



Notice of Intention to apply for a House in Multiple Occupation (HMO) Licence 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 4 - Notify Other

A COPY OF THIS FORM MUST BE ISSUED TO ANY PERSON WITH A LEGAL INTEREST IN THE PROPERTY NAMED IN BOXES 1-9 BELOW

DO NOT RETURN THIS FORM TO THE COUNCIL

Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006.

Notification of Intention to Apply for HMO Licence:- Please remember you **MUST** also sign the declaration on Form 1 or Form 6 indicating you have informed the people who are listed below.

To:-

1	2	3
4	5	6
7	8	9

This to inform you that I intend to apply under Part 2 of the Housing Act 2004 to Stratford-on-Avon District Council for an HMO Licence in respect of the property named overleaf.

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.

General Data Protection Regulations (EU) 2016/679 or the Data Protection Act 2017

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 Controller and the Data Protection Officer, please see the Council's Full Privacy Notice on www.stratford-dc.gov.uk

I have read and understood the above notes relating to Misrepresentation and Data Protection

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

Licence Holder Details

1	Full Name											
2	Address											
	Post Code:											
3	Telephone Numbers	Home										
		Mobile										
		Work										
4	Email Address											
5	Date of Application			/			/	2	0			
6	Local Authority	Stratford-on-Avon District Council										
7	HMO Address											
	Post Code:											
8	The licence holder's name (If not you) (must be full name)											
9	Licence Holder's Address											
	Post Code:											
10	Licence Holder's Telephone Numbers	Work										
		Mobile										
11	Licence Holder's Email Address											

	Signed										
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	PRINT NAME										
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	Dated			/			/	2	0		
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