



Houses in Multiple Occupation Licensing Scheme

Licence Application Form

E-mail: privatesectorhousing@hartlepool.gov.uk

Please return your completed application form to:
Public Protection
Neighbourhoods & Regulatory Services Department
Hartlepool Borough Council
Civic Centre
Victoria Road
Hartlepool, TS24 8AY
Tel: 01429 266522

Application number
Name of applicant
Address of property to be licensed
Reason for Application (Please tick the appropriate box)	
Application for Licence <input type="checkbox"/>	Application for a Variation of existing Licence <input type="checkbox"/>
Application for Renewal of Licence <input type="checkbox"/>	Expiry Date of Current Licence.....

The application number as shown above and the surname of the applicant should be written on any additional information submitted, such as electrical reports.

All four sections of the licence application must be completed. If any questions do not apply, please mark N/A.

Before completing this application form please refer to the guidance notes supplied with it.

Please complete all sections in BLOCK CAPITALS. For further assistance in the completion of this form, please contact Housing Standards on 01429 284325.

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.

SECTION 1

APPLICANT DETAILS

1.1 a) **Proposed Licence Holder Details** (page 3 guidance notes)
Title Mr/Mrs/Ms/Miss/Other (please state _____) (delete as applicable)

Name _____

Address _____

_____ Post Code _____

Tel: _____ Fax No: _____

E- mail _____

b) **Date of Birth of Proposed Licence Holder** (if applicable) ____ / ____ / ____

c) **National Insurance Number** (if applicable)

d) If the proposed licence holder is a part of a company, partnership or trust, please indicate which, and provide details as follows:

Registered or principal trading address _____

_____ Post Code _____

Company Registration Number _____

Date of Registration ____ / ____ / ____

Provide Full Names, Addresses and Dates of Birth of all Directors/ Partners Trustees

Names and Addresses of Directors/Partners/Trustees (continue on separate sheet, if necessary)

i) Director/Partner/Trustee (please delete as applicable) _____

_____ Post Code _____

Date of Birth ____ / ____ / ____

ii) Director/Partner/Trustee (please delete as applicable) _____

_____ Post Code _____

cont'd

Date of Birth _____ / _____ / _____

iii) Director/Partner/Trustee (please delete as applicable) _____

_____ Post Code _____

Date of Birth _____ / _____ / _____

Name and Address of Company Secretary _____

1.2 Is the proposed licence holder the owner of the property? (page 3 guidance notes)

Yes go to question 1.4

No go to question 1.3

1.3 Please provide the owner's details (page 3 guidance notes)

a) Title Mr/Mrs/Ms/Miss/ Other (please state _____) (delete as applicable)

Name _____

Address _____

_____ Post Code _____

Tel: _____ Fax No: _____

E- mail _____

If the property is leasehold, please indicate the length of the un-expired term of the lease _____

b) **Date of Birth of Owner** (if applicable) _____ / _____ / _____

c) **National Insurance Number** (if applicable)

1.4 Is the proposed licence holder the person having control of the property? (see guidance page 3)

Yes go to question 1.6

No go to question 1.5

1.5 Details of Person Having Control of the Property (see guidance page 3)

Title Mr/Mrs/Ms/Miss/Other (please state _____) (delete as applicable)

Name _____

Address _____

_____ Post Code _____

Tel: _____ Fax No: _____

E- mail _____

Date of Birth ____ / ____ / ____

National Insurance Number

1.6 Is the proposed licence holder the person managing the property? (see guidance page 4)

Yes go to question 1.8

No go to question 1.7

1.7 Details of Person Managing the Property (see guidance page 4)

a) Title Mr/Mrs/Ms/Miss/Other (please state _____) (delete as applicable)

Name _____

Address _____

_____ Post Code _____

Tel : _____ Fax No : _____

E-mail _____

b) Date of Birth of Person Managing the Property _____

c) National Insurance Number

1.8 Details of Mortgagee

a) Is the property mortgaged? Yes No

b) If yes, please provide the name and address of the mortgage company

Post Code _____

Mortgage Reference Number _____

c) Please provide the name and address of each of the mortgage holders

Name _____ Address _____

Name _____ Address _____

Please continue on a separate sheet, if necessary.

1.9 Details of any other person who has agreed to be bound by a Licence Condition
(please continue on a separate sheet if necessary)

a) Title Mr/Mrs/Ms/Miss/Other (please state _____) (delete as applicable)

Name _____

Address _____

_____ Post Code _____

Tel: _____ Fax No: _____

E- mail _____

Date of Birth ____ / ____ / ____

National Insurance Number

b) Title Mr/Mrs/Ms/Miss/Other (please state _____) (delete as applicable)

Name _____

Address _____

_____ Post Code _____

cont'd

Tel: _____ Fax No: _____

Email _____

Date of Birth ____ / ____ / ____

National Insurance Number

1.10 Name of person completing application

Title Mr/Mrs/Ms/Miss/Other (please state _____) (delete as applicable)

Name _____

Address _____

_____ Post Code _____

Tel: _____ Fax No: _____

E-mail _____

Are you –

Owner / Proposed Licence holder / Person having control / Person Managing
(delete those not applicable)

SECTION 2

'FIT & PROPER PERSON' ASSESSMENT

Tests for Fitness

2.1	<p>The Local Authority must have regard (amongst other things) to the following matters in relation to any person who will be the licence holder or manager:-</p> <p>Evidence that any person associated with the proposed licence holder or proposed manager (whether on a personal, work or other basis should be included if it is relevant to the question as to whether the proposed licence holder or manager is a fit and proper person. Further details on any question answered 'yes' should be provided in 2.2.</p> <p>Any information supplied will be taken into consideration and will not necessarily exclude the applicant from becoming a licence holder.</p>																									
	<p>With regards to the proposed licence holder and proposed manager of the HMO and their associates:-</p> <p>a) Are there any unspent convictions (see guidance page 4-5) that may be relevant to your fitness to hold a licence or to manage the HMO? In particular, any conviction in respect of any offence involving fraud or dishonesty, or violence or drugs or any offence listed in Schedule 3 to the Sexual Offences Act 2003 (offences attracting notification requirements)?</p> <p>b) Has there been any finding by a court or tribunal that you have practised 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?</p> <p>c) Has there been any contravention of any provision of housing, public health, environmental health or landlord and tenant law which led to civil or criminal proceedings resulting in a judgement made against you?</p> <p>d) Do you own or manage, or have you owned or managed, any HMO or house that has been the subject of - (i) a Control Order (under section 379 of the Housing Act 1985) in the 5 years preceding the date of the application; or (ii) any appropriate enforcement action described in section 5(2) of the Housing Act 2004(see guidance page 6)?</p> <p>e) Do you own or manage, or have you owned or managed, any HMO or house for which a local housing authority has refused to grant a licence under Part 2 or Part 3 of the Housing Act 2004?</p> <p>f) Has a local housing authority revoked a licence in consequence of you breaching the conditions of a licence under Part 2 or Part 3 of the Housing Act 2004?</p> <p>g) Do you own or manage, or have you owned or managed, any HMO or house that has been the subject of an Interim or Final Management Order under the Housing Act 2004?</p>	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
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2.2 Please provide details of any questions answered 'yes' in section 2.1.

2.3 Is the **proposed licence holder** a member of any landlords' association or professional body?

Yes No

If yes, please indicate which _____

2.4 Is the **proposed licence holder** an accredited landlord in this or another authority?

Yes No

If yes, please indicate which _____

2.5 Please provide details of other Local Authorities where properties are located (continue on a separate sheet if necessary)

2.6 Is the **proposed licence holder**, the licence holder for other houses or HMOs licensed under Part 2 or 3 (Selective Licensing) of the Housing Act 2004 in Hartlepool or other Local Authority areas?

Yes No

If yes, please provide details of the properties below (continue on a separate sheet, if necessary)

2.7 Is the **proposed manager** a member of any landlords' association or professional body?

Yes No

If yes, please indicate which _____

2.8 Is the **proposed manager** a member of an accreditation scheme in this or another authority? Yes No

If so, please indicate which _____

2.9 Please provide details of other Local Authorities where properties are located (continue on a separate sheet, if necessary)

2.10 Is the **proposed manager** the licence holder of other houses or HMOs licensed under Part 2 or 3 (Selective Licensing) of the Housing Act 2004 in Hartlepool or other Local Authority areas?

Yes No

If yes, please provide details of the properties below (continue on a separate sheet, if necessary)

Tenancy Arrangements

2.11 Please confirm whether you provide the following		Yes	No	Don't Know
a)	Tenancy Agreements/ written details of terms of tenancy (please provide a copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	Tenancy Agreements/ written details of terms of tenancy including terms relating to anti-social behaviour (please provide a copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	Inventory and schedule of condition at commencement of tenancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	Rent book/receipt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d)	A procedure to report repairs, including contact details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e)	Complaints procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.12 Management	
a)	Who arranges for the letting of the property? _____
b)	Who is responsible for the day-to-day repairs, maintenance and management of tenants? _____
c)	In what capacity does this person act? (e.g. manager) _____
d)	Are there adequate financial arrangements in place to allow the proposed licence holder to enable essential works to be carried out or to fund improvements to the property to meet national minimum standards or to undertake fire precautions work?
	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>

SECTION 3

DETAILS OF PROPERTY TO BE LICENSED

3.1 Property Address _____

 _____ **Post Code** _____

3.2 Age of Property	Pre-1919 <input type="checkbox"/>	1919-45 <input type="checkbox"/>	1945-64 <input type="checkbox"/>	1965-80 <input type="checkbox"/>	Post 1980 <input type="checkbox"/>
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3.3 How many storeys are there? (including commercial use) (see guidance page 1)

3.4 Provide the details of the location of the storeys, e.g. basement, ground floor, first floor and attic

3.5 Type of Property	Detached <input type="checkbox"/>	Semi-detached <input type="checkbox"/>	Mid-terraced <input type="checkbox"/>	End Terraced <input type="checkbox"/>	Flat <input type="checkbox"/>
A building used for both residential and business purposes <input type="checkbox"/>		House converted into and comprising self-contained flats <input type="checkbox"/>		Other <input type="checkbox"/> Please describe _____	

3.6 Nature of Residential Accommodation

Please indicate the nature of residential accommodation (if more than one description applies please tick all that are relevant)

- Self-contained flats with all facilities behind flat entrance door
- Non self-contained flats with not all facilities behind flat entrance door
- Separate bedsits with shared kitchen, bathroom or toilet facilities
- Shared house (which may be let on a single agreement) with sharing of facilities, such as kitchen, living room or bathroom

3.7 Nature of Commercial Use

Provide the details, including location of any commercial use

3.8 Details of Property

Number of Lettings	_____
Number of tenants currently in occupation	_____
Number of households currently in occupation	_____
Number of bedrooms	_____
Number of living rooms – individual use	_____
Number of living rooms – shared use	_____
Number of bath/shower rooms – individual use	_____
Number of bath/shower rooms – shared use	_____
Number of toilets – shared use, separate from bath/shower rooms	_____
Number of toilets – shared use, within bath/shower rooms	_____
Number of toilets – individual use	_____
Number of kitchens – shared use	_____
Number of kitchens – individual use	_____
Number of sinks – shared use	_____
Number of sinks – individual use	_____

3.9 Number of Households/Individuals for which licence is required (see guidance pages 1 and 6)

Please indicate the maximum number of **households** for which you would like to be licensed _____

Please indicate the maximum number of **individuals** for which you would like to be licensed _____

Use of Property as House in Multiple Occupation

3.10 Have you applied for or received planning permission for this property?

Yes No

Date of Application/Approval (delete as appropriate) _____

3.11 If converted, what was the approximate date of conversion? _____

Please provide evidence of building regulations compliance, such as completion certificate.

3.12 Please give the approximate date from which the property has been used as a HMO

3.13 Are there any employees at these premises? Yes No

Fire Precautions

3.14 Does the property have an automatic fire alarm and detection system?

Yes No (go to 3.19)

If yes, does it have

a) a fire alarm panel Yes No

b) inter-linked detectors in all bedrooms, kitchens, living rooms, staircase enclosure and any basement? Yes No

c) inter-linked detectors in all bedrooms, kitchens, living rooms and staircase enclosure? Yes No

d) inter-linked detectors in the staircase enclosure only?

Yes No

e) other coverage? (please describe) Yes No

3.15 Are sounders/ alarms/ bells provided on each floor of the property? Yes No

3.16 Do you have a contractor to maintain and inspect your fire alarm system? Yes No

3.17 Do you keep a logbook of inspection/testing? Yes No

3.18	Does the property have single point battery operated detectors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.19	Please provide details of any fire fighting equipment provided, such as fire extinguishers and fire blankets, including type and location (continue on a separate sheet, if necessary).				
	<hr/>				
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Means of Escape in Case of Fire

3.20	Is the main escape route from the property protected by fire doors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.21	Are fire doors provided to				
	a) kitchens	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	b) living rooms	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	c) bedrooms	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.22	Is the escape route kept clear of flammable materials and other obstructions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.23	Is there an emergency lighting system provided to the escape route?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.24	Are occupiers provided with details of the fire escape routes and fire safety training? If yes, please provide details.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Gas and Electrical Appliances

3.25 Is there is a gas supply to the property Yes No Don't Know

If yes, do you have a current gas safety certificate (please provide copy) Yes No Don't Know

3.26 Has the electrical installation been inspected for safety in the last 5 years by a competent electrical engineer? (please provide copy of inspection report) Yes No Don't Know

3.27 Has any major work been carried out on the electrical installation since the inspection? Yes No Don't Know

3.27 (a) If yes, please provide brief details, including approximate date

3.28 Do you have a maintenance plan for gas and electrical appliances (if yes, please provide brief details) Yes No

Furniture and Furnishings

3.29 Does all furniture comply with The Furniture and Furnishings (Fire) (Safety) Regulations 1988 (as amended) (Excluding furniture/furnishings provided by tenants?)

Yes No Don't Know

N.B. For the purposes of these regulations, furniture includes beds, upholstered headboards, sofa beds, futons, other convertible beds, nursery furniture, seat pads, scatter cushions, and pillows

Section 4

Declarations

4.1 Other persons who need to be informed

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: -

- Any mortgagee of the property;
- Any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessees 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 three 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 condition or 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 address of the property that the application relates to;
- The name, address, telephone number and e-mail address of the proposed licence holder (if it will not be you);
- That this is an application under Part 2 of the Housing Act 2004;
- The name and address of the local housing authority to which the application will be made;
- The date the application will be submitted.

Please provide details of all persons notified that an application has been made.

Name	Address	Person's interest, e.g. freeholder	Date of Notification

Declaration

I/we declare that I/we have served a notice of this application on the persons detailed in 4.1, who are the only persons known to me/us that are required to be informed that I/we have made this application.

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.

Signed by Applicant

Signed by Proposed Licence Holder

Dated _____

Dated _____

Data Protection Statement

We need your personal data to enable this Council to issue an HMO Licence. We may also use it for prevention and detection of fraud. We may share it with other organisations such as other Local Housing Authorities as part of our joint approach to ensuring that only fit and proper people are licensed to “manage Houses in Multiple Occupation”.

Data held by this Local Housing Authority in respect of the licensing of HMOs shall be stored in a Register as required by Section 232 of the Housing Act 2004. The information in this Register shall be available, upon request, to Third Parties.

We will keep your personal data safe and secure and will not disclose it to anyone else without your consent, unless we are required by law to do so.

Checklist

Before submitting this application, please check that all relevant information and additional documentation has been included with the name of the applicant and application reference clearly shown.

1. Standard Tenancy Agreement
2. Copy of Current Gas Safety Certificate
3. Copy of Electrical Inspection Report
4. Evidence of Building Regulations Compliance
5. Other Documentation (please describe) _____
6. Application fee