



Elmbridge
Borough Council
... bridging the communities ...

**The Licensing and Management of
Houses in Multiple Occupation and
Other Houses (Miscellaneous
Provisions) (England)
Regulations 2006.**

Application for HMO Licence

To: **Elmbridge Borough Council, Private Sector Housing Section, Civic Centre, High Street, Esher, Surrey, KT10 9SD**

APPLICATION for a [new] [renewal] licence under section 63 of the Housing Act 2004 ("the Act") in respect of the premises known as

.....
.....

[Insert address of the HMO]
(delete sections in square brackets which do not apply)

Part 1: Licence-holder details (Please use the additional information sheet where necessary)

To be completed if applicant is an individual	
Name:	
Address	
Postcode:	
Daytime Tel:	
Mobile No.	
email	

To be completed if applicant is a company, partnership or trust (please indicate which)	
Name:	
Registered or principal trading address	
Postcode:	
Tel:	
email	

Names & Addresses of all Directors/Partners/Trustees <i>(please use separate sheet if necessary)</i>

Are you the Proposed licence holder?

Yes No

* If no, please provide the following details for the proposed licence holder:

Name	
Address	
Postcode	
Tel:	
Mobile/Work No/email	

Will the proposed licence holder be responsible for managing the HMO?

Yes No

* If no, please provide the following details for the person managing the HMO.

Name	
Address	
Postcode	
Tel:	
Mobile/Work No/email	

Provide details for the person having control of the HMO or house

(If that is not the proposed licence holder or person managing the HMO or house)

Name	
Address	
Postcode	
Tel:	
Mobile/Work No/email	

Please give the following details for any person who has agreed to be bound by a condition contained in the licence

Name	
Address	
Postcode	
Tel:	
Mobile/Work No/email	

Please specify the type of HMO or house the application is being made for by reference to one of the following categories-

House in single occupation

House in multiple occupation OR

Flat in single occupation

Flat in multiple occupation OR

A house converted into and comprising only of self contained flats *(State date converted)*

A purpose built block of flats OR

Other *(please specify)* _____

If you own the interest in the property jointly with other people, please give the names and addresses of the co-owners: *(please use separate pages if necessary)*

Name	
Address	
Postcode	

Name	
Address	
Postcode	

Please respond to each of the following statements;

<p>I/We declare that the furniture in the HMO or house that is provided under the terms of any tenancy or licence meets any safety requirements contained in any enactment.</p> <p>Yes / No</p>

<p>I/we declare that any gas appliances in the HMO/house meet any safety requirements contained in any enactment.</p> <p>Yes / No</p>

<p>Provide details of other HMOs or houses that are licensed under Part 2 or 3 of the Act in respect of which the proposed licence holder is the licence holder, whether in the area of the local housing authority to which the application is made or in the area of any other local housing authority. [continue on a separate pages if required , or state None if applicable]</p>
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Please state the name and contact details of the person to contact to arrange for inspection (if different from the applicant):-

Name
Email
Telephone No

Details of the HMO or house			
The number of storeys comprising the HMO/house and the levels on which they are situated		Age of property:	
		pre1919	<input type="checkbox"/>
		1919 to 1944	<input type="checkbox"/>
		1945to1964	<input type="checkbox"/>
		1964 to 1980	<input type="checkbox"/>
		Post 1980	<input type="checkbox"/>
The number of separate letting units			
The number of habitable rooms (excluding kitchens)			
The number of bathrooms and shower rooms (a) shared (b) exclusive use			
The number of toilets and wash basins (a) shared (b) exclusive use			
The number of kitchens (a)shared (b) exclusive use			
The number of sinks (a) shared (b) exclusive use			
The number of households occupying the HMO/house			
The number of people_occupying the HMO/house			
Details of fire precautions equipment, including the number and location of smoke alarms			
Details of fire escape routes and other fire safety information provided to occupiers			

	Location	Room No /Name	Description	No of occupiers	No of households	Room size
<p>Schedule of room sizes for Kitchens and Bedrooms (metres x metres). Continue on a separate sheet if required or mark property plan with relevant details.</p> <p>Single bedrooms must have min. of 6.51 sq. mts; double bedrooms a min. of 10.22 sq. mts .</p> <p>With cooking or bathroom facilities in a bedsit rooms additional space is required .Contact PSH team for details of space needed.</p>						

“Fit and Proper Person Test” – to be completed by ALL Persons involved in the management of the HMO

We may require your co-operation in obtaining Criminal Records information to the above. We may approach other authorities such as the Disclosure and Barring Service (DBS) Police Authority, Fire & Rescue Service, Office of Fair Trading, etc. for information and confirmation. Signing of this application will be taken as your agreement to any such action. Please use additional information sheet where necessary

The local authority “must have regard (among other things) to” evidence which shows that a person or any person associated or formerly associated whether personally or on a work basis with the property provided it is relevant to whether the person is fit and proper, has

(a) Details of any unspent convictions that may be relevant to the proposed licence holders` fitness to manage the HMO or house and in particular any such conviction in respect of any offence involving fraud or other dishonesty, or violence or drugs or any offence listed in Schedule 3 of the Sexual Offences Act 2003;

(b) Details of any finding by a court or tribunal against the proposed licence holder or manager that he has practiced unlawful discrimination on grounds of sex, colour, race ,ethnic or national origin or disability in or in connection with the carrying on of any business, practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in connection with a business;

(c) Details of any contravention on the part of the proposed licence holder or manager of any provision 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 him.

Have you been convicted of any of the above offences? (Spent convictions are not, in this context, taken into account). If Yes, please provide details

Yes No

.....
.....

Do any of the above apply to anyone involved in the management of the property? If yes, please indicate which.

Yes No

.....

Are you a member of any landlord’s association or other professional body? If yes please indicate which and provide a membership number.

.....
.....

Have you been subject to a Management Order under the Housing Act 2004 or been refused a licence or breached conditions of a licence? If “yes” please provide details and dates (use additional pages where necessary)

Yes No

DECLARATION

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 Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or is/are reckless as to whether it is false or misleading.

Signed

(all applicants)

Dated

DOCUMENTS/FEEES TO BE SUBMITTED WITH YOUR HMO LICENSING APPLICATION

All documents and fee are required for a **complete** application

- 1. Gas Safety Certificate – covering all gas appliances/pipework – carried out by a Gas Safe registered contractor – to be carried out annually.
- 2. Test Certificate and maintenance records for any automatic fire detection (AFD) and/or emergency lighting (EL) systems carried out by a competent person.
- 3. Fixed Wiring Electrical Test Certificate – carried out by an approved Electrical contractor must be done every 5 years.
- 4. Fire Risk Assessment document produced by a competent person.
- 5. A plan of the of the premises with marking of bedrooms, kitchens and bathrooms (ideally to scale or a proportionate sketch). Room areas can be included. Mark any smoke/ heat detectors.

Note: All Applications must be accompanied by the appropriate fee currently £600.00 with £50.00 discount for membership of recognised landlord organisations. (Cheques are to be made payable to Elmbridge Borough Council). BACs payment are also available, credited to our income code GC300/P346 including the property address in the transfer reference /narrative.

NOTIFICATION OF APPLICATION TO INTERESTED PARTIES & RELEVANT PERSONS

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 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. 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 3 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 e-mail address.
- The name address, telephone number and e-mail address of the proposed licence holder (if it will not be you)
- Whether this is an application for an HMO licence under Part 2 (mandatory licensing) or for a house licence under Part 3 of the Housing Act 2004(selective licensing)
- 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

DECLARATION OF NOTIFICATION
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: (continue on separate pages if necessary)
To be signed by all applicants
Name Address Description of the person's interest in the property or the application
Date of service:
To be signed by all applicants:
Print full name:
Signature:
Date:
Print full name:
Signature:
Date:
Print full name:
Signature:
Date:

*"Relevant person" is any person –

(a) who to the knowledge of the applicant, is –

(i) a person having an estate or interest in the HMO or house that is the subject of the application, or

(ii) a person managing or having control of that HMO or house (and not falling within paragraph (i) or

(b) where the applicant proposes in the application that conditions should be in the licence imposing a restrictions or obligation on any person (other than the licence holder), that person.

Any tenant under a lease with an unexpired term of three years or less is not a "relevant person" for the purpose of regulation 7.



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HOUSING ACT 2004, sections [63], [87] &[250]

The Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions)(Amendment)(England) Regulations 2012

ADDITIONAL DECLARATION FOR RENEWAL APPLICATIONS

I/We declare that the house in respect of which a licence is sought under Part 2/Part 3 of the Housing Act 2004 is subject to a licence under that Part at the time this application is made.

I/We further declare that to the best of my/our knowledge either: (a) none of the information described in Regulation 7 and Schedule 2 of the principal Regulations* (i.e. paragraph 2(c) to (g))and previously submitted to the authority has materially changed since that licence was granted;

or (b) the only material changes to that information are described as follows:

[include description of all material changes below e.g. changes in provision of amenities and other changes to information on page 4 of this application form]

Signed: (all applicants)

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.....
.....

Dated

*S.I. 2006/373.-The Principal Regulations were amended by S.I. 2007/1903.