

Housing Act 2004 – Part 2

Application for Mandatory Licensing of a House in Multiple Occupation



PLEASE NOTE

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 know about it are:

- 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 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 three years (including a periodic tenancy)
- 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 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)
- Whether this is an application under Part 2 or Part 3 of the Housing Act 2004
- The 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 will be submitted

PLEASE RETURN THE COMPLETED APPLICATION TO:

HMO Licensing
Eastleigh Borough Council
Eastleigh House
Upper Market Street
Eastleigh
SO50 9YN

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Part 2 of the Housing Act 2004 (the Act) makes it mandatory for all larger, higher risk Houses in Multiple Occupation (HMOs) to be licensed with the Local Authority.

The Act provides for a new definition of HMO and statutory instruments have defined which HMOs are covered by mandatory licensing. You should refer to the Act and the statutory Instruments for this definition.

To assist you a non-statutory summary of the definition of a mandatory licensable HMO and the larger higher risk HMO is set out below:

A mandatory licensable “HMO” means a building or part of a building:

- a) Has 5 or more people occupying the property who form at least 2 different households
- b) Where the households share kitchen or bathroom facilities (or the building lacks these amenities).

The application for a licence must be made by an appropriate person, who would normally be either the owner of the HMO or the person managing the HMO.

To be able to license an HMO, a manager must be able to demonstrate that he/she has control of the house or they are an agent or employee for that person and that the proposed management arrangements for the house are satisfactory.

The person who applies for a licence must demonstrate that they are a fit and proper person to be a licence holder.

The application for a licence is attached. If you require further information regarding this application, please contact Housing and Environmental Health at the address above.

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Application for a Property Licence

1. ADDRESS OF HMO TO BE LICENSED

House Name/Number
Street.....
.....Post Code.....

2. TYPE OF HMO

Please tick the appropriate box to indicate the type of accommodation provided.

Bed-sit ☐ Shared House ☐ Hostel ☐

Flats ☐ Bed & Breakfast ☐

Other ☐ (please specify):

3. NUMBER OF STOREYS / DESCRIPTION

Please state the number of storeys that the building containing the HMO comprises, which of those levels the living accommodation is on if not all and the type of building.

No. of Storeys: 1 ☐ 2 ☐ 3 ☐ 4 ☐ over 4 ☐ (please specify)

If living accommodation is not on all levels, please specify

Type of Property:

☐ Detached ☐ End of Terrace ☐ Bungalow
☐ Semi-detached ☐ Mid-terraced ☐ Purpose Built Flat
☐ Flat conversion ☐ Accommodation above commercial premises

Other (please specify):

4. AGE OF BUILDING

Please tick the appropriate box to indicate the age of the building

☐ Pre 1919 ☐ 1919 – 1945 ☐ 1946 – 1964 ☐ 1965 – 1980 ☐ Post 1980

5. OTHER BUSINESS USE

Is there any other business use in the building? ☐ Yes ☐ No

If yes, please specify
.....
.....

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6. PROPOSED LICENCE HOLDER DETAILS

(must be a named person unless the company is a limited company)

Full Name Forename(s):
Surname:

Address House Name / Number.....
Street:
.....Post Code.....

Contacts Telephone:
Mobile:
Email:

Other Date of Birth:
National Insurance Number:

6.1. PROPOSED LICENCE HOLDER'S INTEREST IN THE HMO

Is the proposed licence holder the Manager of the HMO ☐ Yes ☐ No

Is the proposed licence holder the Owner of the HMO ☐ Yes ☐ No

In all cases, please provide the name and address details of all owners:

| Name | Address |
|------|---|
| | |
| | |
| | |
| | |
| | |
| | (Please continue on additional sheet if needed) |

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6.2. A COMPANY, PARTNERSHIP OR TRUST

Where the proposed licence holder or owner of the HMO is a company, partnership or trust please complete either section (a) or (b) below as appropriate:

a) The names, business/correspondence addresses and telephone numbers of all the Directors/Partners/Trustees:

| Name | Address | Telephone No. |
|------|---------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | (Please continue on additional sheet if needed) |

OR

b) The name and registered address of the Company Secretary and company registration number:

| Name | Address | Company Registration No. |
|------|---------|--------------------------|
| | | |

7. RESPONSIBILITY FOR THE HMO

Is the proposed licence holder the person in “day to day” control of the HMO?

☐ Yes ☐ No

Is the proposed licence holder the person who would be bound by any conditions that are attached to the licence, if granted?

☐ Yes ☐ No

If you have answered No to either or both of the above, please specify below who that person is:

Full Name Forename(s):

Surname:

Address House Name / Number.....

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Street:
.....Post Code.....

Contacts

Telephone:

Mobile:

Email:

8. NAME & ADDRESS OF THE APPLICANT

Part 8 only needs to be completed if the applicant is not the same person as the proposed licence holder.

Full Name

Forename(s):

Surname:

Address

House Name / Number.....

Street:

.....Post Code.....

Contacts

Telephone:

Mobile:

Email:

8.1. PLEASE INDICATE THE APPLICANT'S INTEREST IN THE HMO

Is the applicant the Manager of the HMO ☐ Yes ☐ No

Is the applicant the Owner of the HMO ☐ Yes ☐ No

Other (please specify):

.....

.....

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9. FIT AND PROPER PERSON

Please carefully read the notes below:

When considering an application to license a HMO, the local authority must be satisfied that the proposed licence holder is a “Fit and Proper” person to hold a licence. It is therefore necessary that the following details be supplied about the proposed licence holder and any other person that the applicant proposes will be involved in the management of the house. The declaration at the end of this section must also be signed.

All the below questions MUST be answered

- a) Does anyone involved in the management of the HMO have unspent convictions in respect of an offence involving fraud, dishonesty, violence, drugs or any offences listed in Schedule 3 of the Sexual Offences Act 2003? ☐ YES ☐ NO
- b) Has the proposed licence holder been found by a court or tribunal to have practised unlawful discrimination on the grounds of sex, colour, race, ethnic or national origins, or disability in, or in connection with, carrying out of any business? ☐ YES ☐ NO
- c) Has the proposed licence holder contravened any provision of housing law or landlord & tenant law? Includes any civil proceedings in which judgement was made against the proposed licence holder. ☐ YES ☐ NO
(e.g. non-compliance with a formal notice that required specified works carried out to a rented house, illegal eviction or harassment of a tenant)
- d) Has the proposed licence holder ever owned any property which has been subject to a control order (made under Section 379 of the Housing Act 1985(a)) in the last five years? ☐ YES ☐ NO
- e) Has the proposed licence holder ever been refused a licence under Parts 2 and 3 of the Housing Act 2004? ☐ YES ☐ NO
- f) Has the proposed licence holder ever breached any condition of a licence granted under Parts 2 or 3 of the Housing Act 2004? ☐ YES ☐ NO
- g) Has any act on the part of the licence holder been otherwise than in accordance with a Code of Practice approved under Section 233 of the Housing Act 2004? *(This relates to any property owned by the proposed licence holder)* ☐ YES ☐ NO

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- h) Has the proposed licence holder ever owned any property that has been the subject of any proceedings (whether in court or otherwise) by a local authority? *(Includes any work that the local authority has carried out as a result of default on the part of the proposed licence holder)* ☐ YES ☐ NO
- i) Has the proposed licence holder ever owned any property that has been the subject of an interim or final management order or a special interim management order made under the Housing Act 2004? ☐ YES ☐ NO

If you have answered YES to any of the above, please provide details below:

(Please also read attached guidance notes)

(please continue on additional sheet if needed)

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DECLARATION FOR FIT AND PROPER PERSON:

I/We declare that the information provided in this section 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 their functions under Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading, or I/we are reckless as to whether it is false or misleading.

Signature of proposed licence holder(s)

Signature:

Signature:

Print Full Name:

Print Full Name:

.....

.....

Date:

Date:

Signature:

Signature:

Print Full Name:

Print Full Name:

.....

.....

Date:

Date:

10. ARE YOU A MEMBER OF A RECOGNISED LANDLORD'S ASSOCIATION OR LETTING AGENT ASSOCIATION?

☐ YES ☐ NO

If YES, please provide your registration number and name and address of the association below:

Registration Number:

Association Name:

Association Address:

.....

.....Post Code

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11. DO YOU OWN OR MANAGE AN HMO THAT HAS BEEN LICENSED BY ANOTHER LOCAL AUTHORITY?

☐ YES ☐ NO

If YES, please include with this application a copy of the HMO licence that has been granted by that Authority.

Copy of HMO licence granted included ☐

12. DO YOU OWN OR MANAGE ANY OTHER HMOs THAT HAVE ALREADY BEEN LICENSED BY EASTLEIGH BOROUGH COUNCIL?

☐ YES ☐ NO

If YES, please give the address of the property or properties which have already been licensed.

Address House Name / Number.....
Street:
.....Post Code.....

Address House Name / Number.....
Street:
.....Post Code.....

(please continue on additional sheet if needed)

13. DO YOU OWN OR MANAGE ANY OTHER HMOs WITHIN THE EASTLEIGH BOROUGH COUNCIL AREA THAT REQUIRE A LICENCE?

☐ YES ☐ NO

If YES, please provide the address of the property or properties:

Address House Name / Number.....
Street:
.....Post Code.....

Address House Name / Number.....
Street:
.....Post Code.....

(please continue on additional sheet if needed)

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14. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH SEPARATE LETTING WITHIN THE HMO

Notes for completion:

- The number of habitable room are per separate letting / room within the property. For example, a flat with 1 bedroom and 1 living room would be 2 habitable rooms, a shared house with 5 bedrooms and 1 living room should be listed as Lettings 1 to 6, where 6 is specified as the lounge, with no occupiers and no facilities.
- The number of adults or children are those that would have exclusive occupation of the letting / room.
- The facilities in the table should be ticked for those that are provided for the exclusive use of that letting / room.
- Vacant lettings that you intend to re-let should be included

| | No. of habitable rooms | No. of adults | No. of children | Bath / Shower | Toilet | Wash Hand Basin | Cooker | Sink | Fridge / Freezer |
|------------------|------------------------|---------------|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Letting / Room 1 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Letting / Room 2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Letting / Room 3 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Letting / Room 4 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Letting / Room 5 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Letting / Room 6 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Letting / Room 7 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Letting / Room 8 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(please continue on additional sheet if needed)

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15. PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE SHARED FACILITIES IN THE HMO

| Total no. of baths or showers | Total no. of toilets | Total no. of wash hand basins | Total no. of cookers (with 4 rings and an oven) | Total no. of other cooking facilities (microwaves etc.) | Total no. of sinks | Total no. of fridge / freezers |
|-------------------------------------|-------------------------|-------------------------------------|--|--|-----------------------|--------------------------------------|
| | | | | | | |

16. MANAGEMENT STANDARDS

Conditions applied to any future licence will require that the management of the HMO meets a suitable standard. Please indicate below whether the HMO that is the subject of this application currently meets the following standards:

- a) All the furniture and furnishings within the HMO, provided by or on behalf of the landlord/manager, complies with the Furniture & Furnishings (Fire)(Safety) Regulations 1988 (as amended) ☐ YES ☐ NO
- b) The fire alarm and emergency lighting system within the HMO has been checked by a competent person within the last twelve months and found to be fully functional ☐ YES ☐ NO
- c) The electrical installation within the HMO has been checked by a competent person within the last five years and found to be adequate and fully functional. ☐ YES ☐ NO
- d) All the gas and electrical appliances within the property that have been provided by the Landlord meet the relevant statutory safety requirements ☐ YES ☐ NO
- e) At the beginning of each new occupancy, every new occupant is supplied with a written agreement that describes the responsibilities of the landlord and the occupant and which sets out the terms for the occupancy of the property ☐ YES ☐ NO

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17. CHECKLIST OF DOCUMENTS TO BE SUBMITTED WITH YOUR APPLICATION

- ☐ **Floor Plan:** Please provide a plan of the HMO that shows the layout for each storey within the building (see guidance notes on the next page and the example of the type of plan required that is included with this form).
- ☐ **Gas Safe:** Please Provide the valid and original Landlord's Gas Safety Record that demonstrates that any gas appliances within the HMO (that are owned by the Landlord) have been checked by a Gas Safe registered contractor within the last 12 months and have been found to be safe for use. (Photocopies are not acceptable).
- ☐ **Building Work:** If since 1990, you have carried out any conversions, alterations or building works that required Building Regulation Approval or Planning Permission then please provide copies of the relevant approvals, permissions or certificates issued in relation to the works.
- ☐ **Tenancy Management:** Copy of a current, tenancy agreement for the property in question. Please see the enclosed guidance on this subject for other documents that may be requested to prove there is satisfactory management arrangements in place.
- ☐ **Electrical Safety:** Please provide your NICEIC (or equivalent) Electrical installation certificate compliant with part "P" of the Building Regulations 2000
- ☐ **Fire Alarm Installation & Commissioning Certificate:** NICEIC (or equivalent) Fire alarm installation, testing & commissioning certificate.
- ☐ **Emergency Lighting:** If the Fire Risk Assessment highlights, the need for emergency lighting, please provide NICEIC (or equivalent) Emergency lighting completion certificate.
- ☐ **Fire Risk Assessment:** please provide your Fire Risk Assessment, in accordance with the Regulatory Reform (Fire Safety Order) 2005
- ☐ **Stage 1 payment:** The Council charge a 2 stage payment licence fee for each licensable property. The first payment is required to be paid upfront at point of submission of the application form and is non-refundable. Please see our website for current Fees and Charges.
- ☐ **Change of use:** (you require a "change of use" planning permission" if your property has been converted from a family dwelling to large HMO of 7 persons or more. Please provide your planning reference number if your application is for 7 or more Persons

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Guidance Notes for Floor Plans:

The plan should be to scale or show dimensions and should:

- Label the use of each room within the HMO (e.g. bedroom, living room, kitchens, bathrooms, dining/living rooms etc).
- Indicate the size in *metric* measurements (e.g. 10 m², 3m x 4m etc.) of the habitable rooms within each letting and of any communal rooms (e.g. kitchens, dining/living rooms etc).
- Indicate the position of smoke detectors and other fire alarm equipment within the HMO. Also show fire doors (and indicate if they have self closing devices), emergency lights and fire blankets
- Indicate the position of windows in each room
- Indicate whether rooms have sloping ceilings or reduced ceiling height in any areas
- Each separate letting shown on the plan should be numbered to reflect the numbering in section 14.

18. LICENCE CHARGES

The Council shall charge a licence fee for each licensable property. The fee shall be determined from a schedule of permitted cost items and shall be periodically reviewed. See accompanying Eastleigh Borough Council's HMO Licensing Information Pack for further details.

19. MORTGAGES

Please complete this section if you have a mortgage for this property. If there is no mortgage, please also confirm that in this section, rather than leaving it completely blank.

| Name & Address of Mortgage Company | Name & Address of Person(s) Listed on the Mortgage Agreement | Mortgage Account Number |
|------------------------------------|--|-------------------------|
| | | |

If there are any guarantors to the mortgage, please also give their names and addresses below:

| Name of Guarantor(s) | Address of Guarantor(s) |
|----------------------|-------------------------|
| | |

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20. DECLARATIONS *(Please tick all declarations to indicate you have read and understood them)*

- ☐ I/We declare that I/we have provided written notification of this application to 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. (See page 1 for list of persons to be informed).

| Name of person who received written notification | Address of that person | Description of the person's interest in the property / application <i>(e.g. Tenant, Mortgagee etc.)</i> | Date of service of notice |
|--|------------------------|--|---------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

(Please continue on additional sheet if needed)

- ☐ 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 I/we are reckless as to whether it is false or misleading.
- ☐ I/We agree that, for the purposes of HMO licensing or other Council business, the Council can share the information provided in this application with other Councils, other Council Services and other relevant agencies as appropriate.

Continues on next page

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SIGNATURE OF PROPOSED LICENCE HOLDER (S)

Signature:

Signature:

Print Full Name:

Print Full Name:

.....

.....

Date:

Date:

Signature:

Signature:

Print Full Name:

Print Full Name:

.....

.....

Date:

Date: