

## Application for a House in Multiple Occupation (HMO) Licence

Housing Act 2004, Part 2

**PLEASE COMPLETE THIS FORM IN FULL AND RETURN WITH ALL THE REQUIRED DOCUMENTATION. PLEASE MARK ANY SECTION NOT APPLICABLE AS SUCH**




Please note we will not be able to process your application until we receive your completed application form along with **all** the relevant information and documentation.



If additional space is needed please attach additional sheets.

Please read the conditions and information booklet contained in this pack BEFORE completing the form. **PLEASE complete in BLACK INK**

Full address of the HMO that requires a Licence	
	Postcode

Please indicate what type of Licence you are applying for					
Application for a new HMO licence		Variation to an existing HMO Licence		Renewal of existing HMO Licence (Note if the licence holder has changed then a new application rather than a renewal will need to be applied for)	
Yes	No	Yes	No	Yes	No

When completed please return the form with all documents and the correct fee to Somerset West and Taunton Council:		
Postal Address		Somerset West and Taunton Council Deane House, Belvedere Road, Taunton, Somerset, TA1 1HE.
Email		<a href="mailto:Enquiries@somersetwestandtaunton.gov.uk">Enquiries@somersetwestandtaunton.gov.uk</a>
Tel No		0300 304 8000 Line opening hours 8am-6pm Mon to Fri Also 24 hour automated payment service

<b>Website</b>		<a href="http://www.somersetwestandtaunton.gov.uk">www.somersetwestandtaunton.gov.uk</a>
<b>Customer Hubs</b>		Deane House, Taunton and West Somerset House, Williton Opening hours 8.30am-5pm Monday-Friday

**Please indicate amount payable and method of payment**

**BACS – Sort code 60-80-06 Account no 70853673 Ref: HMO/Surname/Property address**

**Phone (by debit/credit card) 0300 304 8000 Ref: SE040G J0400 Ref: HMO/Surname/Property**

Once payment has been made, please email [Enquiries@somersetwestandtaunton.gov.uk](mailto:Enquiries@somersetwestandtaunton.gov.uk)

**Part 1 – Applicant Details** The applicant must be a named individual. All representatives must be named for all organisations.

Title	Mr	Mrs	Miss	Ms	Other
Last name					
First name					
Residential Address					
Postcode					
Home Telephone Number					
Mobile Telephone number					
Email Address*					

\*This address will be used to serve any legal notices or documents. If you have provided an email address, the Council will take this as permission to deliver any legal notices in an electronic format in relation to the property requiring an HMO Licence.

List addresses of HMO's which you control <u>within</u> Taunton Deane or West Somerset Council areas that have or require an HMO Licence <b>If none please state NONE</b>	
1	
2	
3	
4	
5	
6	

List addresses of HMO's which you control <u>outside</u> of Taunton Deane or West Somerset Council areas that have or require an HMO Licence <b>If none please state NONE</b>	
1	
2	
3	
4	
5	
6	

Part 2 - Licence Holder Details

The licence holder will be legally responsible for the operation of the HMO or house to be licensed and must have the power to:

- i) Let to and evict tenants
- ii) Access all parts of the premises to the same level as the owner
- iii) Authorise any expenditure necessary to ensure the health and safety of the tenants and others

The proposed licence holder should normally be the "person having control" of the property (the person legally entitled to receive the rental income from the property). However, there may be qualifying reasons why this is not possible e.g. the owner is ill or lives abroad. The person having control may be the leaseholder rather than a freeholder. The local authority has duty to grant a licence to the most appropriate person.

The applicant must be a named individual, all organisations must name a representative.

Title	Mr	Mrs	Miss	Ms	Other
Last Name					
First name					
Residential Address	Postcode				
Business Name and Address	Postcode				
Home Telephone Number					
Mobile Telephone Number					
Email Address*					

\*This address will be used to serve any legal notices or documents. If you have provided an email address, the Council will take this as permission to deliver any legal notices in an electronic format in relation to the property requiring an HMO Licence.

<b>Please state your interest in the property</b>	Yes	No
Sole Freeholder		
Joint Freeholder		
Leaseholder		
Manager		
Other (please specify)		
Is the property mortgaged? If YES please provide mortgagee details in part 6		
Are there any other interested parties? If YES please provide mortgagee details in part 6		

**Part 3 - Manager Details** (This part must ONLY be completed if the Manager is different from the proposed licence holder. The Manager must be a named individual. All organisations must name an individual)

Title	Mr	Mrs	Miss	Ms	Other
Last Name					
First name					
Residential Address	Postcode				
Business Name and Address	Postcode				
Home Telephone Number					
Mobile Telephone Number					
Email Address*					

\*This address will be used to serve any legal notices or documents. If you have provided an email address, the Council will take this as permission to deliver any legal notices in an electronic format in relation to the property requiring an HMO Licence

**Part 4 - Fit and Proper Persons**

The Council "must have regard to" evidence (amongst other things) which shows that a person, or any person associated or formerly associated, whether personally, or on a work basis, with the property is a fit and proper person to be involved in the management of an HMO.

**Has the proposed licence holder, manager or anyone associated with the property ever accepted a simple caution (previously known as a formal caution) from the Police or been convicted of an offence (subject to the Rehabilitation of Offenders Act 1974) involving any of the following?**

	Manager		Licence Holder		Other persons	
	Yes	No	Yes	No	Yes	No
Fraud						
Dishonesty						
Violence						
Drugs						
Sexual Offences Act 2003 schedule 3						

Has the proposed licence holder, manager or anyone associated with the property ever been subject to proceedings dealing with unlawful discrimination relating to their business (subject to the Rehabilitation of Offenders 1974) involving any of the following?

	Manager		Licence Holder		Other persons	
	Yes	No	Yes	No	Yes	No
Gender						
Colour						
Race						
Ethnic or national origin						
Disability						

Has the proposed licence holder, manager or anyone associated with the property ever accepted a simple caution, been **convicted** of an offence or been served with a statutory notice involving any of the following?

	Manager		Licence Holder		Other persons	
	Yes	No	Yes	No	Yes	No
Housing Law						
Landlord and Tenant Law						
Environmental Protection Act 1990						
Public Health Law						

Has the proposed licence holder, manager or anyone associated with the property ever been **convicted** for non-compliance with a statutory notice involving any of the following?

	Manager		Licence Holder		Other persons	
	Yes	No	Yes	No	Yes	No
Housing Law						
Landlord and tenant Law						
Environmental Protection Act 1990						
Public Health Law						

Has the proposed licence holder, manager or anyone associated with the property within the last 5 years ever been in control of a property involving any of the following?

	Manager		Licence Holder		Other persons	
	Yes	No	Yes	No	Yes	No
Management Order						
Where the local authority had to carry out works in default						
Where a licence has been refused						
Where licence conditions have been breached						

If you have answered YES to any question in this part please attach the full details to your application additional information attached.

Is the proposed licence holder, manager or anyone associated with the property an accredited landlord, a member of any landlords association or other professional body and if so what was the joining date?

	Manager		Licence Holder		Other Person	
Accredited landlord	Yes	No	Yes	No	Yes	No
Name of Accreditation Scheme						
Date of Joining						
Landlords Association or other professional body	Yes	No	Yes	No	Yes	No
Name of Landlords Association or other professional body						
Date of joining						

A 10% discount off the licence fee is offered if you are members of a professional organisation such as National Landlords Association or the Residential Landlords Association. If this is the case, please provide evidence of this membership with your application.

Please list any relevant training courses you have undertaken or conferences attended in the last 3 years that you consider appropriate and show that you are a professional landlord. Please attach additional sheets as necessary.

Training Course	Date attended



**Part 5 - Property Details**

What is the maximum number of persons and/or households you wish to apply for with respect to this licence	Occupiers	Households*
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\*family unit or cohabiting couple

How many <u>individuals</u> currently live in the property		
How many <u>households</u> currently live in the property		
How many separate lettings are available in the property		
Number of self-contained flats		
Non self-contained		

Does the landlord live in the property	Yes	No
How many people including children related to, or employed by the resident landlord live in the property		

What is the approximate date of construction of the property?	Is the property?		
Before 1919		Detached	
1919 - 1945		Semi-detached	
1946 - 1964		Mid Terrace	
1965- 1980		End terraced	
After 1980		Other	
Not Known			

Type of Heating	Tick
Gas Central Heating	
Electric Central heating/night storage heaters	
Fixed Gas heaters/fires	
Fixed electrical heaters	
Solid Fuel Fires	
Other	

Heating and Ventilation	Yes	No
Do all rooms in the property have fixed and controllable heating provision?		
Do all bathrooms and kitchens have mechanical or natural ventilation?		

Has part or whole of the property been converted from another use?	
No	
Yes	
If yes, please state date of conversion	

Is any part of the property used for separate commercial activity?	
No	
Yes	
If yes, please give details (attach separately if necessary )	

Please state the number of storey's including basements and attics if used as part of living accommodation but <u>not</u> half landings or mezzanines	
How many habitable rooms are there in the property (excluding kitchens and bathrooms)? <i>Note: habitable rooms include lounges, dining rooms, dining kitchens and bedrooms</i>	

Please provide details of the arrangement of the property by indicating what and how many is on each storey – please delete any storey which either does not exist or is not used for residential accommodation	Basement	Ground	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Number of :					
Occupiers (adults or children who sleep on this storey)					
Bedrooms					
Bedrooms with exclusive en-suite bathroom/WC facilities					
Bedrooms containing kitchen facilities (bedsits)					
Shared living room					
Shared kitchen					
Cookers					
Microwaves					
Sink (not wash hand basin)					
Dishwasher					
Food storage cupboards					
Refrigerator/s					
Freezer/s					
Shower					
Bath					
WC's within bathrooms					
Separate WC's					
Other rooms (please specify)					

## Fire Precautions

Is there an adequate system of smoke / heat detectors incorporating:	Yes	No
A Fire Control Panel		
Emergency lighting in common parts		
Smoke/Heat detectors in kitchen/living room		
Sounders/alarms on all levels		

Fire Protection and Means of Escape	Yes	No
Is the main escape route protected by fire doors, self-closers		
Is the escape route kept clear of flammable materials and other obstructions		
Is there a log book of inspection/testing the fire system		
Is there a fire blanket in each kitchen		
Do you have a suitable and sufficient Fire Risk Assessment? This is a self-declaration and it is your responsibility to have a Fire Risk Assessment in place. We may request a copy of your Fire Risk Assessment over the lifetime of your licence. Our acceptance of your Fire Risk Assessment/self-declaration does not protect you from any action required by the Devon and Somerset Fire and Rescue Authority who enforce this requirement.		
Do you have a contractor to maintain and inspect your fire system		
If Yes, please provide the date of the last inspection and details of the engineer:		

## Services

	Yes	No
Is there a gas supply to the property? <b>If YES then please provide a copy</b> of the current landlord's gas safety certificate issued within the last 12 months.		
Has the electrical installation been inspected by a competent electrical engineer within the last 5 years? <b>If YES please provide a copy of the report</b>		
Do you provide electrical appliances (i.e. goods with a plug such as kettles, cookers, washing machine)		
Do you have the electrical test records from a competent electrician to confirm that all electrical appliances are safe? <b>If YES please provide a copy</b>		
Do you provide Furniture for your tenants?		
Do you have the records to show that all items are compliant with Fire safety regulation?		

**Note: In all cases a detailed sketch plan is required to be submitted as part of this application. See items to include with your application form.**

**Notes to Applicants – Read Before Signing**

1. Please note that it is a criminal offence to knowingly supply information which is false or misleading for the purposes of obtaining an HMO licence. Evidence of any statements made in this application with regard to the property concerned may be required at a later date. If the Council subsequently discovers 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. Operating an HMO that should be licensed but is not, may result in the Council issuing a civil penalty of up to £30,000 or taking prosecution action that could result in an unlimited fine upon summary conviction (previously £20,000 maximum). In addition, a Residential Property Tribunal may make a Rent Repayment Order requiring you to repay any rents due during the period for which the property was unlicensed.
  
2. Somerset West and Taunton Council collect your personal information from this form to process your application. We may also use this information for enforcement purposes under the Housing Act 2004. The information you provide will be held in our dedicated secure databases and is only accessed by authorised staff. We may need to share your personal information internally and where appropriate with other councils you have referenced in your application where you are a landlord or involved in property management. We may also approach Avon and Somerset Police and Devon and Somerset Fire and Rescue Service for information and confirmation of the details you have provided. We may also contact any third parties who you have told us have an interest in the property for verification purposes, and where appropriate, for investigation under any housing legislation. Signing this application will be taken as your agreement to any such action.
  
3. Please ensure that you have provided the name and address of the proposed licence holder as these will be the details recorded on the HMO licence if granted. This information along with the name and address of the proposed manager (where the proposed manager is different from the proposed licence holder for the HMO) will be recorded on the Public Register held and published by Somerset West and Taunton Council as this is required by law. By signing below you are confirming that the details provided are correct and will be used for the above purposes.

<b>DECLARATION – to be signed by applicant and proposed licence holder (if different)</b>		
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 of any of Parts 1 to 4 of the Housing Act 2004, that is false or misleading or am/are reckless as to whether it is false or misleading.		
Name (please print)	Signed	Date
Name (please print)	Signed	Date
Name (please print)	Signed	Date
Name (please print)	Signed	Date

In the case of partnerships or trustees, all partners or trustees must sign. In the case of a limited company, the form must be signed by a Director or Company Secretary or other authorised officer, in which case a copy of proof of authority should be provided.

**Applicants statutory obligation to inform certain persons about this application**

As applicant you must give the following information about the application to every relevant person either in writing or by giving them a copy of the application form

- Your name, address, telephone number and email (if any)
- The name address, telephone number and email of the proposed licence holder
- That you have made an application for an HMO Licence under Part 2 of the Housing Act 2004
- The address to which the HMO application relates
- The name and address of the local authority to which the application will be made
- The date the application will be/was submitted

The persons who need to know are:

- Any mortgagee of the property to be licensed
- Any owner of the property if not you e.g. a freeholder
- The proposed licence holder (if not you)
- The proposed managing agent (if not you)
- Any person who has agreed to be bound by any conditions in a licence if granted
- 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)

**To be completed by the Applicant**

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 (please print)	Signed	Date

Name	Address	Nature of the persons interest in the property	Date of service of the notification



## **ITEMS TO INCLUDE WITH YOUR APPLICATION FORM**

- The Fee - Please check the information and ensure you have paid the correct fee for your House in Multiple Occupation. A new licence is £679.02 and a renewal is £434.56 for properties with up to 5 households. An additional fee of £31.78 to be paid for each additional household.
  
- A copy to show evidence of membership of a professional body such as the National Landlords Association or the Residential Landlords Association where you are claiming the 10% discount off the fee.
  
- A layout plan of the property, indicating the layout, position and use of each room, room number, room sizes/measurements. Indicate position of all fire safety measures e.g. smoke alarms and/or heat detectors, fire doors, emergency lighting and fire control panel.
  
- A current satisfactory electrical installation inspection report for the property provided by a competent person i.e. NICEIC, issued within the last 5 years for the parts of the HMO owned/have control over.
  
- A current satisfactory Landlords Gas Safety Certificate i.e. Gas Safety Registered Engineer (if gas supply provided) issued within the last 12 months.
  
- A current Inspection and Test Certificate for the emergency lighting system i.e.BS:5266 issued within the last 12 months
  
- A current Inspection and Test Certificate for the Automatic Fire Detection system i.e.BS:5839 issued within the last 12 months.
  
- A current Portable appliance Test Certificate for any portable electrical appliances that you supply for your tenants to use.
  
- Additional information where yes is answered in the Fit and Proper Persons section of the form.



**These papers are very important. If you have difficulty reading or understanding English, please contact someone who can help you immediately.**

**Bengali**

এই কাগজগুলি খুব গুরুত্বপূর্ণ। আপনার যদি ইংরেজী পড়তে বা বুঝতে অসুবিধা থাকে, তাহলে আপনাকে সাথে সাথেই সাহায্য করতে পারেনে এরকম কারুর সাথে দয়া করে যোগাযোগ করবেন।

**Chinese**

些文件是非常重要的。如果你在閱讀或理解英文的方面上有困難，那麼請立即聯絡可以幫助你的人士。

**Filipino**

*Napakahalaga ng mga papeles na ito. Kung nahihirapan kang basahin o intindihin ang Ingles, mangyaring makipag-ugnayan sa tao na makakatulong agad sa iyo.*

**Hindi**

ये कागज़ात बहुत ही महत्वपूर्ण हैं। अगर आपको अंग्रेजी पढ़ने में या समझने में कठिनाई है, तो कृपया किसी से संपर्क करें जो आपकी मदद कर सकते हैं।

**Polish**

*Niniejsze dokumenty są bardzo ważne. Jeśli mają Państwo trudności w czytaniu lub zrozumieniu tekstu w języku angielskim, prosimy o natychmiastowy kontakt z osobą, która będzie mogła Państwu pomóc.*

**Portuguese**

*Estes documentos são muito importantes. Se tiver dificuldade em ler ou compreender inglês, por favor contacte alguém que o(a) possa ajudar imediatamente.*

**Turkish**

*Bu dokümanlar çok önemlidir. Eğer İngilizce okuma ya da anlama konusunda zorlanıyorsanız, lütfen size hemen yardımcı olabilecek birisiyle irtibata geçin.*

**Vietnamese**

*Những văn kiện này rất quan trọng. Nếu bạn có khó khăn đọc hoặc hiểu tiếng Anh, xin vui lòng liên lạc với một người nào đó để lập tức giúp đỡ bạn.*