



REGULATORY SERVICES
APPLICATION FORM FOR A
HOUSE IN MULTIPLE OCCUPATION
(HMO) LICENCE

PART I - LANDLORD INFORMATION

Please note this section must be completed.

1.1. This application refers to (address of HMO):

1.2. Name and Address of applicant:

Title:		First name(s)	
Last Name:			
Address:			
E Mail address			
Telephone No		Fax No.:	
Professional Qualifications e.g. RICS, NALS, ARMA, ARLA			

*If the applicant is a company, partnership, or trust, please complete Question 1.3
If the applicant is an individual please go to Question 1.4*

1.3. Company/partnership/trust information (including registered address or principal trading address where appropriate)

Telephone No		E mail address	
Fax No			

1.3.1. Names & Addresses of all Directors/Partners/Trustees (please use separate sheet if necessary)

Telephone No		E mail address	
Fax No			

1.3.2. Name and Address of Company Secretary

Telephone No		E mail address	
Fax No			

1.3.3. Please confirm by signature of all partners/trustees and an address for service

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

1.4. Name & Address of agent/manager/rent collector employed by applicant (if applicable)

Telephone No		E mail address	
Fax No			

*Please note if a manager or rent collector is employed by the applicant please complete and attach **PART II** as the application is incomplete without this and cannot be processed.*

1.5 Fit & proper person

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

1.5.1 Been convicted of an offence involving:

- Fraud
- Dishonesty
- Violence
- Drugs
- Sexual Offences Act Schedule 3

1.5.2. Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in connection with a business.

1.5.3. Contravened any provision of housing or landlord and tenant law. In particular, within the last five 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
- Or been refused a licence or breached conditions of a licence

1.5.4. Acted in contravention of any Approved Code of Practice (ACoP).

Please note we may require your co-operation in obtaining Criminal Records Bureau (CRB) or similar information in confirmation of the above.

1.5.5. Do any of the above apply to you or anyone involved in the management of the property?

Yes No

If yes, please indicate which

NOTE TO APPLICANTS

Please note that 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 concerned may be required at a later date. 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 other action taken.

Please note in undertaking checks to establish that you are a fit and proper person we will be contacting other sections within the council e.g. Benefits and Council Tax and we may also approach other authorities such as the police authority, Fire and Rescue Service, Office of Fair Trading, etc. for information and confirmation.

By signing this application we will assume you have given your consent to this.

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 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.

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. I/we agree to Surrey Heath Borough Council sharing information with other sections of the Council, and external bodies such as the council's partners.

The fee of £ _____ is enclosed

To be signed by all applicants

Signed: _____	Date: _____
Signed: _____	Date: _____
Signed: _____	Date: _____
Signed: _____	Date: _____

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	Description of the person's interest in the property or the application	Date of service

PART II - MANAGER/AGENT/RENT COLLECTOR INFORMATION

Please only complete this if details are different from the landlord

2.1. Address of property to be licensed (including postcode)

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2.2. Details of manager/rent collector/agent

Name of Applicant	
Address of applicant	
Telephone Number	
E mail address	
Fax No	
Professional Qualifications e.g. RICS, NALS, ARMA, ARLA	

2.3. If the manager etc. is part of a company etc. please give further details below of the company/partnership/trust information (including registered address or principal trading address where appropriate and professional qualifications) otherwise please go to Question 2.6.

Telephone No		E mail address		Fax No	
Professional qualifications					

2.4. Name and Address of Company Secretary

Telephone No		E mail address		Fax No	

2.5. Please confirm by signature of all partners/trustees and an address for service

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

2.6. Fit & proper person

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

2.6.1. Convicted of an offence involving:

- Fraud
- Dishonesty
- Violence
- Drugs
- Sexual Offences Act Schedule 3

2.6.2. Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in connection with a business.

2.6.3. Contravened any provision of housing or landlord and tenant law. In particular, within the last five 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
- or been refused a licence or breached conditions of a licence

2.6.4. Acted in contravention of any Approved Code of Practice (ACoP).

Please note we will require your co-operation in obtaining Criminal Records Bureau or similar information in confirmation of the above.

2.6.5. Do any of the above apply to you or anyone else involved in the management of the property?

Yes

No

If yes, please indicate which

2.6.6. Are you a member of any landlord's association or other professional body? (Please indicate which)

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2.6.7. Are you a member of an accreditation scheme in this or another local authority? (Please indicate which)

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2.6.8. Are you a licensed manager in this or another authority? Please indicate.

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2.6.9. Please list any training courses you have undertaken or conferences attended in the last three years which you feel make you a more informed manager

**PART III - OWNERS OF A LICENSABLE PROPERTY
CERTIFICATE OF TITLE**

Property Address	
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I/ we the undersigned having consulted the Deeds of this property confirm for the purpose indicated above the following details:-

i) the full name(s) and address(es) of all the owners :-

ii) the Title to the property is freehold/leasehold *(i.e. a term of years of which is not less than five years remain unexpired at date of application).*

Signed		Date	
Signed		Date	
Signed		Date	

Use Separate sheet if necessary

PART IV - PROPERTY INFORMATION

Please note this section must be completed

3. Property details

Property Address	
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Considering the age, character and locality of the property please state if it is/has the following;					
a)	Structurally sound	Yes		No	
b)	In reasonable repair	Yes		No	
c)	Reasonably free from damp/condensation/mould growth	Yes		No	
d)	Clean communal areas	Yes		No	
e)	Secure (with adequate window and external door locks)	Yes		No	
f)	Adequate facilities for rubbish storage and disposal	Yes		No	

3.1. How often do you inspect the property? (weekly, monthly, annually)?

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3.2. Do you have a schedule for undertaking the following?

3.2.1. Planned maintenance (please provide brief details)

3.2.2. Inspection of furniture / facilities / equipment?

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3.3. Please supply the following information:

Information on type of construction:					
Detached		Terraced		Semi-detached	
End terraced		Residential block of flats			
When was the property constructed?					
Age band:	Pre 1919		1919 - 1944		1945 - 1964
	1965 – 1979		1980 onwards		
When the property was converted (if applicable)					
When the property was refurbished (if applicable)					

3.4. Fire Precautions

a)	Has a fire risk assessment been carried out?	Yes		No	
b)	Do you have a current fire detection and alarm system commissioning or inspection certificate? (Provide copies)	Yes		No	
c)	Is there currently an adequate hard wired system of smoke/heat detectors incorporating; <ul style="list-style-type: none"> • Smoke or heat detectors in the communal areas? • Alarms or sounders on all levels? • Emergency lighting in communal areas? • A Control panel? • Call points? 	Yes		No	
d)	Is the main escape route 30-minute fire resisting?	Yes		No	
e)	Is the main escape route protected by fire doors?	Yes		No	
f)	Are the fire doors fitted with self-closing devices?	Yes		No	
g)	Is the escape route kept clear of flammable material and other obstructions?	Yes		No	
h)	Do you have a contractor to maintain and inspect your fire safety systems?	Yes		No	
i)	Is there a log book of inspection/testing?	Yes		No	

3.5. Heating/hot water and Insulation

3.5.1. What form of heating does the property have?

Type	Please tick
Gas fired central heating	
Off peak night storage heaters	
Individual wall mounted gas heaters	
Individual wall mounted electric heaters	
Other (please give details)	

3.5.2. Gas Safety

3.5.3. Have you had an annual gas safety inspection from a gas safe engineer within the last 12-months to confirm that the gas installation and appliances are safe?

Yes		No	
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3.5.4. Have you got a landlord’s Periodical Gas Safety Inspection Certificate? (Provide copies)

Yes		No	
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3.5.5. Please indicate the date and nature of any major work to the gas installations

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3.5.6. Is there a Carbon Monoxide (CO) detector and alarm fitted in the property?

Yes		No	
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3.5.7. Is the loft insulated and, if yes, to what depth?

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3.5.8. If there are cavity walls, do you have cavity wall insulation?

Yes		No	
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3.5.9. Are the windows;

Type	Please tick
Fully double glazed	
Partially doubled glazed	
Original timber framed, in good repair	
Other (please state what)	

3.6. Electrical Safety

3.6.1. Have you had an electrical safety inspection carried out by a competent engineer within the last 5 years to confirm that the electrical installation both power and lighting circuits are safe?

Yes		No	
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3.6.2. Do you have a Landlord’s periodical Electrical safety Certificate? (Provide copies)

Yes		No	
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3.7 Electrical appliances and furniture

Please indicate whether you provide;				
Electrical Appliances	Yes		No	
If yes are all the appliances compliant with health and safety regulations	Yes		No	
Furniture	Yes		No	
If yes is all furniture compliant with current fire safety regulations	Yes		No	

3.8. Have you had your property inspected for the presence of asbestos?

Yes		No	
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3.9. Is there a current and valid buildings insurance policy for the property?

Yes		No	
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3.10 Give details.

PART VI - NAMES AND ROOM/FLAT NUMBERS OF TENANTS

Please complete with the full names and room/flat numbers of **all** tenants in residence **at the time of the licence application (Continue on separate sheet if necessary)**

Tenant 1: Name & room/flat number	
Tenant 2: Name & room/flat number	
Tenant 3: Name & room/flat number	
Tenant 4: Name & room/flat number	
Tenant 5: Name & room/flat number	
Tenant 6: Name & room/flat number	
Tenant 7: Name & room/flat number	
Tenant 8: Name & room/flat number	
Tenant 9: Name & room/flat number	

Use Separate Sheet if Necessary

PART VII - WHAT TO DO NEXT WITH THIS FORM

Please take this application form to the Customer Services Centre, Surrey Heath Borough Council, Surrey Heath House, Knoll Road, CAMBERLEY, Surrey GU15 3HD.

With the form itself you will need to provide a cheque or some other form of payment for the licence fee of £ made payable to "Surrey Heath Borough Council". In addition to this you will be required to hand in the information outlined on the checklist shown below. Please note if any of the required information is missing we may be unable to process this application for a licence.

The Customer Service Centre will process your payment and issue you with a receipt. They will also collect the application form and supporting documents from you and issue you with a receipt to prove you have handed this information in. If for some reason you are unable to give the information and payment to someone in the Customer Service Centre or if you have any queries relating to the application then you should contact a member of the Private Sector Housing Team on 01276 707100.

Checklist of information required

	Application form
	Application fee
	Current Gas Safety Certificate (please note this needs to be undertaken on an annual basis)
	Sketch of a floor plan, including room sizes (not required to be to scale)
	Passport size photograph of applicant
	Copy of one original official document e.g. birth certificate, passport or national insurance number
	Prosecution Convictions and Cautions History from Surrey Police or any other Police Force in the United Kingdom (only required where the Self Declaration of a Criminal Record includes a relevant offence)
	Landlord's Periodic Electrical Safety Inspection Certificate (Whole of electrical installation in house both power and lighting circuits - please note this must be undertaken every five-years)
	Fire detection and alarm system alarm commissioning or test certificate (please note this is to be undertaken on an annual basis)
	Fire extinguishers test certificate or proof of purchase for new appliances (please note this is to be undertaken on an annual basis)
	Emergency lighting commissioning or test certificate (please note this is to be undertaken on an annual basis)
	The Energy Performance Certificate (EPC) for the dwelling
	Copy of a standard tenancy agreement
	Asbestos survey (if applicable)
	Details of refurbishments, rewiring etc. (if applicable)

PART VIII – MONITORING INFORMATION

Monitoring Information

Surrey Heath Borough Council is committed to making real improvements in all of our services regardless of race, colour and ethnicity, disability, age, gender, sexuality or faith and belief. Therefore we are asking for this monitoring information to ensure we are offering services to all sectors of the community in an open and accessible manner.

All the questions in this section are voluntary, and any information you provide will remain completely confidential.

1. **What gender are you?** Male Female Transgender

2. **What is your age group?**

0-15 16-21 22-30 31-40
 41-50 51-60 61-64 65+

3. The Disability Discrimination Act (DDA) 1995 defines a disabled person as someone who has ‘a physical or mental impairment which has substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities. The 2005 DDA broadens this definition to specifically include cancer, HIV infection and multiple sclerosis.

Do you consider yourself to have a disability under the DDA?

Yes No

4. **How would you describe your ethnic background?**

Choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background.

A White

British
 Irish
 Any other White background
 (please write in box below)

B Mixed

White and Black Caribbean
 White and Black African
 White and Asian
 Any other Mixed background,
 (please write in box below)

C Asian or Asian British

Indian
 Pakistani
 Bangladeshi
 Any other Asian background,
 (please write in box below)

D Black or Black British

Caribbean
 African
 Any other Black background,
 please write in box below

E Chinese or other ethnic group

Chinese
 Any other
 (please write in adjacent box)

F Any other (Please indicate here)

5. What is your religion or belief? Please tick the appropriate box

Christian Buddhist Hindu Jewish
 Muslim Sikh None Prefer Not to Say

Other (please state: _____)

6. **How would you describe your sexuality?**

Heterosexual Gay Man Gay Woman Prefer not to say

Thank you for taking the time to complete this questionnaire