



# 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](http://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 7 - Variation Changes Mid-Licence

**THIS FORM MUST BE COMPLETED BY THE LICENCE HOLDER.**

This form is used to notify the council of certain changes throughout the term of an HMO licence.

It should not be used as a part of a new application. Please ensure you read through the form thoroughly before completing it, if there are any sections which do not apply please indicate so with not applicable or N/A (not applicable).

## 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<br>(PRINT NAME) |  |  |   |  |  |   |   |   |  |  |
| Dated                             |  |  | / |  |  | / | 2 | 0 |  |  |

## HMO Details

|   |                    |  |  |  |  |  |  |  |  |  |  |
|---|--------------------|--|--|--|--|--|--|--|--|--|--|
| 1 | Address of the HMO |  |  |  |  |  |  |  |  |  |  |
|   |                    |  |  |  |  |  |  |  |  |  |  |
|   |                    |  |  |  |  |  |  |  |  |  |  |
|   | Post Code:         |  |  |  |  |  |  |  |  |  |  |

## Updates to Connected persons details

### The Licence Holder

To be completed if there is a change to any of the contact details for the licence holder. **Please note, an HMO licence cannot be transferred from one name to another. If there is to be a change in licence holder, please complete a new HMO licence application.**

|   |                        |        |  |   |  |  |   |  |  |  |  |  |
|---|------------------------|--------|--|---|--|--|---|--|--|--|--|--|
| 2 | Full Name              |        |  |   |  |  |   |  |  |  |  |  |
| 3 | Address                |        |  |   |  |  |   |  |  |  |  |  |
|   |                        |        |  |   |  |  |   |  |  |  |  |  |
|   |                        |        |  |   |  |  |   |  |  |  |  |  |
|   | Post Code:             |        |  |   |  |  |   |  |  |  |  |  |
| 4 | Telephone Numbers      | Home   |  |   |  |  |   |  |  |  |  |  |
|   |                        | Mobile |  |   |  |  |   |  |  |  |  |  |
|   |                        | Work   |  |   |  |  |   |  |  |  |  |  |
| 5 | Email Address          |        |  |   |  |  |   |  |  |  |  |  |
| 6 | Date of Birth          |        |  | / |  |  | / |  |  |  |  |  |
| 7 | National Insurance No. |        |  |   |  |  |   |  |  |  |  |  |
| 8 | Companies House No.    |        |  |   |  |  |   |  |  |  |  |  |

## The Manager

|           |                                    |   |  |
|-----------|------------------------------------|---|--|
| <b>9</b>  | Please tick the box which applies: | New management <input type="checkbox"/> | Updated contact details <input type="checkbox"/> |
| <b>10</b> | Full Name                          |   |  |
| <b>11</b> | Address                            |   |  |
|           |                                    |   |  |
|           |                                    |   |  |
|           | Post Code:                         |   |  |
| <b>12</b> | Telephone Numbers                  | Home                                    |  |
|           |                                    | Mobile                                  |  |
|           |                                    | Work                                    |  |
| <b>13</b> | Email Address                      |   |  |
| <b>14</b> | Date of Birth                      |   | /  |
| <b>15</b> | National Insurance No.             |   |  |
| <b>16</b> | Companies House No.                |   |  |

**If you have appointed a new manager, they will need to complete a form 3 for the new management if they haven't submitted one within the last 12 months.**

## Mortgage Lender

|           |                  |  |  |
|-----------|------------------|--|--|
| <b>17</b> | Mortgage Company |  |  |
| <b>18</b> | Address          |  |  |
|           |                  |  |  |
|           |                  |  |  |
|           | Post Code:       |  |  |
| <b>19</b> | Mortgage Number  |  |  |

## Ownership

To be completed if the property owners details have changed or if the property has changed ownership.

|                    |                                    |  |  |   |  |  |   |  |  |  |  |  |  |
|--------------------|------------------------------------|--|--|---|--|--|---|--|--|--|--|--|--|
| <b>20</b>          | Please tick the box which applies: | Updates to contact detail <input type="checkbox"/> | New/additional owners <input type="checkbox"/> |   |  |  |   |  |  |  |  |  |  |
|                    | Full Name                          |  |  |   |  |  |   |  |  |  |  |  |  |
|                    | Address                            |  |  |   |  |  |   |  |  |  |  |  |  |
|                    |                                    |  |  |   |  |  |   |  |  |  |  |  |  |
|                    | Post Code:                         |  |  |   |  |  |   |  |  |  |  |  |  |
|                    | Telephone Number                   | Home   |  |   |  |  |   |  |  |  |  |  |  |
|                    |                                    | Mobile   |  |   |  |  |   |  |  |  |  |  |  |
|                    |                                    | Work   |  |   |  |  |   |  |  |  |  |  |  |
|                    | Email Address                      |  |  |   |  |  |   |  |  |  |  |  |  |
|                    | Date of Birth (If applicable)      |  |  | / |  |  | / |  |  |  |  |  |  |
|                    | National Insurance No.             |  |  |   |  |  |   |  |  |  |  |  |  |
| Companies House No |                                    |  |  |   |  |  |   |  |  |  |  |  |  |

|                    |                               |        |  |   |  |  |   |  |  |  |  |  |  |
|--------------------|-------------------------------|--------|--|---|--|--|---|--|--|--|--|--|--|
|                    | Full Name                     |        |  |   |  |  |   |  |  |  |  |  |  |
|                    | Address                       |        |  |   |  |  |   |  |  |  |  |  |  |
|                    |                               |        |  |   |  |  |   |  |  |  |  |  |  |
|                    | Post Code:                    |        |  |   |  |  |   |  |  |  |  |  |  |
|                    | Telephone Number              | Home   |  |   |  |  |   |  |  |  |  |  |  |
|                    |                               | Mobile |  |   |  |  |   |  |  |  |  |  |  |
|                    |                               | Work   |  |   |  |  |   |  |  |  |  |  |  |
|                    | Email Address                 |        |  |   |  |  |   |  |  |  |  |  |  |
|                    | Date of Birth (If applicable) |        |  | / |  |  | / |  |  |  |  |  |  |
|                    | National Insurance No.        |        |  |   |  |  |   |  |  |  |  |  |  |
| Companies House No |                               |        |  |   |  |  |   |  |  |  |  |  |  |

Please photocopy and attach separate pages if more are required.

## Changes to the Occupancy

Change to the type of occupation:

|    |             |          |                          |               |                          |                          |                          |
|----|-------------|----------|--------------------------|---------------|--------------------------|--------------------------|--------------------------|
| 21 | Please Tick | Students | <input type="checkbox"/> | Professionals | <input type="checkbox"/> | Other<br>Please Specify: | <input type="checkbox"/> |
|    |             |          |                          |               |                          |                          |                          |

Change to the maximum number of occupiers

|    |  |  |  |  |
|----|--|--|--|--|
| 22 | Maximum number of occupiers on the existing licence        |  |  |  |
|    | Maximum number of occupiers requested under this variation |  |  |  |

|    |  |
|----|--|
| 23 | Please describe rooms in the property to be used by additional occupiers (e.g. first floor rear room etc). |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |

|    |  |
|----|--|
| 24 | Please describe additional amenities installed in the property for use by additional occupiers (e.g. number and location of bathrooms, WCs, kitchen facilities). |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |

## Change of Layout or Structure

(This may include change of room use).

|           |   |
|-----------|---|
| <b>25</b> | Please describe the changes to the property and enclose a full up to date layout plan on a separate sheet of paper (does not have to be to scale but should accurately reflect the changes proposed). |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |

## 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](mailto: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<br>(PRINT NAME) |  |  |   |  |  |   |   |   |  |  |
| Dated                             |  |  | / |  |  | / | 2 | 0 |  |  |