



For office use only

Date received:

Ref:

House in Multiple Occupation (HMO) Licence Application

Housing Act 2004, Part 2

**Please use a black pen and make sure every section is completed fully.
If a question is not applicable write N/A in the box.**

If you need to provide additional information requiring more space than that made available on the form, please state in the relevant box that there is additional information and include it on separate sheets, writing the address of the property and the relevant section on each page.

If there is more than one house or flat in multiple-occupation that needs to be licensed, you will need to complete separate application forms.

Type of application (please tick appropriate box)

First time licence Renewal of licence Variation of an existing licence

Address of house to be licensed

| |
|-----------|
| |
| |
| |
| Postcode: |

Applicant and Proposed Licence Holder

The applicant should be the proposed licence holder (although the licence can be granted to someone else if both the applicant and that person agree). They must be the most appropriate person to be the licence holder. Usually this will be the person in control of, or the person managing, the property. This could be the freeholder or any other owner or lessee who receives rent or other payments (whether directly or through an agent or trustee) from tenants or lodgers in the property.



Name

Address

Telephone Numbers

Home Work

Mobile Fax

Email Address

If a company, please give name of contact and position in company

If this application is being dealt with by a person who is not the proposed licence holder, please provide contact details

Name

Address

Telephone Numbers

Home Work

Mobile Fax

Email Address

If a company, please give name of contact and position in company



Manager Details

Has an agent/manager been employed to manage the property?

Yes

No

If yes complete section below

Name

Address

Telephone numbers

Home

Work

Mobile

Fax

Email
Address

If a company, please give name of contact and position in company

Ownership / interested parties

Freeholder

Name

Address

Tel.
Number

Email

If a company, please give name of contact and position in company

**Mortgagor**

Name

Address

Tel.

Number

Email

If a company, please give name of contact and position in company

Leaseholder

Name

Address

Tel.

Number

Email

If a company, please give name of contact and position in company



Any other relevant person

This includes other persons with an interest in the property, such as mortgagees, trustees and other leaseholders or tenants in occupation with an unexpired lease of more than three years. Also, if any person has agreed to be bound by a condition of the licence, if granted, please insert their details here.

Name

Address

Tel.
Number

Email

Their interest in the property

If a company, please give name of contact and position in company

Property information

Property type:

House in multiple occupation

Flat in multiple occupation

House converted into self-contained flats or bedsits

Other, please describe

Age of property

Pre 1919

1919-1944

1945-1964

1965-1980

1981-1991

Post 1991



Number of storeys in the property

1 2 3 4 5 6+

(Include habitable basements and attics and storeys in commercial use)

Number of Rooms

Number of habitable rooms in the whole premises

(Include bedrooms and living rooms but not kitchens, bathrooms and WCs)

Accommodation Details

| Type of Unit(s) | Total Unit(s) |
|---|---------------|
| Bedsits (i.e. combined living/bedroom) | |
| Non self-contained flats | |
| Self-contained flats | |
| Shared Kitchens | |
| Shared Bathrooms | |
| Give the total number of habitable rooms (excluding separate kitchen & bathroom) | |

Bathrooms, Water Closets, Wash Hand Basins, and Showers

| | |
|---|--|
| State the number of bathrooms with fixed bath or shower (with or without WC) | |
| How many bathrooms are provided with heating | |
| State the number of fixed wash hand basins | |
| How many wash hand basins are shared | |
| Are all wash hand basins supplied with continuous hot and cold water? Yes or No | |



Areas for Food Storage, Preparation and Cooking

| | |
|--|--|
| State the number of kitchens in the house | |
| How many sinks are shared | |
| State the number of sinks in the house | |
| State the number of cookers in the house | |
| State the number of refrigerators in the house | |

Are all kitchens provided with the following?

| | Yes | No |
|--|-----|----|
| Impervious work surfaces | | |
| Fixed storage cupboards | | |
| A cooker | | |
| Fridge with freezer compartment | | |
| Dedicated cooker point | | |
| Sinks with draining board & continuous supply of hot and cold water | | |
| Minimum 2 x two gang electrical sockets (or 4 single sockets) above the work surfaces for the use of portable appliances | | |
| Dedicated sockets for large appliances e.g. Fridge, Freezer, Washing Machine, Tumble Dryer | | |

Occupiers and Households

Number of people living in the whole house

Number of households living in the whole house



Fire Precautions

| Does the Property contain: | Yes | No |
|---|-----|----|
| Dedicated landlord controlled mains wired smoke and/or heat alarm/detectors | | |
| A fire alarm panel | | |
| Escape lighting in the communal stairway | | |
| The main escape route protected with 30 minute self-closing fire doors? (SPF30) | | |
| Fire extinguishers in the communal stairway | | |
| An escape route kept clear of flammable material and other obstructions | | |
| Does each kitchen contain a fire blanket | | |

Provide details on the fire escape routes from the property and how you ensure that they are kept clear:

Provide details of any fire safety information or training provided to the occupiers of the property:

Gas Safety

Are there any gas appliances in the property?

Yes No

If yes, do the appliances meet all legal safety requirements?
Have they been checked within the last year and issued with Gas Safety Certificates?

Yes No



Furniture safety

Do you provide upholstered furniture within the lettings?

Yes No

If yes, does all the furniture comply with the Furniture and Furnishings (Fire Safety) Regulations 1988?

Yes No

Heating and Energy Efficiency

Is there an energy performance certificate for the property? Yes / No

If yes, what is current banding _____

What type of heating does the property have? (Please tick all that apply)

Gas central heating

Electrical central heating/night storage heaters

Fixed gas heaters/fires

Fixed electrical heaters/fire

Solid fuel fires

Other (please provide details)

Required Documents

Please provide copies of current / most up to date:

- Gas safety certificate
- Electrical Installation Condition Report (EICR)
- PAT (portable appliance testing) certificate
- Fire alarm system and emergency lighting inspection and testing certificates.
- Floorplans
- Fire Risk Assessment

Is there a log book of inspection / testing? Yes No

If yes, where is it kept?



Property Management

The Local Housing Authority is required to ensure that there are satisfactory management arrangements for the property. To enable this, please answer the following:

Are there regular inspections for maintenance at the property? Yes No

If yes, how often?

Who carries them out?

Are there arrangements in place to deal with emergency repairs at the property?

Yes No

If yes, what are these arrangements? (How do the tenants know who to contact, how do they contact them and what is their role?)

Is there provision for 24-hour contact for occupiers of the property in case of emergency?

Yes No

If yes, specify the names and numbers of the contacts?



Declarations by licence applicant and proposed licence holder only

I/we, the proposed licensee, 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.

Signed

Print name

For, on behalf of (state company name, if applicable)

Date

Fit and Proper Person Notes

The Local Housing Authority must be satisfied that the licence applicant and the manager are fit and proper persons to hold a licence or to manage a House in Multiple Occupation. To enable the Local Housing Authority to satisfy this legal requirement, please answer the following questions.

If the manager and the licence applicant are two different people, then each should complete this section using the relevant column below. If they are the same person, only the column for the licence holder need be completed.

You do not have to disclose convictions that are spent under the Rehabilitation of Offenders Act 1974.

1. Have you or anyone associated with you been convicted of an offence involving the following:

| | Licence applicant | | Manager | |
|---|-------------------|--------------------------|---------|--------------------------|
| a) Fraud | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) Dishonesty | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) Violence | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) Drugs | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e) Sexual offences listed in the Sexual Offences Act 2003, Schedule 3 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

2. Have you or anyone associated with you been found by a court or tribunal to have been involved with any unlawful discrimination (in, or in connection with the carrying out of any business) on grounds of:

| | Licence applicant | | Manager | |
|-----------------------|-------------------|--------------------------|---------|--------------------------|
| a) Sex | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) Colour | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) Race | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) Ethnic or national | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e) Disability | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |



3. Have you or anyone associated with you contravened any provision of housing, public health or landlord and tenant law, during the last 5 years, whilst in control of a property that:

| | Licence applicant | | Manager | |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| a) Was subject to proceedings by Local Authority | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Had to have works in default carried out by the Local Authority | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Was subject to a Control Order | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Was subject to a Management Order | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) Has been refused a licence or breached conditions of a licence | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f) Has been the subject of any other successful prosecution under the above legislation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g) Or have you acted in contravention of any relevant Approved Code of Practice? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered **YES** to any questions above, please give details (including dates):

.....

.....

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It is a criminal offence if you supply information to the Local Housing Authority that you know is false or misleading, or you are reckless as to whether or not it is false or misleading. A person who supplies you with information that they know will be used in this application may commit a criminal offence if they know it is false or misleading or they are reckless as to whether or not it is false or misleading. This may result in legal action being taken against you or that other person and your licence being revoked. If you are convicted of such an offence, you may be liable to a fine of level 5 on the standard scale.



Both the applicant and the manager need to sign and date the declaration below

| | |
|--|--------------------|
| <p>I declare I am the applicant and to the best of my knowledge and belief that I have answered all questions in the Fit and Proper Person section above truthfully and that this statement is valid on the date of application.</p> <p>Signed:</p> | <p>Print name:</p> |
| <p>Company name (if applicable):</p> | |
| <p>Position in company (if applicable):</p> | |
| <p>Date:</p> | |

| | |
|--|--------------------|
| <p>I declare I am the manager and to the best of my knowledge and belief that I have answered all questions in the Fit and Proper Person section above truthfully and that this statement is valid on the date of application.</p> <p>Signed:</p> | <p>Print name:</p> |
| <p>Company name (if applicable):</p> | |
| <p>Position in company (if applicable):</p> | |
| <p>Date:</p> | |

Other licensed Houses in Multiple Occupation

Does the proposed licence holder hold a licence for any other Houses in Multiple Occupation or any other rented properties licensed under the Housing Act 2004, Parts 2 or 3?

Yes

No

If yes, please provide the addresses of these properties, and details of the Local Housing Authority that issued the licence. (Please continue on a separate sheet if necessary)

| Address of Licensed Properties and Name of Licensing Authority |
|--|
| |
| |
| |
| |
| |
| |

Notification to all relevant parties

You must let certain persons know in writing that you have made an application for a House in Multiple Occupation Licence under Part 2 of the Housing Act 2004. These are:

- Any mortgagee of the property
- Any owner of the property, if that is not you
- Any other person who is a tenant or a long leaseholder of the property or any part of it 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 that is not you
- Any person who has agreed to be bound by any conditions in the licence if granted

You must inform each of these persons in writing that you are applying for a licence for a House in Multiple Occupation and include:

- Your name, address, telephone number, email address (if any), fax (if any)
- The contact details for the applicant/proposed licence holder
- The address of the House in Multiple Occupation
- The names and address of the Local Housing Authority to which the application is to be made
- The date the application will be submitted

Alternatively you can send or give them a copy of the completed application form.

Please complete the table below and sign the declaration

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. If there are no other interested parties, then please insert 'none' in the table and sign the declaration.

| Name | Address | The person's interest in the property or application | Date of service |
|------|---------|--|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Signed

Print Name

Position

Date

Fees

A fee of £405.44 is payable for up to 5 rooms and a further £38.79 per room thereafter.

I wish to license a property with rooms.

I enclose a cheque to the value of: £

Please do not enclose cash. Please make cheques made payable to:

Flintshire County Council

Please send completed form to:

Flintshire County Council
Community and Business Protection
Ty Dewi Sant
St Davids Park
Ewloe
CH5 3FF

If you have an electronic version of your completed form, it would be helpful if you could also email it to us at ppadmin@flintshire.gov.uk

House in Multiple Occupation Licence Privacy Notice

Your data will be processed by Flintshire County Council only for the specific purposes of assessing your application for a House in Multiple Occupation Licence. The processing of your personal data is necessary for the purposes of the Housing Act 2004 and for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.

Your information will be retained for 12 months following the surrender or cancellation of the licence. Your information will not be shared with any other organisation.

If you feel that Flintshire County Council has mishandled your personal data at any time you can make a complaint to the Information Commissioner's Office by visiting their website or by calling their helpline on 0303 123 1113.

For further information about how Flintshire County Council processes personal data and your rights please see our privacy notice on our website :

<http://www.flintshire.gov.uk/en/Resident/Contact-Us/Privacy-Notice.aspx>