

APPLICATION FOR HMO LICENCE

NEW APPLICATION - FOR A FLAT IN MULTIPLE OCCUPATION WITHIN A BLOCK WITH 5 OR MORE LICENSABLE FLATS



When completed, please return this form to Housing Improvement Team, Community Connections, Plymouth City Council, Ballard House, West Hoe Road, Plymouth, PL1 3BJ. You can also submit the application form and certificates by email communityconnections@plymouth.gov.uk and pay the fee by telephone (01752 398500).

This application is for use when a building/block contains **only** self-contained flats. In these circumstances each flat may be an HMO in its own right (see section 254(3) Housing Act 2004). These HMOs are known as an FMO (Flat in Multiple Occupation). If the flat meets the prescribed description then it will need a mandatory HMO licence.

Please note that each FMO, that meets the prescribed description, within a building/block will require a separate application/licence. If there are 5 or more flats that require a licence then this form should be used. If less than 5 flats require a licence please use our online HMO licence form. If you have any queries please email communityconnections@plymouth.gov.uk or telephone (01752 398500).

Completing this form

This application may be completed by the owner, manager, proposed licence holder or some other person acting on their behalf.

In all cases both applicant and proposed licence holder (where different) must sign and date the declaration at the end of the application form. Where the applicant and/or licence holder is a limited company or partnership, the person signing the application must be authorised to sign on behalf of it.

If you are not sure how to answer a question, please contact us as above. If there is insufficient space to answer any question on this form please provide the information on a separate piece of paper. Please indicate that you have done this in the relevant answer box.

The proposed licence holder

We need information about the people involved in running the building/block, the FMO and the applicant. We have to decide who, if anyone, is the most appropriate person to be the licence holder. This will normally be the owner (unless there is good reason to decide otherwise).

Where the owner is a limited company we will normally expect the licence holder to be the company rather than any individual within that company. Where the owner is a partnership, we will normally expect the licence holder to be one, or more, members of that partnership.

The Council will expect the licence holder to have the financial resources and control of the FMO in order to:

1. Create, terminate and manage tenancies (or licences to occupy)
2. Access all parts of the premises to the same extent as the owner
3. Ensure that appropriate measures are taken to deal with antisocial behaviour
4. Comply with all other licence conditions
5. Ensure the proper management of the HMO
6. Ensure the health, safety and wellbeing of the occupiers and others who may be effected by the property (including neighbours and passers-by)

7. Comply with all relevant legislation
8. Accept responsibility for the activity of any manager or other person acting on their behalf.

Where licence holders fail to comply with legal requirements they can be prosecuted and the licence revoked. They remain responsible for the FMO until the licence expires or is revoked.

INFORMATION STATEMENT

The information requested will be used to process applications for licensing of houses in multiple occupation (HMOs). It will also be used to comply with the legislative requirements of the Housing Act 2004 in relation to HMOs. We may also let you know about other Council services or seek your views about Council activities.

This form also requires your consent to use other information available to the Council. This may be used to verify the information you have provided in this form. Any discrepancy may result in a more detailed investigation; this could result in legal action being taken against someone named in this form. Such action may be taken under housing law or other matters as referred to in the "Privacy Notice" below.

Please contact the Housing Improvement Team if you would prefer us not to send you information or ask for your views.

PRIVACY NOTICE

The personal information that you provide will be held securely and will only be shared for:

- Planning the provision of services, providing a service to you, informing you about Council services, seeking your views and to enable auditing of Council activities
- Verification with other agencies such as the Police, the University and other councils as well as other Council departments
- Assisting other councils in their administration of housing licensing schemes
- Complying with the statutory requirements to provide a public register
- Providing information for tax and other purposes
- Complying with other legal obligations imposed upon the Council and
- Assisting with research projects.

Anonymous statistical information may also be passed to other organisations to assist in the planning and monitoring of services.

In addition Plymouth City Council must cooperate with the prevention and detection of crime which may result in information about you being passed to others.

If this form is completed on behalf of someone else, or personal details or contact data about a third party are provided, then it is your responsibility to make sure that you have informed the other person of what you have told the Council.

Information Lead Officers act as the Data Controller for the Council and can be contacted about the use of your personal information. Email: info@plymouth.gov.uk or write to Plymouth City Council, Ballard House, West Hoe Road, Plymouth, PL1 3BJ.

PART ONE – GENERAL

Address of Flat in Multiple Occupancy to be licensed e.g Flat 4, 1 London Rd, Plymouth, PL1 2AA	Postcode:
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In addition to the form you should submit:	Notes	Please tick if submitted
Plans of the property	Not required on renewal unless layout has changed.	
An Electrical Inspection Condition Report (for the wiring installation)	No older than five years old; the report must be for the Flat being licensed.	
A Gas Safety Certificate	Where there is a gas supply. No older than twelve months. For the Flat being licenced.	
An Electrical Appliances Test certificate	Unless all landlord's appliances are less than twelve months old (or none are provided). Certificate to be no older than twelve months. For the Flat being licenced.	
A Fire Alarm Test certificate	Where there is a grade A alarm system, or mixed grade A/D system. No older than twelve months. For the system that covers the Flat.	
An Emergency Lighting Test certificate	Where there is an emergency lighting system. No older than twelve months. For the system covers the flat.	
Additional sheets used	Please state number of additional sheets used (if any).	
The appropriate fee	See licence fee document. Please tick if you enclose the fee with the application or you have already paid the fee.	
Current accreditation certificate for the proposed licence holder.	Where discount being claimed.	
All certificates must be original and current. Certificates will be copied and returned. Alternatively you may scan your original certificates and email them to us. Photocopies will not be accepted.		

Eligibility for discounted licence fee

Please refer to the licence fee document for information about these schemes and discounts.

Is the proposed licence holder accredited? Please tick	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please answer the following questions:		
Accreditation scheme/number?		
You must provide a copy of your current accreditation certificate.		

Has the proposed licence holder passed the "Landlord Proficiency Test" Please tick	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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PART TWO – PEOPLE INVOLVED

This part of the form requires information about the applicant, proposed licence holder, property owner and manager. Where these are limited companies please enter the name of that company rather than an individual's name.

Please cross out or enter "N/A" (non applicable) in sections which do not apply. Please refer to the HMO standards and standard HMO licence conditions when completing this part of the form.

Please give details of the person or people completing this form ("the applicant"). For joint applicants, please complete the details for each person.

	Applicant	Joint applicant
Name		
Address		
Please state your role in the property (for example, owner)		
Telephone number		
Email address		

Please give details of the proposed licence holder(s). For joint licence holders, please complete the details for each person. Where this is the same as the applicant, please write "as applicant".

	Proposed licence holder	Joint proposed licence holder
Name		
Address		
Telephone number		
Email address		
Do they require leave to enter or remain in the United Kingdom?		

If the owner wants a manager or agent to be the licence holder please give reasons:

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Please give details of the freeholder(s) of the building. For joint owners, please complete the details for each person. Where this is the same as the applicant, please write “as applicant”.

FREEHOLDER(S)	Owner	Joint owner(s)
Name		
Address		
Telephone number		
Email address		

Please give details of the leaseholder(s) of the FMO to be licensed. For joint owners, please complete the details for each person. Where this is the same as the applicant, please write “as applicant”. If there is no leaseholder, please write “N/A”

LEASEHOLDER(S)	Owner	Joint owner(s)
Name		
Address		
Telephone number		
Email address		

Please give details of the manager(s) of the FMO. For joint managers, please complete the details for each person. Where this is the same as the applicant, please write “as applicant”.

	Manager	Joint manager
Name		
Address		
Telephone number		
Email address		

PART THREE – NOTIFICATIONS

Notifications of application

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 know about it are -

1. Any mortgagee of the property (mortgage lender)
2. Any owner of the property to which the application relates (if that is not you). This includes the freeholder and any head lessors who are known to you
3. 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 three years (including a periodic tenancy)
4. The proposed licence holder (if that is not you)
5. The proposed managing agent (if any) (if that is not you)
6. Any person who has agreed that he will be bound by any condition or conditions in a licence if it is granted

You must tell each of these persons -

7. Your name, address, telephone number and e-mail address or fax. number (if any)
8. The name, address, telephone number and e-mail address or fax. number (if any) of the proposed licence holder (if it will not be you)
9. Whether this is an application for an HMO licence under Part 2, or for a house licence under Part 3 of the Housing Act 2004
10. The address of the property to which the application relates
11. The name and address of the local housing authority to which the application will be made
12. The date the application will be submitted

You must tell all the persons, or organisations, described in points one to six (of the previous page) that you have made this application. You must give them all the information set out in points seven to twelve (of the previous page).

In addition you must tell us who you have notified (other than Licence Holder, FMO Manager and Owner/s), in relation to points 1 to 6 above, by listing the relevant details in the table below.

When you sign your application you are signing that the following declaration is true. **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 person's interest in the property or the application	Date of service

Please note that we will advise all these people, and organisations, that the application has been made and of our proposal to grant (or refuse to grant) the licence.

PART FOUR – PROPOSED LICENCE HOLDER’S OTHER PROPERTY

<p>How many properties does the proposed licence holder have within this local housing authority (Plymouth City Council) area which, under Parts 2 or 3 of the Housing Act 2004, require licensing? (Part 2 of the Housing Act refers to HMO licensing, and Part 3 refers to “selective licensing” of other housing.)</p>	
<p>How many properties does the proposed licence holder have within other local housing authority areas which, under Parts 2 or 3 of the Housing Act 2004, require licensing?</p>	
<p>Please give the address of each licensable property. You must also give the address of the local housing authority (council) in which each property is located. This includes licences under Parts 2 or 3 of the Housing Act 2004.</p>	
Property address	Local housing authority (council)

PART FIVE – ABOUT THE PROPERTY (BLOCK)

This collects information regarding the property / block as a whole.		
How many storeys are there within the property?		This is for the building as a whole.
Does the property consist of only self-contained flats?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
How many self-contained flats are there within the property?		A self-contained flat has its own kitchen, bathroom and washing facilities. The whole flat is behind a single flat entrance door.
How many non-self-contained flats are there within the property?		
Are any kitchens, toilet or personal washing facilities accessed directly off the communal parts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	This is for the communal parts of the building as a whole. It does not include where these are accessed from the communal parts within a shared flat.
Please indicate the approximate age of the original construction of the property.	Pre 1919 <input type="checkbox"/> 1919 to 1944 <input type="checkbox"/> 1945 to 1964 <input type="checkbox"/> 1965 to 1980 <input type="checkbox"/> After 1980 <input type="checkbox"/>	
Was the building designed, and originally constructed, only for residential purposes.	Yes <input type="checkbox"/> No <input type="checkbox"/>	i.e. purpose built, as is, from the foundations up.
If not originally constructed only for residential purposes please indicate the original and / or other purposes.		e.g. commercial, mixed commercial / residential etc.
Has 1 or more units of accommodation been created since the building was originally constructed.	Yes <input type="checkbox"/> No <input type="checkbox"/>	i.e. a converted building, where changes to the original purpose/layout have been made.

PART SIX – DESCRIPTION OF FLAT IN MULTIPLE OCCUPANCY (FMO)

This collects information about the flat in multiple occupancy (FMO) to be licensed.		
Please indicate the levels within the FMO		e.g. 4 th floor, or 2 nd & 3 rd floor
Does the FMO have a gas supply?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do all the gas fittings, whether owned by the landlord or otherwise, meet all safety requirements contained in any enactment? Please tick	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Are there any appliances for burning solid fuel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, is a carbon monoxide alarm fitted in every room containing such an appliance? Please tick	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
If you have answered no, please explain why no alarm has been provided		
Are any electrical appliances provided by the landlord or manager? Please tick	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If electrical appliances are provided, are they all less than a year old? Please tick	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
If furniture in the FMO is provided under the terms of any tenancy, or licence, does it meet any safety requirements contained in any enactment? Please tick	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	None provided	<input type="checkbox"/>
Please state which of the following fire detection systems are in the FMO. Please tick	Grade A <input type="checkbox"/>	Grade A and D <input type="checkbox"/>
	Grade D <input type="checkbox"/>	Battery <input type="checkbox"/>
Is this part of the system for the main property/block?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If a separate Grade A or Grade A and D are present in the FMO please submit the test certificate.		

Are smoke alarms provided on every storey of the FMO? Please tick	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please confirm that the fire detection within the FMO is in good working order Please tick	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you provide the tenants with information regarding the fire alarm and/or fire safety training? Please tick	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there an emergency lighting system? Please tick	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please submit the test certificate		

Please confirm the following provision within the Flat in Multiple Occupancy (FMO)		
Number of living and dining rooms		Exclude combined kitchen dining rooms
Number of bedrooms		Exclude bedsits
Number of bedsits		Combined living room bedrooms (which may include kitchens)
Number of shared kitchens		Include combined kitchen dining rooms
Number of shared sinks		Exclude wash hand basins
Number of shared dishwashers		
Number of shared baths		
Number of shared showers		
Number of shared toilets		Shared toilets should be provided with a wash hand basin.
Please indicate any WC that does not contain a wash hand basin.		e.g. ground floor WC

We need to ensure that all rooms within the FMO are suitable for occupation. Please confirm;	
Where there is adequate provision of additional living space	
All single occupancy bedrooms are at least 6.51m ² in size	Yes <input type="checkbox"/> No <input type="checkbox"/>
All double occupancy bedrooms are at least 10.22m ² in size	Yes <input type="checkbox"/> No <input type="checkbox"/>
or	
Where there is a lack of provision of additional living space	
All single occupancy bedrooms are at least 10m ² in size	Yes <input type="checkbox"/> No <input type="checkbox"/>
All double occupancy bedrooms are at least 14m ² in size	Yes <input type="checkbox"/> No <input type="checkbox"/>
If in doubt, please refer to section I.1 'Amenity Standards' of our Guidance on HMO Standards	Please tick
Please also indicate if there are any rooms that do not meet the above requirements (e.g. first floor middle room)	

PART SEVEN – DETAILS OF OCCUPATION

Please state the number of people currently occupying the Flat/HMO.	
Please state total number of people intended to occupy the Flat/HMO.	
Please state the number of households currently occupying the Flat/HMO (a household is a single person, or a family, or a couple living together as husband and wife or a same sex partnership).	
Please state the number of households intended to occupy the Flat/HMO.	

Please give the name of the occupiers currently living in the Flat/HMO. This information is needed to allow us to give notice to the occupiers prior to inspection.

Name(s) of occupier(s)	Flat or room occupied

PART EIGHT – THE LICENCE HOLDER, MANAGER AND ANY ASSOCIATED PERSONS

The following information will be used to decide whether the proposed licence holder and manager are suitable. The questions relate to all properties within the proposed licence holder and manager's portfolios, and the other matters specified, whether within Plymouth or elsewhere.

As a part of this assessment we need to know about other people associated with, or formerly associated with, the proposed licence holder and manager on a work, personal or other basis. This includes employees and contractors, business associates and family members.

We need to know whether the proposed licence holder or manager, or any person associated with or formally associated with the licence holder or manager (see above), have:	(Please tick. If you answer "Yes" or "Not Sure" please provide details on the following page)		
	Yes	No	Not Sure
Any unspent convictions in respect of any of the following:			
<ul style="list-style-type: none"> ▪ Fraud or dishonesty (including benefit fraud) 			
<ul style="list-style-type: none"> ▪ Violence or drugs 			
<ul style="list-style-type: none"> ▪ Any offences listed in Schedule 3 to the Sexual Offences Act 2003(1) and 			
Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in or in connection with the carrying on of any business?			
Contravened any of provisions of the following: <ul style="list-style-type: none"> ▪ Landlord and tenant law ▪ Housing law ▪ Public health law or ▪ Environmental health law? which led to civil or criminal proceedings resulting in a judgement made against them.			
Managed or owned a property for which a licence has been refused, or a licence revoked, under the Housing Act 2004?			
Breached the conditions of a licence issued under Housing Act 2004?			
Been served with a statutory notice relating to residential property you own or manage? Or acquired a property with an outstanding notice? <ul style="list-style-type: none"> ▪ If yes, has there been a failure to comply with the notice within the specified time period? ▪ If not complied with in the specified time, has a council undertaken works in default in respect of above notices? 			
Has the proposed Licence Holder, or Manager, owned or managed a property which has been subject to a Control Order, an Interim or Final Management Order?			

<p>Acted in contravention of any code of practice approved under section 233 (Management Regulations) of the Housing Act 2004?</p>			
<p>Any other matter to disclose relevant to the fitness to manage the property? For example;</p> <ul style="list-style-type: none"> • Being issued with a Civil/Financial Penalty in relation to housing legislation. • Being the subject of a Banning Order • Being the subject of a Rent Repayment Order <p>If necessary, please use an additional sheet to provide further details</p>			

<p>If you answered “Yes” or “Not Sure” to any of the questions on the last page please give details below. Please identify the person concerned and their involvement with the HMO. Please provide details of any findings of the court or tribunal. Continue on a separate sheet if necessary.</p>
Empty space for providing details

PART NINE – MANAGEMENT OF THE PROPERTY

The Council must satisfy itself that the management arrangements for the house are satisfactory. The following questions will help assess the management of the property.

Does the proposed licence holder require leave to enter or remain in the United Kingdom?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please tick
Does the proposed licence holder have adequate financial resources to maintain all the residential property: <ul style="list-style-type: none"> ▪ they own, and/or ▪ act as licence holder for, ensuring the health, safety and welfare of the occupiers in addition to fulfilling all their other statutory obligations?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please tick
Is the proposed licence holder insolvent or an undischarged bankrupt?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please tick
Is each occupier provided with a true copy of the written terms of agreement (of their occupation)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please tick
Is a deposit taken from occupiers?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please tick
If a deposit is taken, is it protected within an approved deposit protection scheme? By law, all assured shorthold tenancy deposits must be protected under a statutory scheme.	Yes <input type="checkbox"/> No <input type="checkbox"/> Please tick. If “yes” please state which scheme. If “no”, state why the deposit is not protected:
What procedures are there for dealing with any complaints occupiers have concerning conditions in the property?	

<p>What arrangements are in place to ensure the occupiers can contact the licence holder or manager in the event of an emergency, regardless of when this might occur?</p>	
<p>What procedures are adopted where an occupier is found to be carrying out anti-social behaviour towards people sharing the house or people living in the neighbourhood?</p>	
<p>What arrangements are there to ensure that:</p> <ul style="list-style-type: none">▪ Facilities and amenities are in good working order ▪ Rooms are in good order ▪ Common parts are clean ▪ The HMO is reasonably safe ▪ The HMO is in reasonable repair?	

PART TEN – DECLARATION AND CONSENT

All the applicants must sign the following declaration/consent. In addition, all the proposed licence holders must sign the declaration/consent (where they are not the applicants).

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.

I/we also give my/our consent to the Council to refer to:

- information provided by me, and others, in connection with Housing Benefit and Council Tax
- and any other information held by the Council or available to the Council

for the purposes of determining this application.

I/we also understand that the information given in this form may be used for the purposes set out in the Privacy Notice on page 2 of this form.

<p>Applicant</p> <p>Signed:</p> <p>Dated:</p> <p>Full name of person signing this form:</p>	<p>Joint applicant/s</p> <p>Signed:</p> <p>Dated:</p> <p>Full name of person signing this form:</p>
<p>Proposed licence holder (where not an applicant)</p> <p>Signed:</p> <p>Dated:</p> <p>Full name of person signing this form:</p>	<p>Proposed joint licence holder/s (where not an applicant)</p> <p>Signed:</p> <p>Dated:</p> <p>Full name of person signing this form:</p>

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