

Application for licence for house in multiple occupation



Please use the accompanying notes when completing this form.

If you have more than one house in multiple occupation you will need to complete a separate application form for each property.

Please fill in the form using BLOCK CAPITALS and black ink.

If you require more space to answer any question, please use additional sheets, specifying which question your answer relates to, and attach the sheets to the application form.

For office use only

Date received

Date passed to officer

Reference number

Fees received

Type of application (please tick appropriate box):

New licence Renewal of licence

Address of property to be licensed

Postcode

Is the applicant the proposed licence holder? Yes No (see note 1) If **yes**, please go straight to Part 2 of the form. If **no**, please complete Part 1 of the form.

PART 1. APPLICANT DETAILS - see note 1

Surname

First name(s)

Address

Postcode

Telephone numbers: Home

Work

Mobile

Fax number

Email address

Date of birth

What is your relationship to proposed licence holder: (please tick the appropriate box)

Friend Relative Agent Solicitor Other (please specify)

What is your interest in the property?

Please go to Part 2.

PART 2. PROPOSED LICENCE HOLDER DETAILS - see note 2

Is the proposed licence holder (please tick the appropriate box)

Individual Company Partnership Other Trustee Charity

Other (please specify)

Name of proposed licence holder (if a company, please give full company name)

Address (if company please give registered address) Please note only UK addresses can be registered Licence holders

<input type="text"/>
Postcode

Telephone numbers: Home

Work

Mobile

Fax number

Email address

Date of birth

Name of company secretary: (if applicable)

Name of directors/partners/trustees: (if applicable)

<input type="text"/>
<input type="text"/>
<input type="text"/>

Please go to Part 3.

PART 3. MANAGER DETAILS - see note 3

Has an agent or individual been employed to manage the property?

Yes - please go to 3.2 No - please go to 3.1

3.1 If **no**, please provide the name, address and telephone number of the person who is responsible for the management of the property

Name

Telephone number

Address

<input type="text"/>
Postcode

3.2 If **yes**, is the manager (please tick appropriate box)

Individual Company Partnership Trustee Other (please specify)

Name of manager (if a company, please give full company name)

Address (if a company, please give registered office address)

<input type="text"/>
Postcode

Telephone numbers: Home

Work

Mobile

Fax number

Email address

Date of birth

Is the manager a member of a Redress Scheme If **yes**, please state which regulatory body

Yes No

Please go to Part 4.

PART 4. OWNERSHIP DETAILS OF THE PROPERTY TO BE LICENSED - see note 4

Please provide the details of ownership and all others with a legal interest in the property to be licensed.

If you require more space, please continue on a separate sheet.

4.1 Name of freeholder(s)

Surname of freeholder 1

Forename(s)

Address of freeholder 1

<input type="text"/>
Postcode

Email

Telephone

Surname of freeholder 2

Forename(s)

Address of freeholder 2

<input type="text"/>
Postcode

Email

Telephone

4.2 Name of mortgagee

e.g. bank, building society or other who has a loan secured against the property.

Address of mortgagee

Email

Telephone

4.3 Name of leaseholder(s) (if none, state none). Please continue on an additional sheet if necessary.

Surname of leaseholder 1

Forename(s)

Address of leaseholder 1

Email

Telephone

Surname of leaseholder 2

Forename(s)

Address of leaseholder 2

Email

Telephone

Surname of leaseholder 3

Forename(s)

Address of leaseholder 3

Email

Telephone

Surname of leaseholder 4

Forename(s)

Address of leaseholder 4

Email

Telephone

4.4 Name of person who collects the rent

Surname

Forename(s)

Address of person who collects the rent

Postcode

Email

Telephone

4.5 Person who receives the rent

Surname

Forename(s)

Address

Postcode

Email

Telephone

4.6 Name of any other person who may be bound by a condition of the proposed licence and who is not referred to in Parts 1, 2 and 3 of the form:

Surname

Forename(s)

Address

Postcode

Email

Telephone

Please go to Part 5.

PART 5. OCCUPIER INFORMATION - see note 5

Please include all occupiers, including children and babies occupying the lettings

5.1 Total number of persons currently living on the premises:

5.2 The maximum number of persons who may occupy the premises and the number I wish the premises to be registered for:

5.3a Total number of households/family units:

5.3b The maximum number of households/family units who could occupy the premises and number I wish the premises to be registered for:

5.4 Are any of the people listed in Parts 1, 2, 3 and 4 of the form living in the property? (please tick appropriate box)

Yes No

If **yes**, please state their names:

- Please continue on a separate sheet if necessary
- You may find it helpful to draw your sketch plan before completing this section.
Please ensure that the details you provide in this section match those in your sketch plan.
- **Please note that failure to provide or providing false measurements will result in your license being invalid**

Floor area (m2)	Number of occupiers	Name of occupiers	Type of tenancy (e.g. Statutory, Assured Shorthold)

Please go to Part 6.

PART 6. PROPERTY INFORMATION - see note 6

6.1 When was the property built? (please tick appropriate box)

- Pre 1919 1919 to 1944 1945 to 1964
 1965 to 1980 Post 1980

6.2 Description of the property (please tick appropriate boxes)

- Detached Semi-detached Terraced End of terrace
 Purpose built block of flats Mixed residential and commercial
 House converted into self-contained flats Other (please specify)

6.3 Description of occupation (please tick appropriate boxes)

- Shared house Hostel Studios Shared flat
 A mix of self-contained units and shared accommodation Bedsits with shared facilities
 Self-contained single household unit Other (please specify)

6.4 If the accommodation is within a converted property, was the conversion done in accordance with the relevant building regulations in force at the time?

- Yes No

If **yes**, what year was the conversion carried out? Date

Please provide the relevant Building Control completion certificate for the conversion.

6.5 Please tick all of the floors the property has:

- Basement storage Basement residential Basement commercial
 Ground floor First floor Second floor Third floor
 Fourth floor Fifth floor Sixth floor Over six floors

Please go to Part 7.

PART 7. AMENITIES - see note 7

7.1 Please specify which lettings detailed in Part 5 have exclusive use of a bath and/or shower

7.2 How many shared baths and/or showers are there in the property?

Baths Showers

7.3 Please specify which lettings detailed in Part 5 have exclusive use of a WC

7.4 How many shared WCs are there in the property?

7.5 How many shared WCs are in a separate compartment to the bathroom?

7.6 Please specify which lettings detailed in Part 5 have exclusive use of a wash hand basin

7.7 How many shared wash hand basins are there in the property?

7.8 What kitchen facilities are provided in the house? (please tick appropriate box)

- Shared kitchen(s)
 Mixture of exclusive/shared kitchens
 Exclusive use of kitchens only

7.9 How many sets of shared kitchen facilities are provided in the house?

7.10 How many lettings have exclusive use of a set of kitchen facilities? (please specify)

7.11 How many sinks are there in the property?

Please go to Part 8.

PART 8. FIRE SAFETY - see note 8

8.1 Does the property have a system of fire detection?

Yes No

If **yes**, does the system include:

a) a fire alarm control panel

Yes No

b) heat detectors in the kitchens

Yes No

c) mains wired smoke detectors in rooms

Yes No

d) battery powered smoke detectors in rooms only

Yes No

e) mains wired smoke detectors in common parts

Yes No

f) battery powered smoke detectors in common parts only

Yes No

g) sounders /alarms on all levels

Yes No

h) call points in the communal areas

Yes No

If there is a mains wired fire alarm and detection system, has it been tested in accordance with the BS5839:2017 at least quarterly?(Please provide a copy of a current certificate of testing showing compliance to BS5839:2017)

Is there a log book of inspection / testing?

Yes No

If **yes**, what is the date of the last entry?

Yes No

Name the person responsible for maintaining the alarm system

Please state the location of the log book (if applicable).

By ticking this box I understand that it is an offence not to have smoke detectors in common parts

8.2 Does the property have an emergency lighting system?

Yes No

If **yes**, has the system been tested in accordance with BS5266:

Part 1: 2016 at least every three years? (If yes, please provide a copy of the most recent periodic inspection and test certificate)

Yes No

8.3 Are the doors that open on to the communal areas fire doors capable of 30 minutes fire resistance? Yes No

If **yes**, are they fitted with self-closers? Yes No

8.4 Is the following fire safety equipment provided:

a) fire blankets in all kitchens Yes No

b) fire blankets in shared kitchens only Yes No

c) fire extinguishers Yes No

If **yes for fire extinguishers**, please indicate in the space below how many and where they are located

Has the fire safety equipment been serviced in the last 12 months Yes No

8.5 Does each tenant have clear written instructions on what to do in the event of a fire? Yes No

8.6 Are the tenants provided with upholstered furniture? Yes No

8.7 Does all the upholstered furniture you provided comply with with the Furniture and Furnishings (Fire) (Safety) Regulations 1988 (as amended)? Yes No

Please go to Part 9.

PART 9. PROPERTY MANAGEMENT - see note 9

9.1 Is there, displayed in a suitable position within the property, a notice giving the name, address and telephone number of the manager? Yes No

9.2 How many gas appliances are there in the property?

9.3 Does a Gas Safe registered contractor carry out safety checks for any gas appliances in the property? Yes No N/A

Please provide copies of the latest gas safety certificates.

9.4 How many gas safety certificates are enclosed (copies)?

9.5 Is there a programme in place for general maintenance of the property? Yes No

If **yes**, does this include:

Structural repair Yes No

Amenities Yes No

Equipment Yes No

Furniture Yes No

9.6 Are there adequate financial arrangements in place to allow for repairs works to be carried out at the property? Yes No

9.7 Are the rooms and areas in common use in good repair? Yes No

Are the rooms and areas in common use in a good decorative state? Yes No

Are the rooms and areas in common use in a clean condition? Yes No

9.8 Are arrangements in place for the regular cleaning of common parts?

Yes No

If **yes**, how often are the common parts cleaned?

9.9 Are all of the staircases, passageways, corridors, halls, lobbies, balconies and entrances in common use free from obstruction?

Yes No

9.10 Are the amenities in common use regularly cleaned?

Yes No

Are the amenities in common use in a good state of repair?

Yes No

9.11 Is the residents' living accommodation in a good state of repair?

Yes No

9.12 Are all the windows in a good state of repair?

Yes No

Are all the windows fully operable? Are all the windows double glazed?

Yes No Some

9.13 What form of heating does the property have?

Gas fired central heating

Yes No

Off peak night storage heaters

Yes No

Individual wall mounted gas heaters

Yes No

Individual wall mounted electric heaters

Yes No

Other (please specify)

Is the loft insulated

Yes No

If there are cavity walls, do you have cavity wall insulation

Yes No

9.14 Is the property free from all pests and vermin?

Yes No

If **no**, please provide the details of the pest control contractor responsible for treating the infestation.

Please go to Part 10.

PART 10. TENANCY MANAGEMENT - see note 10

10.1 Are the tenants provided with written details of the terms of their tenancy?

Yes No

10.2 Is an inventory prepared at commencement of occupancy?

Yes No

10.3 Are rent books provided?

Yes No

If rent books are not provided, are the tenants given receipts/rent statements?

Yes No

10.4 Are the tenants provided with a complaints procedure?

Yes No

10.5 Is there an emergency 24 hour contact telephone number that can be used by the tenants in relation to the property?

Yes No

If **yes**, please provide the number:

10.6 Are tenants required to provide deposits at the commencement of their tenancy?

Yes No

If **yes**, is there a written procedure to deal with deposit disputes at the end of a tenancy?

Yes No

10.8 Does the Tenancy Agreement include any clauses relating to Anti-social Behaviour (ASB)?

Yes No

10.9 Do you have an ASB Action Plan in place at the property?

Yes No

Please go to Part 11.

PART 11. RELEVANT INFORMATION - see note 11

11.1 Subject to the provisions of the Rehabilitation of Offenders Act 1974, please state the particulars of any relevant issues (see below) recorded against any person named in Parts 1, 2, 3 and /or 4 or any person associated or formerly associated on a personal or work basis with those named in Parts 1, 2, 3 and/or 4. (Continue on a separate sheet if necessary.)

If not applicable, please tick this box. Application will not be accepted without this section completed.

Name	Date	Court	Offence	Sentence

Relevant issues include:

- i) Criminal offences involving: Fraud, Dishonesty, Violence, Drugs, Schedule 3 of the Sexual Offences Act 2003.
- ii) Practiced unlawful discrimination on grounds of sex, colour, race ethnic or national origins or disability in connection with a business.
- iii) Contravened any provision of housing and/or landlord and tenant law.
 These include but are not limited to:
 - a. A Control Order under the Housing Act 1985
 - b. Proceedings by a local authority
 - c. The local authority carrying out Works in Default
 - d. A Management Order under the Housing Act 2004

e. Harassment or illegal eviction.

iv) Contravened any Approved Code of Practice (ACoP)

v) Any criminal offence or subject to any other proceedings brought by a local authority or other Regulatory Body (for example breaches of the Environmental Protection Act 1990, planning control or compulsory purchase proceedings or fire safety requirements)?

11.2 Has any person named in Parts 1, 2, 3 and /or 4 of this form previously held or do they currently hold a licence for another house in multiple occupation?

Yes No

If **yes**, please provide the addresses of these properties, along with details of the authorities that issued the licence.

	Postcode
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	Postcode
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11.3 Has any person named in Parts 1, 2, 3 and/or 4 of this form ever applied for and been refused a House in Multiple Occupation licence?

Yes No

If **yes**, which authority refused the licence?

When was it refused?

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11.4 Has any person named in Parts 1, 2, 3 and/or 4 of this form ever breached any condition of a licence issued under Parts 2 and 3 of the Housing Act 2004?

Yes No

If **yes**, please provide details of the licence condition(s) breached and the local authority in which they were breached

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PART 12. ADDITIONAL INFORMATION - see note 12

Please go to Part 12.

12.1 Is the proposed licence holder a member of any landlords' association or other professional body?

Yes No

If **yes**, please indicate which:

Membership number:

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12.2 Is the proposed licence holder an accredited landlord?

Yes No

If **yes**, please indicate which accrediting body:

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12.3 Please list in the space below any training courses undertaken or conferences attended by the proposed licence holder/manager, in the last three years, which support this application.

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Please go to Part 13.

Note to applicants: It is a criminal offence to knowingly supply information which is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application with regard to the property may be required at a later date.

We may approach other authorities, such as the Police, Fire and Rescue Service, Office of Fair Trading etc. and tenants for additional information and verification. Signing of this application will be taken as your agreement to any such action.

If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled or further action taken.

13. FURTHER INFORMATION

Please use this space if you need more room for any of your answers or for any additional information you think may be relevant to the application.

PART 14. DECLARATION - see note 14

As the applicant, 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 to be licensed;
- Any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessors 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 conditions in a licence if it is granted.

You must tell each of these persons:

- Your name, address, telephone number and email address or fax number (if any);
- The name, address, telephone number and email address or fax number (if any) of the proposed licence holder (if it will not be you);
- Whether this application for an HMO licence under Part 2 or for a house licence under Part 3 of the Housing Act 2004;
- The address of the property to which the application relates;
- The name and address of the local housing authority to which the application will be made;
- The date the application will be submitted.

I/we declare that I/we have served a notice of this application on 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.

Name	Address	Date	Description of the persons interest in the property or the application
	Postcode		
	Postcode		
	Postcode		
	Postcode		

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.

Name of applicant	<input type="text"/>	Signature
Date	<input type="text"/>	

Name of proposed licence holder (if different to applicant)	<input type="text"/>	Signature
Date	<input type="text"/>	

Name of Manager (if different to applicant)	<input type="text"/>	Signature
Date	<input type="text"/>	

Name (if different to applicant)	<input type="text"/>	Signature
Date	<input type="text"/>	

Name (if different to applicant)	<input type="text"/>	Signature
Date	<input type="text"/>	

Please go to application checklist.

CHECKLIST FOR SUBMITTING AN APPLICATION

Please check the following:

- A sketch plan for the property detailing the layout and position of each room (Minimum A4 Size)
- A certificate from a Gas Safe Register approved gas engineer
- A current Installation Inspection and Test Certificate
- A Current Fire Safety Risk Assessment
- Tenancy agreements for every tenancy within the property.
- ASB Action Plan for the property

After submitting your application, you must pay the fee at www.harrow.gov.uk/licencepay

Applications will not be accepted without full payment.

You must submit these documents with your application in any event. Failure to submit this information at point of application may invalidate your application and result in formal action being taken. The council may require you to submit, or you may wish to submit, other documents, for example, copies of planning permissions, building regulations approvals, licence agreements, certified accounts (or summaries), recent portable electrical equipment tests in support of your application.

Please send completed application form, payment (where required) and copies of any necessary documentation to:
Harrow Council, Community Safety Services, Private Sector Housing Enforcement,
PO Box 18, Harrow, Middlesex HA3 3QW
residential.licensing@harrow.gov.uk

BUILDING CONTROL/PLANNING -This licence does NOT grant any Building Control OR Planning approvals, consents or permissions under the Building Regulations, the Town and Country Planning Act 1990 or any other related legislation, retrospectively or otherwise. This licence does NOT offer any protection or excuse against enforcement action taken by the Building Control or Planning Departments.