

Housing Act 2004

GLOUCESTERSHIRE HMO LICENSING SCHEME

APPLICATION FORM

This is the application form to apply for a Licence to operate a House in Multiple Occupation_{note 1} (HMO) within Gloucestershire for a 3-year period. Be sure that you need to apply for a Licence_{note 2} before submitting this form. A guidance Booklet “A Landlords Guide to HMO Licensing” is available free of charge on request or can be downloaded from the website www.cheltenham.gov.uk/propertylicensing

The procedures required to issue a Licence are fairly lengthy but we have tried to make the application as easy to understand as possible. If you do not understand how to answer a question you can seek advice from your Council. Contact details are given on the reverse of this form.

The cost of the Licence will be £450.

If an applicant fails to submit a full valid application including all of the relevant and correct documentation required for their Licence application, additional costs will be charged based on an hourly rate reflecting the actual costs incurred by that authority.

NOTE: Please complete in block capitals using blue or black ink.

DATA PROTECTION

You are required to provide the information asked for in this form for the following purposes:

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 the persons involved in the management of the HMO.
3. To link properties and persons involved in the management of the HMO.
4. To obtain information concerning the suitability of the property involved to be licensed as an HMO.

As this is a Gloucestershire scheme the information you provide will be shared with all the Gloucestershire Local Authorities taking part in the scheme as detailed on the reverse of this form. Information may also need to be shared to the extent that it may need to be verified with other agencies, such as the police and other government agencies.

Some of the information you provide will be entered into a public register.

The information may also be used for research, analysis and statistical purposes and to contact you regarding other issues relevant to HMO's.



Part 1 Application for HMO Licence

ADDRESS OF HMO TO BE LICENCED:

.....Post code.....

THE INTENDED LICENCE HOLDER MUST COMPLETE THIS PART OF THE FORM.

The first thing to establish is who will hold the Licence.
The persons likely to be involved in making an application are:

1. The Owner of the house.
2. An Agent for the Owner (e.g. a firm of letting agents or a relative).
3. The Manager of the house.

Details must be provided of any persons involved in ownership, managing or running the house.

The Local Authority 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 owner, but in any event, the Council will expect the Licence Holder to have the power to:-

- (a) let to and evict tenants.
- (b) access all parts of the premises to the same extent as the owner.
- (c) authorise expenditure up to 25% of the yearly rental income of the house for repairs etc.

APPLICANTS FULL NAME			
ADDRESS			
POST CODE		TEL. No.	
EMAIL ADDRESS		FAX. No.	

I am:

- The Owner Complete parts 1 and 2
- A Manager or Agent Complete parts 1, 2 and 3

The property will be managed by:

- The Owner Complete parts 1 and 2
- A Manager or Agent Complete parts 1, 2 and 3

Have you already applied for a HMO Licence with any Gloucestershire Authority? Yes No

If Yes, please indicate which ones below;

- | | |
|--|---|
| <input type="checkbox"/> Cheltenham Borough Council | <input type="checkbox"/> Gloucester City Council |
| <input type="checkbox"/> Cotswold District Council | <input type="checkbox"/> Stroud District Council |
| <input type="checkbox"/> Forest of Dean District Council | <input type="checkbox"/> Tewkesbury Borough Council |

Information About the Property to which this Application Relates

1	What type of HMO does this application relate to?	<input type="checkbox"/> House in Multiple Occupation <input type="checkbox"/> Flat in Multiple Occupation <input type="checkbox"/> A house converted into only self contained flats <input type="checkbox"/> A purpose built block of flats <input type="checkbox"/> Other- (describe)
2	State how many persons live in the house at the date of application?	
3	State how many households ^{note 3} there are in the house at the date of application?	
4	State the maximum number of persons ^{note 4} you intend to house in the property.	
5	State the maximum number of households ^{note 3} you intend to house in the property.	
6	State the number of separate letting units.	
7	State the number of habitable rooms (excluding kitchens).	
8	State the number of bathrooms and shower rooms. ^{Note 5}	
9	State the number of toilets and wash basins.	
10	State the number of kitchens.	
11	State the number of sinks.	
12	Is there a mortgage outstanding on the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	If Yes, Please give Name and Address of Mortgage Lender:	Name: Address: Account Number:
14	At the date of application, are there any mortgage payment arrears exceeding three months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Approx. Date of Construction.	

16	State approx. when the building first became a HMO.	
17	Number of storeys (include basements and habitable attics)?	
18	Are any parts of the building used for non-residential purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19	If Yes, Please describe the part(s) of the building and their use.	
20	Has a Building Regulation Approval ever been obtained for the building?	Yes <input type="checkbox"/> No <input type="checkbox"/>
21	If Yes, please; a) State the nature of work, b) The date completed, c) Enclose a copy of the completion certificate.	
22	Does the property have a gas supply?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, you must enclose an original "Landlord's Gas Safety Record."
23	Do you have a report carried out by a competent person in the last 5 years indicating the state of the electrical installation and appliances?	Yes <input type="checkbox"/> No <input type="checkbox"/> Installation Yes <input type="checkbox"/> No <input type="checkbox"/> Appliances If Yes, you must enclose an original certificate of inspection.
24	Does the property have a solid fuel appliance with a fixed flue?	Yes <input type="checkbox"/> No <input type="checkbox"/>
25	Is any furniture to which the Furniture & Furnishings (Fire) (Safety) Regulations 1988 apply provided by the Landlord?	Yes <input type="checkbox"/> No <input type="checkbox"/>
26	Is the property provided with an adequate fire detection and warning system, with adequate fire doors and other fire precautions?	Yes <input type="checkbox"/> No <input type="checkbox"/> Note 5: Compliance with standards contained within the LACORS housing fire safety guide (www.lacors.gov.uk) will be deemed adequate.
27	If No, please describe how you propose to meet an adequate standard.	
28	Are the fire detection and warning system, fire doors, extinguishers and blankets inspected by a competent person at regular intervals?	Yes <input type="checkbox"/> No <input type="checkbox"/> You must enclose an original certificate of inspection for the fire detection system

29	Please confirm that you have the authority; (a) To let and evict tenants. (b) To authorise expenditure of up to 25% of the yearly rental income in urgent situations.	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
30	Does the Owner or any person connected with the Owner live on the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
31	If Yes, please give details.	
32	Are you aware of any complaints about the behaviour of the current tenants from other residents in the neighbourhood? ^{Note 7}	Yes <input type="checkbox"/> No <input type="checkbox"/>
33	If Yes, please give details.	
34	Are the Police or Environmental Health Dept currently investigating allegations of anti-social behaviour arising at the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
35	If Yes, please give details.	
36	Provide details of the arrangements that are in place for dealing with requests and complaints from tenants including responding to emergencies. ^{Note 8} (Continue on a separate sheet if necessary)	

I enclose: (Please tick ✓ and enter details where applicable)

- Duly completed part 2 (owner); or,
- A fully completed Part 2 has already been submitted and the details remain correct.
- Duly completed part 3 (manager); or,
- A fully completed Part 3 has already been submitted and the details remain correct.
- Floor Plans of the property (suitably scaled, showing the layout of the property, smoke alarms and amenities provided)
- The Fee of £450 in the form of a cheque made payable to the relevant Local Authority.
Note: further fees may be payable in the case of incomplete, invalid or incorrect applications.
- An original Certificate showing that the gas installation and appliances have been inspected by a CORGI registered Inspector in the 12 months prior to this application.

Certificate number

- An original Certificate showing that the electrical installation and appliances have been inspected by a competent person in the 5 years prior to this application.

Certificate number

- An original Certificate showing that the fire detection and warning system has been inspected by a competent person in the 12 months prior to this application.

Certificate number

- A sample copy of the written terms for tenants.

Note: You will not be considered to have made a valid application unless all of the original documents listed above have been received and are in good order. All original documents will be returned to you.

I declare that all electrical appliances and furniture provided for the use of tenants in the property are in good safe working order and comply with all relevant safety legislation.

I declare that the smoke alarms installed in the house as shown on the attached floor plan are in good safe working order and comply with all relevant safety information.

I declare that the information contained in this application is correct to the best of my knowledge and belief. I understand that I commit an offence if I 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 know is false or misleading or am reckless as to whether it is false or misleading.

I understand that the Council may need to carry out investigations to assess whether I am a “fit and proper” person for the purposes of Part II of the Housing Act 2004. I hereby authorise the Council to make such enquiries and share information as it sees proper. Such enquiries may include Criminal Records Bureau checks, liaison with the Police, Fire Service and other Local Authorities.

Signed:..... Print Name:
Licence Applicant

Date:.....

NOTES

1. House in Multiple Occupation (HMO) means a building or part of a building that:
 - is occupied by more than one household and where more than one household shares or lacks an amenity, such as a bathroom, toilet or cooking facilities
 - is occupied by more than one household and which is a converted building, but not entirely self-contained flats (whether or not some amenities are shared or lacking)
 - is converted self-contained flats, but does not meet as a minimum standard the requirements of the 1991 Building Regulations and at least one third of the flats are occupied under short tenancies.
2. A Mandatory Licence for which this is an application relates only to HMO's that are:
 - Three storeys or more, and
 - Have 5 or more people in more than one household, and
 - Share amenities such as bathrooms, toilets and cooking facilities.
3. A household is
 - A family (including single people, couples and same sex couples) – husband, wife, child, step-child, foster-child, grandchild, parent, step-parent, foster-parent, grandparent, brother, half-brother, sister, half-sister, aunt, uncle, niece, nephew, cousin.
 - Other relationships, such as fostering, carers and domestic staff.
4. Planning permission would normally be required when the property is to be inhabited by more than 6 people, where more than one family are resident (change of use). It is recommended that you contact your Local Authority to seek advice on whether consent is needed. Should the necessary consents not be in place then this could result in enforcement proceedings under planning legislation.
5. The LACORS guide; '*Housing – fire safety guidance on fire safety provisions for certain types of existing housing*' is available at www.lacors.gov.uk on request from your local authority.
6. It is accepted that landlords may not be able to control the behaviour of their tenants however reasonable and practicable steps would include:
 - Inclusion of a clause within Tenancy agreement in relation to suitable behaviour of tenants & visitors, stating that anti-social behaviour is grounds for possession.
 - In the event of anti-social behaviour occurring the manager should contact the tenant and request that the behaviour should cease. It is advised that any verbal warning is also confirmed in writing.
 - Where anti-social behaviour persists the manager should end the tenancy and seek possession on the grounds of anti-social behaviour (assured short hold tenancies).
7. Compliance with the management requirements set out within The Management of House in Multiple Occupation Regulations 2006 within 6 months will be a condition of the issue of the Licence.
8. Information on HMO licensing can be found on the website of the Department for Communities and Local Government. <http://www.communities.gov.uk/corporate/>

Please submit your form to the Local Authority in whose area the property to which this application relates is situated.



Neighbourhood Regeneration
Cheltenham Borough Council
Municipal Offices
Promenade
Cheltenham
GL50 1PP
Tel: 01242 775008
www.cheltenham.gov.uk



HMO Licensing
Environmental Health
Herbert Warehouse
The Docks
Gloucester
GL1 2EQ
Tel: 01452 396396
www.gloucester.gov.uk



Private Sector Housing
Community Services
Cotswold District Council
Trinity Road
Cirencester
Glos. GL7 1PX
Tel: 01285 623419
www.cotswold.gov.uk



HMO Licensing
Environmental Health Service
Stroud District Council
Ebley Mill
Stroud
Glos. GL5 4UB.
Tel: 01453 754468
www.stroud.gov.uk



Private Sector Housing
High Street
Coleford
Glos. GL16 8HG
Tel: 01594 812424
www.fdean.gov.uk



Private Sector Housing
Community Services Department
Tewkesbury Borough Council
Gloucester Road
Tewkesbury
Glos. GL20 5TT
Tel: 01684 272176
www.tewkesburybc.gov.uk

Part 2 OWNER'S DETAILS

You need only fill in this part of the form in once, no matter how many properties you own within Gloucestershire. This is, however, conditional on the details remaining the same for each application in which case you need only complete the box below. If any details are different (for example, if there is a different co-owner), you must fill in and submit a new form with your application. Should you, or your Agent, make future applications for an HMO Licence, the applicant will be asked to verify that the information you have given in this form remains correct. For this reason, **you should keep a copy of this form when you have completed it.**

<p>I hereby certify that I am the owner of the property to which this application relates and that the information contained in the part 2 form submitted in an application in relation to my property named below remains true and correct.</p> <p>Address:post code</p> <p>Local Authority to whom application was made:.....</p> <p>Signature: Print Name:.....</p> <p>Local Authority Owners Ref. No: Date:.....</p> <p style="text-align: right;">Proceed to part 3</p>	
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OWNERS DETAILS:

In the case of a limited Company or partnership, state the full name and registered office of the Company or partnership. In the case of an ordinary partnership, give the name and address of the principal partner and fill in the names of other partners in the connected ownership section on page 14.

In the case of individuals with co-ownership, please give one name and details below and the remainder in the connected ownership section on page 14. (In most cases the first named owner will be the Licence Holder and applicant).

If you act as Trustee, please give your details below adding "as Trustee" to your name and give ownership details in the connected ownership section on page 14.

If you are a leaseholder, give your own name below and detail all superior Landlords or Freeholders in the connected ownership section on page 14.

FULL NAME			
ADDRESS			
POST CODE		TEL. No.	
EMAIL ADDRESS		FAX. No.	
Date of Birth (not for Companies)			
National Insurance No. or Company House Registration Number.			

<input type="checkbox"/> Freeholder	<input type="checkbox"/> Leaseholder	<input type="checkbox"/> Other
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If Property is Leasehold	
Give Length of Lease	
Length of Lease remaining	

Have you, (please tick ✓)

(a) Committed any offence or received a caution, informal reprimand or formal warning involving:	
Fraud or dishonesty (including benefit fraud)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Violence	Yes <input type="checkbox"/> No <input type="checkbox"/>
Drugs	Yes <input type="checkbox"/> No <input type="checkbox"/>
Matters listed in Sched.3 to the Sexual Offences Act 2003	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) 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"/>
(c) Breached the conditions of an HMO Licence.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) Been subject to a HMO Control Order or Management Order	Yes <input type="checkbox"/> No <input type="checkbox"/>
(e) Failed to comply with a Housing Notice (requiring works etc.) served by a Local Authority in the UK.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(f) Been prosecuted for breach of the HMO management Regs.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(g) Been prosecuted for breach of Landlord and Tenant legislation	Yes <input type="checkbox"/> No <input type="checkbox"/>
(h) Acted in contravention of any relevant Approved Code of Practice relating to the management of HMOs	Yes <input type="checkbox"/> No <input type="checkbox"/>
(i) Been declared Bankrupt	Yes <input type="checkbox"/> No <input type="checkbox"/>
(j) Been refused a Licence under Part II of the Housing Act 2004	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered Yes to any of the above questions, please give details below including dates. Continue on a separate sheet if necessary.

Please give details of any qualifications you have, relevant to your responsibilities as Owner.

Date Awarded	Qualification	Name of Awarding Body

Please give details of your Membership of any professional organizations, relevant to your responsibilities as Owner.

Date Commenced	Nature of Membership	Organisation

I certify that to the best of my knowledge and belief, the information given by me is true and correct. I understand that the Council may need to carry out investigations to assess whether I am a “fit and proper” person for the purposes of Part II of the Housing Act 2004. I hereby authorise the Council to make such enquiries and share information as it sees proper in connection with this application. Such enquiries may include additional Criminal Records Bureau checks.

Owners Signature:..... Date:

Print Name:

Please Note that it is a criminal offence to knowingly supply information, which is false or misleading for the purpose of obtaining an HMO Licence. Evidence to substantiate any statements made in this application may be required at a later date. If the Council subsequently become aware of something which is relevant and which you should have disclosed or which is incorrectly stated or described, the Licence may be cancelled or other action taken. This may affect other HMO Licences with which you have any connection.

Owner Details – Connected Ownership

1.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS		FAX. NUMBER	
Date of Birth			
National Insurance Number			
Relationship			

2.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS		FAX. NUMBER	
Date of Birth			
National Insurance Number			
Relationship			

3.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS		FAX. NUMBER	
Date of Birth			
National Insurance Number			
Relationship			

4.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS		FAX. NUMBER	
Date of Birth			
National Insurance Number			
Relationship			

Continue on a separate sheet if necessary

Part 3 MANAGER Details

You need only fill in this part of the form in once, no matter how many properties you manage within Gloucestershire. This is, however, conditional on the details remaining the same for each application in which case you need only complete the box below. If any details are different, you must fill in and submit a new form with your application. Should you, or your Agent, make future applications for an HMO Licence, the applicant will be asked to verify that the information you have given in this form remains correct. For this reason, **you should keep a copy of this form when you have completed it.**

I hereby certify that I am the manager of the property to which this application relates and that the information contained in the part 3 form submitted in an application in relation to the property named below remains true and correct.

Address:post code

Local Authority to whom application was made:.....

Signature: **Print Name:**.....

Local Authority Managers Ref. No: **Date:**.....

MANAGERS DETAILS:

In the case of a limited Company or partnership, state the full name and registered office of the Company or partnership. In the case of an ordinary partnership, give the name and address of the principal partner and fill in the names of other partners in the connected persons section on page 18.

If you sign this form as a Partnership or Company, you must ensure that any persons to whom you delegate management duties are fit and proper persons for the purposes of their duties. Any failure in management duties or responsibilities by such persons may result in you losing your acceptability to manage HMO's and may lead to any or all Licences for HMO's which you manage, being withdrawn.

FULL NAME			
ADDRESS			
POST CODE		TEL. No.	
EMAIL ADDRESS		FAX. No.	
Date of Birth (not for Companies)			
National Insurance No. or Company House Registration Number.			

Have you or any person who will be involved in the management of the property, (please tick ✓)

(a) Committed any offence or received a caution, informal reprimand or formal warning involving: Fraud or dishonesty (including benefit fraud) Violence Drugs Matters listed in Sched.3 to the Sexual Offences Act 2003	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) 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"/>
(c) Breached the conditions of an HMO Licence.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) Been subject to a HMO Control Order or Management Order	Yes <input type="checkbox"/> No <input type="checkbox"/>
(e) Failed to comply with a Housing Notice (requiring works etc.) served by a Local Authority in the UK.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(f) Been prosecuted for breach of the HMO management Regs.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(g) Been prosecuted for breach of Landlord and Tenant legislation	Yes <input type="checkbox"/> No <input type="checkbox"/>
(h) Acted in contravention of any relevant Approved Code of Practice relating to the management of HMOs	Yes <input type="checkbox"/> No <input type="checkbox"/>
(i) Been declared Bankrupt	Yes <input type="checkbox"/> No <input type="checkbox"/>
(j) Been refused a Licence under Part II of the Housing Act 2004	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered Yes to any of the above questions, please give details below including dates. Continue on a separate sheet if necessary.

Please give details of any qualifications you have, relevant to your responsibilities as manager.		
Date Awarded	Qualification	Name of Awarding Body

Please give details of your Membership of any professional organizations, relevant to your responsibilities as manager.		
Date Commenced	Nature of Membership	Organisation

I certify that to the best of my knowledge and belief, the information given by me is true and correct. I understand that the Council may need to carry out investigations to assess whether I am a “fit and proper” person for the purposes of Part II of the Housing Act 2004. I hereby authorise the Council to make such enquiries and share information as it sees proper in connection with this application. Such enquiries may include additional Criminal Records Bureau checks.

Managers Signature:..... Date:
 Print Name:

Please Note that it is a criminal offence to knowingly supply information, which is false or misleading for the purpose of obtaining an HMO Licence. Evidence to substantiate any statements made in this application may be required at a later date. If the Council subsequently become aware of something which is relevant and which you should have disclosed or which is incorrectly stated or described, the Licence may be cancelled or other action taken. This may affect other HMO Licences with which you have any connection.

Manager – Connected Persons

1.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS		FAX. NUMBER	
Date of Birth			
National Insurance Number			
Relationship			

2.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS		FAX. NUMBER	
Date of Birth			
National Insurance Number			
Relationship			

3.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS		FAX. NUMBER	
Date of Birth			
National Insurance Number			
Relationship			

4.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS		FAX. NUMBER	
Date of Birth			
National Insurance Number			
Relationship			

Continue on a separate sheet if necessary

The Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006, as amended by SI.2007/1903.

GUIDANCE ON PROVISION OF BATHROOMS, WCS AND WASH HAND BASINS

Number of persons	Provision of washing facilities
1 – 5 Persons	<p align="center">At least 1 bathroom and WC, containing a wash hand basin (WHB) (the bathroom and WC may be combined).</p> <p align="center">Bathroom – may contain either a bath or a shower cubicle. Where both are located in the same room this will only count as 1 bathroom.</p>
6 –10 Persons	<p align="center">2 bathrooms AND 2 separate WCs with a WHB in each (1 of the WCs can be contained within 1 of the bathrooms).</p>
11 – 15 Persons	<p align="center">3 bathrooms AND 3 separate WCs with a WHB in each (2 of the WCs can be contained within 2 of the bathrooms).</p>

Wash Hand Basins: For shared houses (not bed and breakfast hostels or bedsits) the council will not require the provision of wash hand basins in every bedroom as a licence condition. However, they may be deemed necessary following an assessment under the Housing Health and Safety Rating System if a Category One Hazard is found under the Personal Hygiene, Sanitation and Drainage category.