



South Bucks

District Council

Housing Act 2004, Part 2, Section 63

Application Form for Licensing a House in Multiple Occupation

Address of property to be licensed:

Post Code:

Please return this completed form to:

The Housing Services Team
South Bucks District Council
Capswood
Oxford Road
Denham
Bucks
UB9 4LH

If you require assistance in completing this form please contact the Housing Services Team on 01895 837310.

IMPORTANT NOTICE:

Please answer all the questions unless directed. Please read the accompanying guidance notes when completing this form.

IT IS A CRIMINAL OFFENCE TO MAKE A FALSE STATEMENT IN AN APPLICATION FOR AN HMO LICENCE OR TO FAIL TO COMPLY WITH ANY CONDITION OF THE LICENCE.

The declaration at the end of the application form must be signed and dated before submission. This application must include the appropriate fee. Please attach all relevant certificates of installation, inspection or maintenance. A sketch plan of the property must also be included showing the details outlined at the foot of page 10.

Licence Holder Details

To be completed if applicant is an individual

Full name (block letters):	
Surname:	First Name(s):
Home Address:	
Post Code:	
Telephone:	
Home:	Work/mobile:
Email:	
Date of Birth:	
Are you responsible for any of the following matters at the property to be licensed?	
The day-to-day repairs and maintenance?	Yes / No
Rent collection	Yes / No
Tenant Management	Yes / No
If not, please give the full name, address and date of birth of any person employed to do this.	
Name:	
Home Address:	
Post Code:	
Telephone Number:	Date of Birth:

Licence Holder Details (Continued)

To be completed if applicant is a Company or Partnership

Full name of Company, Partnership or Trust:	Company Registration Number:
Address of principal or registered office:	
Postcode:	
Telephone Number:	
Email Address:	
How many Directors or Partners are there?	
Full name, address and date of birth of Directors, Partners, Company Secretary or other persons responsible for management of the business. Please use additional sheets as necessary	
Name:	
Position:	
Date of Birth:	
Address:	
Postcode:	
Full name, address and date of birth of employee or agent who is responsible for the day-to-day repairs, maintenance and tenant management of the premises to be licensed.	
Name:	
Position:	
Date of Birth:	
Address:	
Postcode:	

Licence Holder Details (Continued)

To be completed by all applicants:

Please give details of any person who has agreed to be bound by any conditions in the licence.

Name:
Address:
Post Code:

Are you the landlord of any other residential premises in the Council's district?

(Please tick)

Yes

No

Have you made an application or are you the license holder in respect of any other property in this district or any other Local Authority area?

(Please tick)

Yes

No

If yes please give full details of each property: -

Address:
Post Code:
Address:
Post Code:
Address:
Post Code:
Address:
Post Code:

Information about your interest in the property

Full address of the property to which the licence application applies:

Address:
Post Code:

Is the property a: (Please tick) House Flat

Are you the owner? (Please tick) Yes No

If 'No' please provide owners details if different from the licence holder:

Do you jointly/singly own the Freehold, Lease/Tenancy of the property with at least 5 years still to run?
(Please tick) Yes No

If yes, please indicate which interest you own:

(Please tick) Freehold Lease/Tenancy with at least 5 years still left to run

If you own the interest jointly with other people, please give the names and addresses of your co-owners:

Name:
Address:
Post Code:

Name:
Address:
Post Code:

Information about your interest in the property (continued)

Name and address of the mortgage provider (if any) of the property (please state none if the property does not have an outstanding mortgage):

Name:	
Address:	
Post Code:	
Telephone Number:	Fax Number:
E-mail address:	
Mortgage Account Number:	

Information about the property

Has planning permission been granted for use as a House in Multiple Occupation?

(Please tick) Yes No

If 'yes' please provide date and reference number of your application:

Date:	Reference Number:
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Was the property? (Please tick)

- a) Built before 1991? Yes No
b) Provided by conversion before 1991 Yes No

Please provide date if known:

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When the property was converted or flats created:

- (Please tick)
- a) Was planning permission given? Yes No
b) Was building notice given? Yes No
c) Was the work carried out in accordance with the above? Yes No

Are any of the flats or rooms occupied by the owner or freeholder (including their family)?

(Please tick) Yes No

If 'yes' which areas do they occupy?

Total number of owners family normally resident (Enter total number in box)

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Information about the property (continued)

Property details

Please tick all the floors the premises has: (Please tick)

Basement Ground Floor First Floor Second Floor
Third Floor Fourth Floor Fifth and above floor

Are any parts of the building used for non-residential purposes?
(Please tick) Yes No

If 'yes' please state the activity and parts of the building that are being used:

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Type of Property (Please tick)

Detached House Converted Flat Purpose Built Flat

Other (Please describe)

Approximate date of construction: (Please tick)

Pre - 1919 1920 - 1945 1946 - 1964 1965 - 1980 After 1980

Is the Property: (Please tick)

- A) Meeting the current statutory minimum standard for housing? Yes No
- B) In a reasonable state of repair? Yes No
- C) Provided with adequate facilities for rubbish storage and disposal? Yes No

When was the last time you carried out any works of repair or improvement?
(Please tick)

Less than 1 year ago Between 1 and 3 years More than 3 years ago

Please describe the repairs and or improvements carried out:

Information about the property (continued)

Amenity Details

How many rooms in the property are normally used as: (Enter total number in box)

Bedrooms Living Rooms

How many rooms have exclusive use of: (Enter total number in box)

a) Kitchen or cooking facilities (state location: example second floor front room)

b) Bathroom or shower room with toilets (state location)

c) Bathroom or shower room without toilets (state location)

d) Toilets (state location)

Sharing of Facilities

(Enter total number in box)

a) How many shared kitchens or cooking facilities are in the property?

b) How many shared baths are in the property?

c) How many shared showers are in the property?

d) How many shared toilets are in the property?

Information about Occupants

How many people currently live in the property? (Enter total number in box)

a) Adults

b) Children 11 - 17

c) Children under 10

How many households? (Enter total number in box)

How many rented units (bedsits or flats)? (Enter total number in box)

Do any of the people currently living in the property have a disability?

(Please tick)

Yes No

Tenant Information

Please confirm whether you provide the following: (Please tick)

a. A written tenancy agreement with details of terms of tenancy including sanctions for anti-social behaviour? Yes No

b. An inventory of furniture and fittings and the conditions at the start date of the tenancy? Yes No

c. A rent book or receipts for rent deposits and rent payment? Yes No

d. Procedures on how to report repairs and maintenance matters? Yes No

e. Policy/procedures for dealing with complaints? Yes No

If 'yes' enclose copies of any documents relating to the above

Information about Occupants (continued)

Tenant Information (continued)

Please write the rooms making up each separate letting and list the occupiers in each of those rooms. The names of all the members of the household including children should be given and indicate any vacant rooms.

Unit (bedsit or flat Number)	Location of room (e.g. basement rear, first floor middle, second floor front etc)	Full name off all occupiers including children	Tenancy start and end date

Information about Occupants (continued)

Tenant Information (continued)

Please write the rooms making up each separate letting and list the occupiers in each of those rooms. The names of all the members of the household including children should be given and indicate any vacant rooms.

Unit (bedsit or flat Number)	Location of room (e.g. basement rear, first floor middle, second floor front etc)	Full name off all occupiers including children	Tenancy start and end date

You must submit a sketch plan showing room layout, with a description of each room and approximate room sizes. Please indicate on the plan whether or not any bedroom or bed-sit has wash hand basins present. You should mark on the plan of the position of all fire safety equipment i.e. smoke alarms, break glass call points and emergency gathering points.

Fire Safety

Does the property have smoke alarms or an automatic fire detection (AFD) system?

(Please tick box) Yes No

If 'yes' please provide details of the type of AFD system or number and location of smoke alarms:

Date installed:

Date last checked/inspected by a competent contractor:

Has a fire risk assessment been carried out?

(Please tick box) Yes No

Date of risk assessment:

(Please submit test certification and fire risk assessment report with application)

Has the house been fitted with an emergency lighting system?

(Please tick) Yes No

Date installed:

Date last checked/inspected by a competent contractor:

Have fire doors been fitted? (See note below *): (Please tick) Yes No
(if 'yes' please mark with an 'X' on the plans enclosed)

Is the stairwell and escape route, to a place of safety, protected in the event of a fire? i.e. Are all the doors opening on to the route fire doors?

(Please tick) Yes No

*There are two types of fire door (FD). The FD (S) 30 is 44mm thick and FD60 is 54mm thick. They can withstand fire for 30 minutes or 60 minutes respectively. They must comply with BS476 or EN1654 and either be marked with coloured spots that identify what fire resistance they can achieve or be accompanied by a certificate stating their fire resistance. All fire doors should incorporate a smoke seal and an intumescent strip around the edges and must be fitted with suitable self-closing devices.

Fire Safety (continued)

Do you have the following fire safety equipment? (Please tick)

a) Fire Blankets? Yes No

If 'yes' how many?

Where located?

b) Fire Extinguishers? Yes No

If 'yes' how many?

Where located?

Type (e.g. water, dry powder, etc):

Date last checked/inspected by a competent contractor:

Are there any notices displayed in the property instructing the occupants what to do in the event of a fire?

(Please tick) Yes No

If 'yes' how many?

Where located?

Do you provide upholstered furniture?

(Please tick) Yes No

If 'yes' please sign the declaration below:

I/We confirm that the furniture provided under the terms of the tenancy and licence complies with the furnishings (Fire Safety) Amendment Regulation 1993 and/or any other safety requirement contained in law.

Applicant(s) Signature:

Date:

Print Full Name:

Gas and Electrical Equipment

Are there any gas appliances and installations at the property that require a landlord's gas safety certificate?

(Please tick) Yes No

(If 'yes' a copy of the certificates for each appliance must be submitted with this application)

Has the electrical installation at the property been checked and certified by a competent electrician (NICEIC or ECA approved) in the last 5 years?

(Please tick) Yes No

If 'yes' please give date and attach report:

If 'no' you are advised to have the installation inspected.

(N.B. A copy of the electrical installation/appliance safety inspection report/certificate must be provided).

Heating

Is heating provided for the occupiers?

(Please tick) Yes No

If 'yes' what type of heating is used and give approximate age of the installation? (Please tick)

Gas central heating age of the installation

Wall mounted gas heaters age of the installation

Electric storage heaters age of the installation

Individual wall mounted electric heaters age of the installation

Licence-holder test of fitness and compliance with management conditions

If you answer 'yes' to any of the following questions in this section, please give details including dates below.

Please note: The Council may require you to carry out the necessary legal checks to confirm the information provided below.

Have you been assessed at any other Local Authority?

(Please tick) Yes No

If 'yes' please provide the following:

Name of Local Authority(ies)

Contact name and number

Reference number (if any)

Have you been convicted of any offences relating to violence, sexual offences, drugs or fraud? (Spent convictions are not, in this context, taken into account and do not have to be declared) Please note: The Council may be required to carry out a Criminal Records Bureau (CRB) check to provide adequate information for this question.

(Please tick) Yes No

Have you been found guilty by a Court or Tribunal of practising unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability in, or in connection with, the carrying on of any business?

(Please tick) Yes No

Have you been convicted of failing to comply with any Housing Act Notice in the past 5 years?

(Please tick) Yes No

Have you been convicted of any charges relating to landlord and tenant law, harassment or illegal eviction in the past 5 years?

(Please tick) Yes No

Licence-holder test of fitness and compliance with management conditions (continued)

Has a Local Authority carried out works in default to residential premises owned or managed by you (in connection with housing conditions or suitability as a residence) in the past 5 years?

(Please tick) Yes No

If 'yes' please provide details and dates:

Have you been convicted of any offence or are you subject to any other proceedings brought by a Local Authority or other Regulatory Body (for example breaches of the Environmental Protection Act, Planning Control or Compulsory Purchase proceedings of fire safety requirements)?

(Please tick) Yes No

If 'yes' please provide details and dates:

Have you been subject to a management order under the Housing Act 2004 or been refused a licence or breached conditions of a licence?

(Please tick) Yes No

If 'yes' please provide details and dates:

Have you been declared bankrupt or in arrears with your mortgage?

(Please tick) Yes No

If 'yes' when was this?

Licence-holder test of fitness and compliance with management conditions (continued)

Are you an accredited landlord?

If 'yes' please provide details, date, accreditation body and any membership number, etc.

Are you a member of a recognised Landlord Association?

(Please tick) Yes No

If 'yes' please provide details, date, accreditation body and any membership number, etc.

Do you have a recognised qualification relevant to you responsibilities as a property owner or manager?

(Please tick) Yes No

If 'yes' please provide details, qualification, date and name of the awarding body, etc.

Requirement to let certain people know about this application

- Any mortgagee of the property
- Any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessees who are known to you
- Any other person who is a long leaseholder or any other tenant of the property (including any part of the property or a flat) who is known to you. This does not include any person who has a lease or tenancy for less than three years e.g. as assured or assured short hold tenant who has a fixed term contract or any other person who has a periodic or statutory tenancy. (A statutory tenancy is one, which automatically comes into effect when a contractual tenancy has ended but the person is allowed to remain in the property on the same terms as in the contract).
- The proposed licence-holder (if that is not you)
- The proposed managing agent (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

Requirement to let certain people know about this application (continued)

You must tell each of these people -:

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

I/We declare that I/we have served a notice of this application on the following people who are the only people known to me/us who are required to be informed that I/we have made this application

Name	Address	Description of the person's interest in the property or the application	Date of service

Please provide proof of notification

Declaration

WARNING: If you knowingly make a false statement or fail to comply with any condition of the licence you may be liable to prosecution.

In considering whether the required standards and/or conditions have been met, the Local Authority may take into account other evidence available to it in addition to this declaration. An officer may also need to visit the property to check the situation and the accuracy of the declaration. If we need to visit we will contact you to arrange a suitable time. If a visit is not carried out at this time the property must be inspected within five years of the application.

An inspection of each HMO will also be carried out under the Housing Health and Safety Rating System (HHSRS), which is set out in the Housing Act 2004 and replaces the current housing fitness standard. This will include a risk assessment of the effect of housing conditions on the health and safety of occupiers. The HHSRS involves the assessment of 29 potential hazards and scoring their severity to decide whether improvements are needed. If more serious 'category 1' hazards are found the Council has a duty to require the owner to remedy the defect. If less serious 'category 2' hazards are found, the Council has the discretionary power to require action.

Where category 1 or 2 hazards are found informal action will be used to encourage owners to carry out works, but if this fails enforcement action will be taken in accordance with the Act and our enforcement policy.

Note: Your application will not be valid until you complete all the relevant parts of this form, provide all necessary documents and pay the required fees.

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.

Applicants Signature:	Date:
Print Full Name:	
Position (if acting on behalf of a company):	
Proposed Licence Holder's Signature	Date:
Print Full Name:	
Position (if acting on behalf of a company):	

Declaration (Continued)

WARNING: If you knowingly make a false statement or fail to comply with any condition of the licence you may be liable to prosecution.



Data Protection

Your signature on this form gives your consent for South Bucks District Council to process any information you give in connection with your application for an HMO licence. This is in accordance with the purposes notified to the Office of the Information Commissioner and are subject to the Data Protection Act 1998.

Enclosures

- A. Annual maintenance record for automatic fire detection system.
- B. CORGI registered commissioning and annual Gas Safety Inspection Certificates.
- C. Commissioning and periodical Electrical Installation/Appliance Inspection Certificate.
- D. Recent fire detection system report (if applicable).
- E. Floor plans/layout of property.
- F. Annual Buildings Insurance Certificate.
- G. Any documents related to tenancy management.
- H. A cheque for the sum of £..... is enclosed.

Cheques should be made payable to South Bucks District Council