flat <input type="checkbox"/>	
		Other <input type="checkbox"/>	Please Specify:		
14	Approximate date of building construction:	Pre 1919 <input type="checkbox"/>	1919-1945 <input type="checkbox"/>	1946-1964 <input type="checkbox"/>	
		1965-1980 <input type="checkbox"/>	1980-1999 <input type="checkbox"/>	Post 1999 <input type="checkbox"/>	
15	Number of Storeys in the HMO (including basements and attics). Tick all boxes which apply.	Basement <input type="checkbox"/>	Ground <input type="checkbox"/>	First <input type="checkbox"/>	
		Second <input type="checkbox"/>	Third <input type="checkbox"/>	Fourth <input type="checkbox"/>	
		Fifth <input type="checkbox"/>	If more state how many		
16	Are any parts of the building used for non-residential purposes, e.g. shop, office?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes please specify which storeys and their use:				

Planning and Building Regulations

17	When did or when will the property first become a house in multiple occupation?			/			/		
18	Have you ever obtained a Building Regulations Completion Certificate for the property?			Yes <input type="checkbox"/>	No <input type="checkbox"/>				
19	Has any Planning Consent ever been obtained for the HMO use?			Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	If yes, please state the date			/			/		
	and reference number:								

Accommodation and Amenities

20	Type of Letting	Individual lets <input type="checkbox"/>	Bedsits <input type="checkbox"/>	Shared House/Flat <input type="checkbox"/>
		Lodging House <input type="checkbox"/>	Hostel <input type="checkbox"/>	Bed & Breakfast <input type="checkbox"/>
		Staff Accommodation <input type="checkbox"/>	Student Hall of Residence <input type="checkbox"/>	Other Please Specify: <input type="checkbox"/>

21	Is the HMO divided into flats?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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22	If yes, please state number of self-contained flats and number which are not.	Self-contained	Not self-contained
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23	How many habitable rooms are there in the HMO?	Bedrooms	Living/Dining Areas
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24	How many of the following amenities are provided:	Shared bath/shower rooms	Ensuite bath/shower rooms
		Shared toilets in bathrooms	Ensuite toilets in bathrooms
		Shared separate toilets	Ensuite separate toilets
		Shared wash hand basins	Ensuite wash hand basins
		Shared kitchens	Total kitchens
		Shared kitchen sinks	Total kitchen sinks

Occupancy Details

25	What is the Intended type of occupation? Tick all that apply:	Students <input type="checkbox"/>	Professionals <input type="checkbox"/>	Staff <input type="checkbox"/>
		Homeless <input type="checkbox"/>	Other Please Specify: <input type="checkbox"/>	

26	How many persons live in the property at the date of application?	
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27	How many households are there in the property at the date of application?	
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28	How many bedrooms are vacant at the date of application?	
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29	What is the maximum number of persons you wish to accommodate in the property?	
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30	What is the maximum number of households you wish to accommodate in the property?	
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31	Does the Landlord, Licence holder or Manager live on the premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Heating and Insulation

32	Do you have any solid fuel heating in the property?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
33	Is the entire loft space insulated with a minimum of 250mm of glass fibre insulation or equivalent?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
34	Does the property have an Energy Performance Certificate (EPC) issued by a qualified and accredited assessor, dated within 10 years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Gas, Electrical and Fire safety

35	Does the property have a gas supply? If Yes, you must enclose a current "Landlord's Gas Safety Certificate".	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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35	If yes, specify number of appliances:	Gas Boilers	<input type="text"/>	Gas Cookers	<input type="text"/>
		Gas Fires	<input type="text"/>	Other Please Specify:	<input type="text"/>

36	Do you have a report carried out by a competent person in the last five years indicating the condition of the electrical installation? If Yes, you must enclose a copy.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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37	Do you supply any of your tenants with portable electrical appliances, e.g. fridge, microwave, and vacuum cleaner?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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	If Yes, you must enclose a PAT certificate dated within the last 12 months.
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38	Is the property let with Upholstered furniture?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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39	If Yes, does all the furniture and furnishings provided meet the Furniture & Furnishings (Fire)(Safety) Regulations 1988?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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40	Has a mains operated fire detection and warning system been fitted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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	If Yes, you must supply a copy of the latest test certificate dated within the last 12 months. Self-Certification (Form 5) can be given for pre-existing mains operated interlinked detection without a Control Panel
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40	If yes: Describe the type of system installed?	Control Panel System	<input type="checkbox"/>	Mains System without Control Panel	<input type="checkbox"/>	Battery operated detection	<input type="checkbox"/>
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40	Where has fire detection been installed?	Escape route only	<input type="checkbox"/>	Escape Route and Common rooms	<input type="checkbox"/>	All Rooms	<input type="checkbox"/>
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41	Has a system of emergency lighting been fitted? If Yes, you must supply a copy of the latest test certificate dated within the last 12 months.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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42	Is the property fitted with firefighting equipment, i.e. fire extinguishers, fire blankets? If Yes, you must supply a copy of the latest test certificate if you have one.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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43	Has the property undertaken a fire risk assessment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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	If yes and you have copy, please provide this.
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Documents you must submit with your application

Please ensure that all of the documents are:

- **Signed and dated by a competent person and dated within 12 months of this licence application** (with the exception of the electrical report which needs to be dated within 5 years).
- **Satisfactory to the relevant British Standard (BS)**. Any unsatisfactory documents will require remedial works and subsequent submission of satisfactory documents before the application can be completed.
- **Full and complete documents with the accompanying reports**. Partial reports will not be accepted.
- **Invoices/receipts for any new appliances or firefighting equipment need to be dated within 12 months of the application.**

Application Checklist

Please include copies of the following forms and certificates with this application if applicable:

FORMS	Enclosed	Submitted	Not applicable
Form 1 (The Property)	<input type="checkbox"/>	<input type="checkbox"/>	
Form 2 (Licence Holder)	<input type="checkbox"/>	<input type="checkbox"/>	
Form 3 (If the Manager is not the Licence Holder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAFETY CERTIFICATES	Enclosed	Submitted	Not applicable
Gas Safety Certificate (If there are gas appliances)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Installation Condition(EICR) Report in accordance with BS7671	<input type="checkbox"/>	<input type="checkbox"/>	
Portable Appliance Test (PAT) Report (Invoices/receipts for new appliances) in accordance with BS EN 50106	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire alarm test certificate/report in accordance with BS5839 or Form 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Lighting certificate/report (If installed) in accordance with BS5266	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Fighting Equipment certificate/service records (Invoices/ receipts for new appliances) in accordance with BS5306-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER REQUIREMENTS	Enclosed	Submitted	Not applicable
Property Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Fee (Please see the most current fee sheet included with your application pack)	<input type="checkbox"/>	<input type="checkbox"/>	
Enter the fee amount	£		

The Property Plans

You must submit a simple sketch or digitally drawn floor plans with your application unless you have previously provided plans and no changes have been made since your previous application. The plans do not need to be scaled, but should be clearly labelled to show storey level and room use. The position of each of the following should be shown:-

- Bedrooms
- Dining Rooms
- WC's, Utility Rooms
- Living Rooms
- Kitchens, Bathrooms
- Laundries, Store Rooms

Self-contained flats should be labelled accordingly, e.g. Flat 1

It is suggested that you label the plan using the following abbreviations:-

- Fire Precautions - Fire door (FD30 / FD60)
- Emergency Light (EL)
- Control Panel (CP)
- Fire Blanket (FB)
- Electric Meter (E)
- Washing Facilities & Toilets - Bath, Shower, WC, Wash Hand Basin (WHB)
- Smoke detector (SD), Heat detector (HD)
- Break Glass Call Point (BG)
- Fire Extinguisher (FE)
- Cooking Facilities - Cooker (C) Sink (S)
- Gas Meter (G)

Submitting your application

Your application will not be considered to be complete unless the correct fee has been paid and all of the relevant documents listed above have been submitted and to a satisfactory standard. Original forms will be returned to you on your request.

If you need assistance making a payment please contact the Private Sector Housing team for guidance.

Please submit your application documents to: psht@stratford-dc.gov.uk (Email applications are preferable)

Or by calling into the main reception:-

Stratford-on-Avon District Council, (Private Sector Housing,)
Elizabeth House, Church Street, Stratford-upon-Avon CV37 6HX

Declaration

I/we declare that the information contained in this application (all forms) 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 Housing Act 2004 that is false or misleading and which I/we know is false or misleading or I/we am/are reckless as to whether it is false or misleading.

I understand that the Council will need to make enquiries into the information I/we have supplied for the purposes of Part 2 Housing Act 2004 including sharing such information with relevant organisations and authorities.

I/we confirm that I/we have read and understood the section of this application headed 'Application for HMO Licence - Notes Relating to Misrepresentation and this form's Privacy Notice.

	Signed										
	Licence Applicant (PRINT NAME)										
	Dated			/			/	2	0		