

Application for a Licence of a House in Multiple Occupation Housing Act 2004

PLEASE READ THE ATTACHED NOTES BEFORE COMPLETING THIS APPLICATION

When completing the form please:

- Write clearly in black ink and block capitals
- Tick or number all the appropriate boxes
- If you do not fill in all the sections of the form that apply to you we will not be able to process your application

USING YOUR PERSONAL INFORMATION

The information you provide will be stored electronically. Castle Point Borough Council process your data in line with all Data Protection Regulations. Castle Point Borough Council has a duty to protect public funds and therefore personal information which you supply to us may be used to detect and prevent fraud. The Council may share your information with other bodies and organisations. Full Details are set out in the Council's Privacy Notices at the website below. For further information on how your information is used, how we maintain the security of your information and your rights to access information we hold on you please see our website at <https://www.castlepoint.gov.uk/info-governance>

SECTION 1 APPLICANT DETAILS

Are you: (please tick)

Applying as an individual or partnership

Applying as a business, organisation or limited liability partnership

An agent acting on behalf of the applicant

Applicant details (individual)

First name	
Family name	
Address	
Postcode	
E-mail	
Main telephone number	
Alternative telephone number	

Applicant details (business)

Are you registered in the UK with Companies House?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Business name
(Use registered name if applicable)

VAT number
(if applicable)

Legal status

Home Country if not UK

Business Address
(inc postcode)

Telephone number

Alternative number

Email address

Agent Details

Are you a private individual acting as an agent?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

First name

Family name

Address

Postcode

E-mail

Main telephone number

Alternative telephone number

If you are an agent that is a business or organisation please complete this section, otherwise leave blank

Are you registered in the UK with Companies House?

Yes

No

Business name (Use registered name if applicable)		VAT number	
Legal status		Home Country if not UK	
Business Address (inc postcode)		Telephone number Alternative number	
Email address			

Who are you acting on behalf of?

First name	
Family name	
Address	
Postcode	
E-mail	
Main telephone number	
Alternative telephone number	

SECTION 2 APPLICATION DETAILS

Type of licence: (Please tick)

Mandatory HMO

Type of application: (Please tick)

New

Renewal

Variation

Details of property to be licensed

Name or number	
Address line 1	
Address line 2	
Address line 3	
Postcode	

SECTION 3 PROPOSED LICENCE HOLDER

The licence holder will be legally responsible for the operation of the HMO or house to be licensed and must 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 any expenditure necessary to ensure the health and safety of the tenants and others

The proposed licence holder should normally be the "person having control" of the property (the person legally entitled to receive the rental income from the property), usually the owner of the property. However, there may be a good reason why this should not be the case (e.g. if the owner is ill or lives abroad). The "person having control" may be the leaseholder rather than freeholder. The local authority has a duty to award the licence to the most appropriate person.

Are you the proposed licence holder?

Yes	<input type="checkbox"/>	<i>fill out section a</i>
No	<input type="checkbox"/>	<i>fill out section b</i>

Section A

Please state your interest in the property <i>(e.g. freeholder, leaseholder)</i>	
Address line 1	
Address line 2	
Address line 3	
Postcode	
Telephone number	
Email address	
Date of birth	
National Insurance No.	

Section B

Please state your interest in the property <i>(e.g. freeholder, leaseholder)</i>	
Full name of proposed licence holder	
Address line 1	
Address line 2	
Address line 3	
Postcode	
Telephone number	
Alternative number	
Email address	
Date of birth	
National Insurance No.	

SECTION 4 PROPOSED LICENCE HOLDER – BUSINESS AND ORGANISATIONS

Legal status of the proposed licence holder:

Individual or sole trader		Company	
Partnership		Charity or trust	
Other		Limited liability partnership	

SECTION 5 OWNERSHIP AND CONTROL OF THE PROPERTY TO BE LICENCED

Is the proposed licence holder the owner of the property?

Yes

No

If no, does the proposed licence holder have control of the property?

Yes

No

Does anybody else have legal interest in the property (e.g. as freeholder, leaseholder, mortgage)?

Yes

No

If yes please complete:

Please state your interest in the property <i>(e.g. freeholder, leaseholder)</i>	
Full name of proposed licence holder	
Address line 1	
Address line 2	
Address line 3	
Postcode	
Telephone number	
Alternative number	
Email address	
Date of birth	
National Insurance No.	

Will the proposed licence holder be the manager of the HMO?

Yes

No

If no please give the details of the manager:

Full name of proposed licence holder	
Organisation (if applicable)	
Address line 1	
Address line 2	
Address line 3	



Postcode	
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Telephone number	
Alternative number	
Email address	
Date of birth	
National Insurance No.	

SECTION 6 DETAILS OF THE PROPERTY TO BE LICENCED

Type of property

House in multiple occupation		Flat in multiple occupation	
House converted into Self-contained flats <i>see notes</i>		Other <i>If other please specify</i>	

How many storeys does the HMO have?

(include ground floor, basements, attics etc.)

How many storeys does the whole building have?

Type of building?

Detached house		Semi- Detached house	
Terrace		End terrace	
Mixed block use		Other <i>(please specify)</i>	

Are any parts of the building used for non-residential purposes?

Yes

No

If yes please specify:

When was the original property built?

Before 1919		1919 - 1945	
1946 - 1964		1965 - 1980	
After 1980			

Was the property to be licensed?

Purpose built with its present design	
Converted from a previous residential dwelling	
Converted from a non-residential structure?	

SECTION 7 OCCUPATION OF THE PROPERTY TO BE LICENCED

Number of households and occupants at the property

	At the time of application	Proposed maximum	
Separate households			<i>A household consist of family members or a cohabiting couple. A group of 4 friends count as 4 separate households</i>
Occupants			<i>Include any children, and the landlord and family if applicable</i>

Is there a residential landlord?

Yes

if yes, please state how many people in the landlord's household and which parts does the landlord's household occupy?

No

Are there any catering arrangements? e.g. Bed and breakfast

Please give details

SECTION 8 ACCOMMODATION DETAILS

Number of separate letting units in the property

Of those, how many are:

Self contained letting units in the property? (flats or bedsits)		<i>Occupants have exclusive use of kitchen, bath / shower and toilet facilities</i>
Non-self-contained units (flats or bedsits)		<i>Occupants share use of kitchen, bath / shower and / or toilet facilities</i>
Units with dormitories?		<i>Occupants share use of facilities including sleeping space</i>

Give the number of each of the following in the property:

	Total on property	Use exclusive to one letting unit	Use shared between letting units
Bedrooms			
Bedsits			
Living / Dining rooms			
Kitchens			
Sinks			
Shower / Bathrooms			
Separate toilets with wash hand basins			
Separate toilets without wash hand basins			
Wash hand basins			

Please tick to confirm that all baths, showers, sinks and wash hand basins supply constant hot and cold water?

All kitchens are provided with the following:

	Yes	No	Number in each kitchen
Sink with draining board			
Cooker			
Electrical sockets			
Worktops for food preparation			
Cupboards for storage			
Refrigerator and freezer			
Refuse storage facilities			

SECTION 9 HEATING AND ENERGY EFFICIENCY

Heating

What type of heating does the property have?

Gas central heating	
Electrical central heating / night storage heater	
Fixed gas heaters / fires	
Fixed electrical heaters / fires	
Solid fuel fires	
Other	
Please tick to confirm that the temperature can be controlled in each unit	

Do all bathrooms and kitchens have means of mechanical or natural ventilation?

Yes	No	Comments

Energy Efficiency

	All	Some	None
Are the windows double glazed?			
Is the roof space insulated?			
Are cavity walls insulated?			
Are hot water tanks lagged?			

Is there an Energy Performance Certificate for the property?

Yes	No

Gas and electricity

Does the property have a gas supply?

Yes		No	
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Have the electrical installation and fixed electrical appliances been tested within the last 5 years?

Yes		No	
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Are any portable electrical appliances provided for use by the occupants (e.g, kettle, refrigerator, vacuum cleaner?)

Yes		No	
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If any appliance is over 12 months old then you must provide a Portable Appliance Test (PAT) Certificate covering all appliances with this application

SECTION 10 FIRE SAFETY

Has a fire safety risk assessment been undertaken?

Yes		No	
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Are smoke and / or heat alarms (or detectors) provided in the property?

Yes		No	
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If yes please provide details on the type of system, how many and the locations in the box below

Are any of the following provided in the property? Please tick all that apply

Fire extinguishers	
Fire blankets in each kitchen	
Emergency lighting in common areas	
Fire doors	

Please provide details of the locations of the above and the testing regime

Are the above serviced and inspected by a competent person at regular intervals?

You may be asked to provide certificates in support of your application

Yes		No	
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Please provide details of the fire escape routes from the property and how you plan to ensure they are kept clear

Please confirm that you are submitting plans along with your application?

Yes		No	
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SECTION 11 TENANCY TERMS OF THE PREMISES TO BE LICENSED

Are tenants provided with a tenancy agreement (or other written statement of terms of occupancy)?

Yes		No	
-----	--	----	--

Does this written statement include guidelines on how tenants report repairs or make complaints about the property?

Yes		No	
-----	--	----	--

Deposits

Is a deposit required at the start of a new tenancy?

Yes		No	
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Are the terms of the tenancy deposit set out clearly in writing?

Yes		No	
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Is the proposed licence holder or manager a member of any government authorised scheme that protects tenants' deposits?

Yes		No	
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If yes please give details of provider

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Are tenants given a rent book?

Yes		No	
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Are tenants given receipts for rent payments?

Yes		No	
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SECTION 12 CHECKING OF PROSPECTIVE TENANTS

Please provide details of how you propose to vet prospective tenants?

(e.g., take up references)

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SECTION 13 MAINTAINING CONDITION OF PROPERTY

Please provide details on the following:

Ensuring the property is clean and safe before each new tenancy

Agree an inventory with each tenant detailing items provided

Review the general condition of the property (interior and exterior) including the garden

State how you will deal with any repairs or complaints raised by a tenant

SECTION 14 FIT AND PROPER PERSONS TEST

Has the proposed licence holder, manager or any person associated with them:

Committed any offence involving fraud, violence, drugs, or any offence listed in Schedule 3 to the Sexual Offences Act 2003 (subject to the rehabilitation of Offenders Act 1974)?

Yes		No	
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Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability, or in connection with, any business?

Yes		No	
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Contravened any legislation relating to housing, public health, environmental health or landlord and tenant law?

Yes		No	
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Been refused a licence under Part 2 or 3 of the Housing Act 2004?

Yes		No	
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Had a licence revoked for breach of any conditions under Parts 2 or 3 of the housing Act 2004?

Yes		No	
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Contravened any Code of Practice relating to the management of HMOs?

Yes		No	
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Been subject to a Management Order under the Housing Act 2004?

Yes		No	
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Failed to comply with a Housing Notice serve by a local authority?

Yes		No	
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Been subject to complaints from tenants or other sources, regarding serious or repeated breaches of the conditions of a licence under the Housing Act 2004?

Yes		No	
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If you have answered yes to any of the above, please provide details below

SECTION 15 ACCREDITATION AND QUALIFICATIONS

Is the proposed licence holder and / or the manager a member of a property accreditation scheme?

Yes		No	
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If yes please give details of provider

Is the proposed licence holder and / or manager a member of a landlords association?

Yes		No	
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If yes please give details of provider

Is the proposed licence holder and / or the manager a member of a professional body relevant to the ownership and management of a residential property?

Yes		No	
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If yes please provide details

Does the proposed licence holder and / or manager own or manage other properties which require a licence under the Housing Act 2004?

Yes		No	
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If yes please give details, how many and the locations

SECTION 16 OTHER RELEVANT INFORMATION

If you feel that you have any other information relevant to your application, please add in the box below.

SECTION 17 PAYMENT AND DECLARATION

Payment details

The fee for an HMO with up to 5 letting is **£800.00** for a five year license.
Each additional unit is **£51.00**

Fee amount

For details on how to make a payment please refer to the accompanying guidance

<p>DECLARATION</p> <ul style="list-style-type: none"> ❖ I / we declare that the information contained in this application is correct to the best of my / our knowledge. I / we understand that an offence is committed if information supplied to the authority in connection with any of their function under parts 1 to 4 of the Housing Act 2004 is false or misleading and which I / we know is false or misleading. ❖ I / we declare that I / we have given notice of this application to all persons known to me / us who are required to be informed that I / we have made this application ❖ Ticking this box indicates that you have read and understood the above declaration <div style="text-align: right;"><input type="checkbox"/></div>
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This section is to be completed by the applicant, unless you answered ‘yes’ to the question “Are you an agent acting on behalf of the applicant?”

<p>Full name</p> <input type="text"/> <p>Signature</p> <input type="text"/> <p>Capacity</p> <input type="text"/> <p>Date</p> <input type="text"/>	<p><i>Second signatory if required</i></p> <p>Full name</p> <input type="text"/> <p>Signature</p> <input type="text"/> <p>Capacity</p> <input type="text"/> <p>Date</p> <input type="text"/>
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