



REGULATORY SERVICES
APPLICATION FORM FOR THE RE-LICENSING OF A HOUSE IN MULTIPLE OCCUPATION (HMO)

PART I - LICENSEE INFORMATION

Please note this section must be completed by the current Licensee.

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.:	

*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			

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

1.5.6. Are you an un-discharged bankrupt?

Yes

No

1.5.7. Are you a member of any landlords association or other professional body? (Please indicate which)

1.5.8. Are you an accredited landlord in this or another authority? Please indicate

1.5.9. Are you a licensed landlord in this or another authority? Please indicate.

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

1.6. Is there a mortgage on the property?

Yes

No

1.6.1. If yes please give details of the mortgage provider.

Name of mortgage provider	
Address of mortgage provider	

1.7. Please tell us about any other residential dwellings you own and let;

(Continue on separate sheet if necessary)

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, 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 details of the property such as numbers of tenants, amenities and fire precautions etc, have not materially changed since my/our previous application and that the information contained in this application is correct to the best of my/our knowledge. I/we understand that an offence may be committed 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 to be 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: _____

PART III - 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)
	Current 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)
	Copy of the last 6 months entries in the Fire Detection and Alarm System Monitoring log book
	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)
	Floor plan, including room sizes showing all of the fire safety measures (not required to be to scale)
	The Energy Performance Certificate (EPC) for the dwelling
	An updated passport size photograph of applicant
	Copies of documents relating to details of any 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