



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 6 - Re-licence HMO

THIS FORM MUST BE COMPLETED BY THE INTENDED LICENCE HOLDER.

Please ensure you read through the form thoroughly before completing it. The form will need to be completed fully, 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 may apply if you fail to submit documents on time.

You have a legal obligation to re-licence your property if you continue to use it as an HMO. 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).

Stratford-on-Avon District Council has made re-licensing a simpler process. You can complete the Form 6 Re-licence application if the property has been licenced before provided that there have been no changes since the last application to any of the following:

- The licence holder
- The ownership/Freehold (If they are not related to you)
- Changes to either the building (structure) or a change to the layout or room use within the property
- The number of people you wish to licence
- The Type of occupation (for example from students to professionals)

If there have been changes to one or more of the above you will need to complete a new application and a different fee may apply. If you have changed management you will need to submit a new Form 3. New application forms 1-5 can be downloaded from www.stratford-dc.gov.uk or provided on request.

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.

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		

The Licence Holder and Property management

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.

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.

1 Please state who the property will be licenced to and managed by ticking the appropriate box		
The proposed licence holder is	The Landlord	<input type="checkbox"/>
	A manager or managing agency	<input type="checkbox"/>
	Some other person (appointed by the Landlord)	<input type="checkbox"/>
The property will be managed by	The Landlord	<input type="checkbox"/>
	A manager or managing agency	<input type="checkbox"/>

If the manager is different from the licence holder, you must complete a form 3 unless you have already submitted one within 12 months.

Basic Details of the HMO

2	Address of the HMO to be licenced											
	Post Code:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										

Full details of named persons will be required later in the application.

3	Proposed Licence Holder	
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4	Manager (if not the licence holder)	
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5	Owner(s)	

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.	

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.

6	Is the HMO manager different from the licence holder? If yes please provide the individual/company details in the connected person section below. The manager will also need to complete a Form 3.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7	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"/>
8	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"/>
9	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.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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

10	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

A form headed 'Notification of Intention to Apply for HMO Licence' is enclosed with this application (Form 4). 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 DON'T 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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Section 6: Licence Holder Details

10	Full Name												
11	Licence Holder Address												
	Post Code:												
12	Telephone Numbers	Home											
		Mobile											
		Work											
13	Email Address												
14	Date of Birth			/			/						
15	National Insurance or Companies House No.												
16	Specify your ethnic group (Please answer with N/A if you wish not to disclose)												
17	For companies, give the full name and position in the company of the person responsible for the licence.												
18	If property is leasehold, give length of lease												

Fit and Proper Person Details

19	Have you or any person who will be involved in the management of the property (Do not include “spent” convictions as defined in Rehabilitation of Offenders Act 1974):						
a	Been convicted of any offence involving:						
	Fraud or dishonesty (including benefit fraud)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
	Violence	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
	Drugs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
	Matters listed in Schedule 3 to the Sexual Offences Act 2003	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
	Received a caution, informal reprimand or formal warning in respect of any of the above	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
b	Been found by a court or tribunal to have practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in or in connection with the carrying on of any business						
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
c	Been convicted of or been subject to a Court Order in respect of any provision of housing law or of landlord and tenant law including civil proceedings						
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
d	Acted in contravention of any relevant Approved Code of Practice (A code of practice issued by the government relating to the management of HMOs)						
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
e	Been refused a licence for an HMO anywhere in England or Wales						
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
f	Breach the conditions of an HMO Licence in England or Wales						
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
g	Been subject to a HMO Control Order or Management Order in England or Wales in the last 5 years						
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
h	Failed to comply with a housing notice (requiring works etc.) served by a local authority						
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
i	Been declared bankrupt						
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>

20	If you answered Yes or “Not Sure” to any of the above questions, please give details below. Continue on a separate sheet if necessary					

21 Please give details of any qualifications or training courses you have attended relevant to your responsibilities as Licence Holder:

Date awarded	Qualification / Training	Name of Awarding Body

22 Please give details of your membership of any professional organisations relevant to your responsibilities as property Licence Holder:

Date membership gained	Nature of Membership	Organisation

23

Please list all residential properties which you let (including any outside of the District Council area. Indicate which are HMO's and also which are licenced. Continue on a separate sheet if necessary

Address	HMO	Licensed
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Documents you will need to 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:

SAFETY CERTIFICATES	Enclosed	Not applicable
Gas Safety Certificate (If there are gas appliances)	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Installation Condition(EICR) Report in accordance with BS7671	<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"/>
Fire alarm test certificate/report in accordance with BS5839 or Form 4	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Lighting certificate/report (If installed) in accordance with BS5266	<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"/>
OTHER REQUIREMENTS	Enclosed	Not applicable
The Fee (Please see the most current fee sheet included with your application pack)	<input type="checkbox"/>	
Enter the fee amount	£	

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 declare that the house in respect of an HMO licence application is sought under Part2/3 of the Housing Act 2004 is subject to a licence at the time this application is made

I/we further declare that to the best of my/our knowledge either

- (a) None of the information described in paragraph 2(c) to (g) of that Act, and previously submitted to the local authority has materially changed since that licence was granted
- or
- (b) The only material changes to that information are as described as follows. I/we 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 headed 'Application to Re-licence plus the Notes Relating to Misrepresentation and this form's Privacy Notice.

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

(Include description of all material changes)
