 **HMO Licence**

**APPLICATION NOTES:**

**Houses in Multiple Occupation (HMOs) that are occupied by 5 or more people in 2 or more separate households must be licensed.**

**If you are applying for a licence for 7+ people you will require planning permission.**

**As the applicant, you must let certain persons know in writing that you have made this application or provide them with a copy of it.**

**The persons who need to know about this application 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.**

**If the property is occupied as a HMO you will need to complete this licence application form and return it with:**

**i) any current servicing certificates for fire warning and escape systems (smoke and heat detectors, alarms and emergency lighting if fitted);**

**ii) a current Electrical Installation and Condition Report (EICR)**

**iii) a current gas safety certificate if gas appliances are fitted; and**

**iv) a floorplan of the property with measurements, showing the location and size of each room in the property. Please ensure to mark the locations of Smoke alarms, fire doors, heat detectors, emergency lighting, fire blankets and fire extinguishers**

**v) details of the planning permission granted if applying for 7+ occupants**

**vi) First part payment - this can either be in the form of a cheque made out to ‘Breckland Council’ or by BACS transfer with reference ‘HMO’ followed by your name. Breckland Council’s bank details are as follows:**

**Sort Code: 20-62-61**

**Account Number: 53002926**

**Breckland Council must issue a licence if, among other things, it is satisfied that the HMO is reasonably suitable for occupation by the number of people proposed to be accommodated and the proposed licence holder is a fit and proper person. The Council can also refuse to grant a licence if it feels appropriate to do so.**

**Failure to license a HMO may lead to legal action being taken which could result in a fine. It is in your interest to declare any HMOs that you own or manage that we have not yet contacted you about.**

**In addition, please be aware that if you own or manage a HMO which is required to be licensed but is not so licensed you may not use the Sec21 Housing Act 1988 procedure to recover possession.**

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 **Application for HMO Licence**

**New application Renewal application**

**PART I**

1. **This application refers to (property address):**

1. **Name and Address of Licence Holder(s):**

 Tel: email:

* 1. **If the applicant stated above is not the owner of the property, please give the owner’s name and address below:**

**3. Is the applicant a company, partnership, or trust?**

**YES NO**

 **(Go to question 4)**

**3.1 Company/partnership/trust information: including registered address or principal trading address where appropriate.**

 Tel: email:

**3.2 Names and addresses of all directors/partners/trustees**

 Tel: email:

**3.3 Name and address of company secretary**

 Tel: email:

**3.4 Please confirm by signature of all partners/trustees whether service can be made at one address and indicate which.**

 Signed:Name:(Director/Partner/Trustee?)

 Signed:Name:(Director/Partner/Trustee?)

 Signed:Name:(Director/Partner/Trustee?)

 Signed:Name:(Director/Partner/Trustee?)

**4. Does any other party have a legal interest in the property? (e.g. Mortgage provider, leaseholder, etc)**

**YES NO**

 **(Go to question 5)**

4.1 **Name and address of mortgage company anybody else who has a legal interest in the property e.g. leaseholder, mortgage provider.**

 Tel: email:

**5. Do you employ an HMO manager?**

**YES NO**

 **(Go to question 6)**

**5.1 Name and address of HMO manager**

 Tel: email:

**6. Fit and Proper Person.**

The local authority must take into account whether a person involved with the HMO is a “fit and proper person”.

Please mark below whether any of the following apply. If so, please provide details.

|  |  |  |
| --- | --- | --- |
| **Do the following apply to:** | **Landlord** | **HMO Manager** |
| Committed an offence involving:* Fraud
* Dishonesty
* Violence
* Drugs
* Sexual offences act (schedule 3)
 |  |  |
| Practiced unlawful discrimination on the grounds of Sex, colour, race, ethnic or national origins or disability in connection with a business |  |  |
| Contravened any provision of housing or landlord and tenant law. In particular, within the last 5 years been in control of any property:* Subject to a control order
* Subject to proceedings by a local authority where the local authority has had to carry out works in default
* Subject to a management order under the Housing Act 2004
* Been refused a licence or breached conditions of a licence.
 |  |  |
| Acted in contravention of any Approved Code of Practice (ACoP).  |  |  |

**Declaration as to suitability to hold a licence for a House in Multiple Occupation.**

**I declare that the information that I have provided in answer to the questions and statements above are truthful and accurate and acknowledge that it is a criminal offence to give false or misleading information.**

**I understand that I may be required to provide evidence at a later date as to the truthfulness and accuracy of the information given and that by failing to provide that evidence, or by failing to disclose in this application relevant information that should be disclosed, any licence granted may be cancelled and other action taken in response to that inaccuracy.**

**Signed by licence holder Date**

**Signed by HMO manager Date**

**Declaration that all relevant parties have been informed of this application.**

**I/We confirm that we have written to all relevant parties to advise that I/We have made an application for an HMO licence under part 2 of the Housing Act 2004 on this date to Breckland District Council, Elizabeth House, Walpole Loke, Dereham NR19 1EE. I/We have informed all relevant parties of contact details for the property owner, proposed licence holder and HMO manager (where relevant) and confirmed the address of the property to which the application relates.**

|  |
| --- |
| **DECLARATION**I/we declare that I/we have read the statement above and completed all parts of this application to the best of my/our knowledge and ability, and that it is valid as of the date below.The fee of £ is enclosed / Paid by BACS on (dd/mm/yy) (Highlight as appropriate)Signed: Date: Signed: Date: Signed: Date: Owner’s signature: Date:  |

**End of Part I**

**Continue to Part II**

**PART II: COMPLETE FOR EVERY PROPERTY**

**Address of the property to which the application relates:**

1. **Approximate age of the original construction of the property**

Before 1919

1919 to 1945

1946 to 1964

1965 to 1980

After 1980

1. **Fire precautions**

**Please give details of fire precaution equipment, including the number and location of smoke alarms**

**Please give details of the fire escape routes and other fire safety information provided to occupants.**

a) Do you have a contractor to maintain and inspect your system?

Yes No

b) Please state who inspects

c) Is there a logbook of inspection/testing?

 Yes No

d) Where is it kept?

1. **Heating and insulation**

What form of heating does the property have?

 Gas fired central heating

 Off peak night storage heaters

Individual wall mounted gas heaters

Individual wall mounted electric heaters

 What type of windows does the property have?

 Double glazed

 Original timber framed, in good repair

**5. Is the HMO let as a:**

Bedsit type HMO (each household has a separate Tenancy Agreement)

Shared house HMO (all occupants are on the same Tenancy Agreement)

| **1.** Floor (ground / 1st etc) |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2.** No. of rooms on this floor (NOT kitchens or bathrooms) |  |  |  |  |  |  |  |
| **3.** No. of occupants on this floor (adults + children) |  |  |  |  |  |  |  |
| **4.** No. of cooking facilities on this floor |  |  |  |  |  |  |  |
|  No. of people sharing |  |  |  |  |  |  |  |
| **5.** No. of food storage cupboards on this floor |  |  |  |  |  |  |  |
|   No. of people sharing |  |  |  |  |  |  |  |
| **6.** No. of showers/ baths on this floor |  |  |  |  |  |  |  |
|  No. of people sharing |  |  |  |  |  |  |  |
| **7.** No. of WCs on this floor |  |  |  |  |  |  |  |
|  No. of people sharing |  |  |  |  |  |  |  |
| **8.** No. ofwash hand basins |  |  |  |  |  |  |  |
|  No. of people sharing |  |  |  |  |  |  |  |
| **9.** No. ofSmoke/heat detectors on this floor |  |  |  |  |  |  |  |

**Please indicate the number of occupiers for which you would like a licence**

Please complete the following drawing pages showing the proposed property floor plan:

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###  Ground Floor

**Plan**

**Approx 1:100**

 **First Floor**

 **Plan**

**Approx 1:100**

**Second Floor Plan**

**Approx 1:100**