

Housing Act 2004, Part 2

## House in Multiple Occupation (HMO) Licence Application

This downloaded pdf application form can be typed, saved and uploaded via the payment form along with supporting documentation and online payment of fees, or printed and filled in by hand and sent by post, or by email to [PrivateSectorHousing@southend.gov.uk](mailto:PrivateSectorHousing@southend.gov.uk).

For queries regarding the licence or assistance completing this application form please contact [PrivateSectorHousing@southend.gov.uk](mailto:PrivateSectorHousing@southend.gov.uk) by email or telephone 01702 215002.

Property Address		
Postcode		
Is this licence:	New	Renewal

### **SECTION 1: OWNERSHIP AND MANAGEMENT (Compulsory section)**

#### PROPOSED LICENCE HOLDER DETAILS

Title		Licensee full name		
Company name				
Licensee's address				
Telephone number(s)				
Email address				
Postcode			Date of Birth	
Are you as the proposed licence holder going to manage the property?		Yes – (Manager details section does not require completion) <input type="checkbox"/> No <input type="checkbox"/>		
Specify all address(es) below of all other rented properties owned by the licence holder within Southend-on-Sea				
Address			Post code	

Specify any address(es) below of rented properties owned by the licence holder outside of Southend-on-Sea	
Address	Post code
Please list below any landlord accreditation schemes the licensee is a member of	membership number

### MANAGER DETAILS

N.B. If the Manager is a company, please enter its registered address below

Is there a Manager for the property?		Yes	<input type="checkbox"/>
		No - skip to Owner/Freeholders details	<input type="checkbox"/>
Title		Manager's full name	
Company name			
Manager's address			
Telephone number(s)			
Email address			
Postcode		Date of Birth	
Please list below any landlord accreditation schemes the Manager is a member of			membership number

Please list below other relevant property management experience or training.

**OWNER/FREEHOLDER DETAILS**

Please provide the owners/ freeholder's details. If the freeholder is a company, please enter its registered address below.

Title		Freeholder's full name	
Company name			
Freeholder's address			
Telephone number(s)			
Email address			
Postcode		Date of Birth	
Specify all address(es) below of all other rented properties owned by freeholder within Southend-on-Sea			
Address			Post code
Specify any address(es) below of rented properties owned by the freeholder outside of Southend-on-Sea			
Address			Post code

Is there a Mortgage or any other charges placed on the Freehold?		Yes- please provide details below <input type="checkbox"/>
		No - skip to Leaseholders details details <input type="checkbox"/>
Name related to the charge		
Company name		
Company address		
Please briefly describe the nature of the charge e.g. mortgage, Council charge for outstanding notice etc.		

### LEASEHOLDER DETAILS

Please complete the leaseholder's details. If the leaseholder is a company, please enter its registered address below.

Is there a leasehold within the property?		Yes <input type="checkbox"/>
		No - skip to other relevant persons <input type="checkbox"/>
Title		Full name
Company name		
Address		
Postcode		Tel number(s)
Email address		
Date of birth		
Please describe the leased premises below e.g. Flat 4 located first floor rear right.		

Is there a Mortgage or any other charges placed on the Leasehold?		Yes- please provide details below <input type="checkbox"/>	
		No - skip to other relevant persons details <input type="checkbox"/>	
Name related to the charge			
Company name			
Company address			
Please briefly describe the nature of the charge e.g. mortgage, Council charge for outstanding notice etc.			

#### OTHER RELEVANT PERSONS' DETAILS

The proposed licence holder/applicant must list the details of any other persons who have an interest management of the property other than those whose details have been entered above and specify the nature of their involvement:

Title		Full name		
Company name				
Address				
Postcode		Tel number(s)		
Email Address				
Date of birth				
What is this person's involvement in the management of your property?				

Title		Full name	
Company name			
Address			
Postcode		Tel number(s)	
Email Address			
Date of birth			
What is this person's involvement in the management of your property?			

**SECTION 2: GENERAL PREMISES DETAILS (Compulsory section)**

How many households are currently in the property?	
How many people currently live in the property?	
How many households are you applying for on your licence?	
How many people are you applying for on your licence?	
Has the property been changed or altered in anyway since the last licence application?	Yes <input type="checkbox"/> No - skip to question 2A, B or C <input type="checkbox"/>

What is the age of Premises?					
Pre 1919 <input type="checkbox"/>	1919-1945 <input type="checkbox"/>	1945-64 <input type="checkbox"/>	1965-80 <input type="checkbox"/>	Post 1980 <input type="checkbox"/>	
What type of building is it?					
Detached House <input type="checkbox"/>	Semi Detached House <input type="checkbox"/>	Terraced House <input type="checkbox"/>	Flat in multiple Occupation <input type="checkbox"/>	Residential Block <input type="checkbox"/>	Mixed commercial and residential block <input type="checkbox"/>

Tick all the floors in the building:					
Basement <input type="checkbox"/>	Ground Floor <input type="checkbox"/>	First Floor <input type="checkbox"/>	Second Floor <input type="checkbox"/>	Third Floor <input type="checkbox"/>	Fourth Floor <input type="checkbox"/>

Total number of separate self-contained lettings in the <b>whole</b> premises	
Total Number of Bedsit Rooms sharing facilities in the premises	
Total number of separate rooms that are not used for sleeping, cooking or bathing e.g. reception/living rooms (NB: exclude combined kitchen/dining rooms from this answer).	

Is the property purpose built with its current design?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, what type of premises was the conversion from?		
Is the property converted with planning permission?	Yes Please state the date permission was granted <input type="checkbox"/>	
	No Please state when the property was converted <input type="checkbox"/>	

**Depending on the type of HMO please complete the sections as follows:**

A MIX OF SELF-CONTAINED & BEDSIT ROOMS/BEDROOMS IN THE PROPERTY	2A, 2B and 2C
BEDSIT ROOMS and BEDROOMS with shared amenities ONLY IN THE PROPERTY	2B and 2C
A FLAT IN MULTIPLE OCCUPATION	2B and 2C

**2A SELF CONTAINED WITHIN PROPERTY**

This section considers any self-contained within the property and whether they have facilities exclusive for their use.

Location of flat e.g. first floor, front right			
Flat number/letter/name			
Type of tenancy			
6 months assured short hold tenancy	12 month assured short hold tenancy	Monthly licence	Protected tenancy
leaseholder	Rolling periodic	other specify:	

Flat No.	Name(s) and age(s) of current occupants						
	Tenant name	under 1	1-4	5-10	11-17	18-59	60+

	1 <sup>st</sup> flat	2 <sup>nd</sup> flat	3 <sup>rd</sup> flat	4 <sup>th</sup> flat
Number of households within the self-contained flat				
Number of habitable rooms i.e. Bedrooms + living rooms excluding all kitchens, kitchen/diners and bathrooms				
Number of bathrooms or shower rooms				
Number of <u>separate</u> WC rooms				



Number of wash hand basins (excluding kitchen sink)				
Number of Kitchens with all required facilities under the Essex Approved Code of Practice Standards.				
Number of kitchen sinks				

Is there gas fired central heating in the property?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
Are there other forms of fixed heating in the property?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
If yes, please specify the other heating in the property below:	

**2B - BEDSIT ROOMS / BEDROOMS (Compulsory section)**

This section considers all the bedsits/rooms within the property/flat in multiple occupation, and whether they have facilities exclusive for their use or shared with other occupiers in other bedsits or bedrooms. (When this sheet is completed sheet 2C must also be completed if you have ticked any shared facilities).

Type of tenancy's include but are not limited to: 6months assured short hold tenancy, 12 month assured short hold tenancy, Monthly licence, Protected tenancy, leaseholder and Rolling periodic.

Room No.	Size of floor area of room (square meters)	Location of the room e.g. first floor, front right	Name(s) and age(s) of current occupants							Type of tenancy	Exclusive use bath/shower room (Yes/no)	Exclusive use of toilet (Yes/no)	Wash hand basin in room (Yes/no)	Exclusive use of kitchen (Yes/no)
			Tenant name	under 1	1-4	5-10	11-17	18-59	60+					

## **2C SHARED FACILITIES (Compulsory section)**

Shared facilities are separate bathrooms/shower rooms, kitchens and WCs which are shared by more than 1 household. This could mean being shared by separate households living in either a bedsit or bedroom. In this section **do not** include facilities used only and exclusively by 1 household; these should already be recorded in either section 2A or 2B.

Shared kitchens:

<b><u>Type of Amenity</u></b>	<b><u>Number provided</u></b>	<b><u>Number of occupants sharing</u></b>
Kitchen sink		
Wash hand basin		
Oven		
Hob		
Number of hob rings		
Number of electrical sockets		
Number of cupboards (excluding under the kitchen sink)		
Size (cm x cm) of work bench		

Shared Bathrooms/Shower rooms (with or without WCs):

<b><u>Amenity</u></b>	<b><u>Number provided</u></b>	<b><u>Number of occupants sharing</u></b>
W.C.		
Wash hand basin		
Shower		
Bath		

**SECTION 3. PROPERTY MAINTENANCE (Compulsory section)**

Is there a programme of regular maintenance at the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please specify what, when and who carries out the checks and arranges subsequent works to be carried out.		
Are there arrangements in place to deal with emergency repairs at the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please specify what your procedure is.		
Is there a 24 hour emergency contact telephone number provided for occupiers of the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Specify the number(s) and who the contact is.		
Name		
Phone number		

**GAS SAFETY**

Is there gas at the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all gas appliances within the property annually safety checked by a gas safe installer/engineer in accordance with the Gas Safety (Installation and Use) Regulations 1998?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	New HMO Gas safety certificate still to be gained. <input type="checkbox"/>	
If no: You are in breach of Gas Safety (Installation and Use) Regulations 1998, which is a criminal offence. Your application cannot be accepted beyond this point without a valid Gas Safe certificate.		

**ELECTRICAL SAFETY**

Is the Electrical Installation within the property safe?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no why not?		
Have all the portable electrical appliances supplied by the landlord passed the Portable Appliance Test (PAT)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	I do not provide any portable appliances <input type="checkbox"/>	

## FIRE SAFETY

Do you have a written fire safety risk assessment for the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no: It is recommended that you or a contractor draw up a fire risk assessment for your property.		

Does the fire detection system include:	Yes	No
A fire alarm pane	<input type="checkbox"/>	<input type="checkbox"/>
Heat detectors in the kitchens	<input type="checkbox"/>	<input type="checkbox"/>
Mains wired smoke detectors in bedrooms and or living rooms	<input type="checkbox"/>	<input type="checkbox"/>
Mains wired smoke detectors in common parts	<input type="checkbox"/>	<input type="checkbox"/>
Sounders/alarms on all levels	<input type="checkbox"/>	<input type="checkbox"/>
Is the Automatic Fire Detection system tested in accordance with BS5839?	<input type="checkbox"/>	<input type="checkbox"/>
Does the property have a system of Emergency Lighting which is regularly tested in accordance with BS5266?	<input type="checkbox"/>	<input type="checkbox"/>
If No: You maybe in breach of Regulatory Reform (Fire Safety) Order 2005 (FSO), which is a criminal offence.		

What fire safety equipment is provided in the property?	Yes	No
Fire blankets in all kitchens	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguishers	<input type="checkbox"/>	<input type="checkbox"/>
Has all the fire safety equipment been inspected in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Do you provide upholstered furniture within lettings?	<input type="checkbox"/>	<input type="checkbox"/>
Does it all comply with the Furniture and Furnishings (Fire Safety) Amendment Regulations 1993?	<input type="checkbox"/>	<input type="checkbox"/>

How many fire escape routes are there in the building?

Please describe the fire escape route (tick all that applies).

	Yes	No
30 minute fire protected external stair case	<input type="checkbox"/>	<input type="checkbox"/>
30 minute fire protected internal stair case	<input type="checkbox"/>	<input type="checkbox"/>
First floor escape window leading immediately to a safe place	<input type="checkbox"/>	<input type="checkbox"/>
First floor emergency escape window / door leading to a supported flat roof or balcony.	<input type="checkbox"/>	<input type="checkbox"/>
Other - detail below		
	Yes	No
Are there any notices displayed in the property instructing the occupants what to do in the event of a fire?	<input type="checkbox"/>	<input type="checkbox"/>
Where is it displayed?		
Do you provide fire safety training to occupiers?	<input type="checkbox"/>	<input type="checkbox"/>
How often this is provided & what you do for training?		

## PEST CONTROL

	Yes	No
Has there been any infestation of pests such as mice, rats, bed bugs or cockroaches in the property in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a regular service contract with a Pest Control contractor? (If yes, state below)	<input type="checkbox"/>	<input type="checkbox"/>

Company name		
Company address		
Telephone number		
Email Address		
Postcode		

## REFUSE COLLECTION

	Yes	No
Is there an appropriately sized and sited refuse and recycling storage area?	<input type="checkbox"/>	<input type="checkbox"/>
How is rubbish and recycling stored whilst awaiting collection?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a refuse collection contract for the property in addition to the regular Council refuse collection day? (Provide details below where applicable)	<input type="checkbox"/>	<input type="checkbox"/>

Company name		
Company address		
Telephone number		
Email Address		
Postcode		

## TENANCY ARRANGEMENTS

	Yes	No
Are occupiers provided with a checked inventory and statement of condition of the property at beginning of their occupancy?	<input type="checkbox"/>	<input type="checkbox"/>
Are occupiers provided with a written statement of the terms of occupation at the beginning of their occupancy?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been requiring tenants to sign the Anti Social Behaviour Tenant Declaration Form?	<input type="checkbox"/>	<input type="checkbox"/>

How do you normally/plan to deal with occupiers who cause nuisance or act in an anti-social way to neighbours?

Are there any other matters which you think should be taken into account in considering management arrangements at the property?



**SECTION 4: FIT AND PROPER PERSON (Compulsory section)**

**Have you or any person who will be involved in the management of the property been convicted of any offence involving:**

	<b>Yes</b>	<b>No</b>
Fraud or dishonesty	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Offences under Schedule 3 of the Sexual Offenders Act 2003	<input type="checkbox"/>	<input type="checkbox"/>

If yes please give details:

Name of offender	
Date of hearing	
Actual charge	
Penalty imposed	
Any information you wish the council to consider by way of mitigating circumstances	

Have you or any person who will be involved in the management of the property been found by a tribunal or court to have:

Practised unlawful discrimination on the grounds of sex, colour, race, ethnic or national origins or disability in or in connection with the carrying on of any business?

YES

NO

If you have answered yes please give details:

Name of offender	
Date of hearing	
Actual charge	
Penalty imposed	

Any information you wish the council to consider by way of mitigating circumstances

Have you or any person who will be involved in the management of the property any contravention of any enactment relating to housing, public health, environmental health or landlord and tenant law, which led to civil or criminal proceedings resulting in a judgement being made against you?

YES

NO

If you have answered yes please give details:

Name of offender	
Date of hearing	
Actual charge	
Penalty imposed	
Any information you wish the council to consider by way of mitigating circumstances	

Have you or any person who will be involved in the management of the property ever:	Yes	No
Failed to comply with a Housing Act Notice (requiring works etc) served by the local authority?	<input type="checkbox"/>	<input type="checkbox"/>
Had works in default carried out by the local authority on a property?	<input type="checkbox"/>	<input type="checkbox"/>
Acted in contravention of any relevant approved code of practice (i.e. a code of practice issued by the Government relating to the management of HMOs)?	<input type="checkbox"/>	<input type="checkbox"/>
Been refused a licence for a HMO?	<input type="checkbox"/>	<input type="checkbox"/>
Breached the conditions of a HMO licence?	<input type="checkbox"/>	<input type="checkbox"/>
Been subject to a Control Order (Housing Act 1985, s379)?	<input type="checkbox"/>	<input type="checkbox"/>
Been subject to an Interim Management Order?	<input type="checkbox"/>	<input type="checkbox"/>
Been subject to a Final Management Order?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes please give details:

**SECTION 5:**

**DECLARATIONS BY LICENCE APPLICANT(S) and PROPOSED LICENCE HOLDER**

**Compulsory section**

**Please print and complete a copy of this page, scan the signed copy and attach with the main application.**

Please note that it is a criminal offence to give false or misleading information on this application form.

- 1) 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 I/we are reckless as to whether it is false or misleading.
- 2) I/we declare that I/we have served a notice of this application on interested person(s) or parties who are the only person(s) or parties known to me/us that are required to be informed that I/we have made this application:
- 3) I/we hereby authorise Southend-on-Sea Borough Council to investigate my background and criminal record for the purposes of evaluating whether I/we are suitable to be involved with the licence and or management of the House in Multiple Occupation. I/we understand that Southend-on-Sea Borough Council will utilise outside organisation/s to assist it in checking for such information and this, where relevant, may affect my/our ability to hold a licence or be involved in the management or hold other involvement in the property.

Signed:

Print name:

Position: Licence holder  Owner  Manager  Managing Agent

Date:

Signed:

Name:

Position: Licence holder  Owner  Manager  Managing Agent

Date:

Signed:

Name:

Position: Licence holder  Owner  Manager  Managing Agent

Date:

*Add further signatories if applicable*