

**For office use only**

Date received:

Ref:

# **House in Multiple Occupation (HMO) Licence Application**

## **Housing Act 2004, Part 2**

|  |
| --- |
| Please use a black pen and make sure every section is completed fully. If a question is not applicable write N/A in the box.If you need to provide additional information requiring more space than that made available on the form, please state in the relevant box that there is additional information and include it on separate sheets, writing the address of the property and the relevant section on each page. If there is more than one house or flat in multiple occupation that needs to be licensed, you will need to complete separate application forms.  |

# **Property proposed for licence**

**Type of application**

Please tick the appropriate box

[ ] First time licence [ ] Renewal of licence [ ] Variation of an existing licence

Address of property to be licensed:

|  |
| --- |
|  |
|  |
|  Postcode |

# **Applicant and proposed licence holder**

The applicant should be the proposed licence holder and must be the most appropriate person to be the licence holder. Usually this will be the person in control of, or the person managing, the property. This could be the freeholder or any other owner or lessee who receives rent or other payments (whether directly or through an agent or trustee) from tenants or lodgers in the property.

**Applicant details**

Name

|  |
| --- |
|  |

Address

|  |
| --- |
|  |
|  Postcode |

Phone numbers

|  |  |  |
| --- | --- | --- |
|  |  |  |

Email address

|  |
| --- |
|  |

If a company, please give name of contact and position in company

|  |
| --- |
|  |

#### **If this application is being dealt with by a person who is not the proposed licence holder, please provide contact your own details.**

Name

|  |
| --- |
|  |

Address

|  |
| --- |
|  |
|  Postcode |

Phone numbers

|  |  |  |
| --- | --- | --- |
|  |  |  |

Email address

|  |
| --- |
|  |

If a company, please give name of contact and position in company

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| --- |
|  |

### **Manager details**

Has an agent or manager been employed to manage the property?

[ ] Yes [ ] No

If yes, complete the section below.

Name

|  |
| --- |
|  |

Address

|  |
| --- |
|  |
|  Postcode |

Phone numbers

|  |  |
| --- | --- |
|  |  |

Email address

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| --- |
|  |

If a company, please give name of contact and position in company

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| --- |
|  |

### **Ownership / interested parties**

Name

|  |
| --- |
|  |

Address

|  |
| --- |
|  |
|  Postcode |

Phone numbers

|  |  |
| --- | --- |
|  |  |

Email address

|  |
| --- |
|  |

If a company, please give name of contact and position in company

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| --- |
|  |

### **Mortgagor**

Name

|  |
| --- |
|  |

Address

|  |
| --- |
|  |
|  Postcode |

Phone numbers

|  |  |  |
| --- | --- | --- |
|  |  |  |

Email address

|  |
| --- |
|  |

If a company, please give name of contact and position in company

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|  |

### **Leaseholder**

Name

|  |
| --- |
|  |

Address

|  |
| --- |
|  |
|  Postcode |

Phone numbers

|  |  |
| --- | --- |
|  |  |

Email address

|  |
| --- |
|  |

If a company, please give name of contact and position in company

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|  |

### **Any other relevant person**

This includes **any other persons with an interest in the property**, such as mortgagees, trustees and other leaseholders or tenants in occupation with an unexpired lease of more than three years. If any person has agreed to be bound by a condition of the licence, if granted, please insert their details here.

Name

|  |
| --- |
|  |

Address

|  |
| --- |
|  |
|  Postcode |

Phone numbers

|  |  |  |
| --- | --- | --- |
|  |  |  |

Email address

|  |
| --- |
|  |

If a company, please give name of contact and position in company

|  |
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|  |

Interest in the property

|  |
| --- |
|  |

## **Fit and proper person**

The legislation requires that before a licence is issued the Council must ensure that the person involved in the management of the property is sufficiently competent, is a 'fit and proper person' and that management structures and funding are adequate.

**The following information must therefore be supplied in relation to any person that the applicant proposes will be involved in the management of the house.**

1. **Details of any** **unspent convictions** that may be relevant to the proposed licence holder’s fitness to hold a licence, or the proposed manager’s fitness to manage the HMO and any offence involving:
	1. fraud or other dishonesty (including benefit fraud)
	2. violence or drugs
	3. any offence listed in Schedule 3 to the Sexual Offences Act 2003 (subject to the Rehabilitation of Offenders Act 1874)
2. Details of any finding by a court or tribunal against the proposed licence holder or manager that they have **practiced unlawful discrimination** in, or in connection with, the carrying on of any business, on grounds of:
	1. gender
	2. colour and/ or race
	3. ethnic or national origin
	4. disability
3. Details of any violation of any provision of any enactment on the part of the proposed licence holder or manager relating to **housing, public health, environmental health or of landlord and tenant law** which has led to civil or criminal proceedings resulting in a judgement being made against them.
4. Information about any HMO / house that the proposed licence holder or manager owns or manages (or has owned or managed) which has been the subject of:
	1. **a control order under section 379 of the Housing Act 1985** in the five years preceding the date of the application, or
	2. **any appropriate enforcement action described in section 5(2) of the Housing Act 2004**, including
		* service of an improvement notice (s.11)
		* making a prohibition order (s.20)
		* serving a hazard awareness notice (s.28)
		* taking emergency remedial action (s.40)
		* making an emergency prohibition order (s.43)
		* making a demolition order (Housing Act 1985, s.265(1 or 2))
		* declare a clearance area (Housing Act 1985, s.289 (2)
5. Information about any HMO or house the proposed licence holder or manager owns or manages (or has owned or managed) where **a local housing authority has refused a licence** under Parts 2 or 3 of the Act or **has revoked a licence** in consequence of the licence holder breaching the conditions of the licence.
6. Information about any HMO or house the proposed licence holder or manger owns or manages (or has owned or managed) that has **been the subject of an interim or final management order or a special interim management order under the Housing Act 2004**.
7. Information about the proposed licence holder or manager who is **subject to a banning order under the Housing and Planning Act 2016** (Banning Order Offences) Regulations 2017.

**If any of the above apply to you or anyone involved in the management of the property, please provide the following information:**

* **the address of the property concerned**
* **the date when the offence occurred, or the adverse finding was made in the civil jurisdiction**
* **any measures you have taken to ensure that the situation is remedied where possible**

### **Complete the table below as appropriate.**

You will also need to use a separate numbered and headed sheet for each person involved in any offences to give us all the appropriate information.

|  |  |  |
| --- | --- | --- |
|  | No offences | Yes (give number of pages attached) |
| Applicant |  |  |
| Proposed licence holder |  |  |
| Person managing |  |  |
| Any other person bound by licence condition |  |  |

It is a criminal offence if you supply information to the Local Housing Authority that you know is false or misleading, or you are reckless as to whether it is false or misleading. A person who supplies you with information that they know will be used in this application may commit a criminal offence if they know it is false or misleading or are reckless as to whether or not it is false or misleading. This may result in legal action being taken and your licence being revoked. If you are convicted of such an offence, you may be liable to a fine of level 5 on the standard scale.

### **Both the applicant and the manager need to sign and date the declaration below.**

|  |
| --- |
| I declare I am the **applicant** and to the best of my knowledge and belief that I have answered all questions in the Fit and Proper Person section above truthfully and that this statement is valid on the date of application.  |
| Signed |
| Print name |
| Company name (if applicable) |
| Date |

|  |
| --- |
| I declare I am the **manager** and to the best of my knowledge and belief that I have answered all questions in the Fit and Proper Person section above truthfully and that this statement is valid on the date of application.  |
| Signed |
| Print name |
| Company name (if applicable) |
| Date |

## **Professional bodies**

If you are you a member of any landlord’s association or other professional body, please tell us which and the date you joined. The Council may take up references with any organisation to which you say you belong or on whose lists you state you appear. Making this application will be taken as your agreement to any such action.

|  |  |
| --- | --- |
| **Association / Professional Body** | **Date Joined** |
|  |  |
|  |  |

If you are an accredited landlord with another authority, please tell us which and the date of accreditation.

|  |  |
| --- | --- |
| **Authority** | **Date of Accreditation** |
|  |  |
|  |  |

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

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Please give us any further information which may help us decide if the person managing is a fit and proper person. You may do this on a separate sheet.

|  |
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## **Property information**

### **Property type**

[ ] House in multiple occupation [ ] Flat in multiple occupation

[ ] House converted into self-contained flats or bedsits

Other (please describe)

### **Type of HMO**

Please tick the appropriate box to state the type of HMO for which the application is being made.

[ ] Shared house [ ] Non-self-contained flats [ ] Traditional bedsit accommodation

[ ] Accommodation above commercial premises [ ] Hostel (dormitory) type accommodation

Other (please describe briefly)

### **Age of property**

[ ] Pre 1919 [ ] 1919-1944 [ ] 1945-1964

[ ] 1965- 1980 [ ] 1981-1991 [ ] Post 1991

### **Description of Building**

[ ] Detached [ ] Terraced [ ] Self-contained flats [ ] Mixed residential/ commercial

[ ] Semi-detached [ ] End terrace [ ] Flat in converted house [ ] Purpose-built HMO

### **Number of floors in the property**

(Including habitable basements, attics, and storeys in commercial use)

[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6+

### **Number of rooms**

|  |  |
| --- | --- |
|  | Number of |
| Overall habitable rooms in the whole premises\* |  |

\*include bedrooms and living rooms, but not kitchens, bathrooms, and WCs

### **Flats and bedsits**

|  |  |
| --- | --- |
|  | Number of |
| ‘Self-contained’ flats  |  |
| Bedsits or bedrooms  |  |
| Occupiers and households  |  |
| People living in the whole house  |  |
| Households living in the whole house  |  |

## **Property safety**

### **Fire safety**

Does the property have a system of fire detection? [ ] Yes [ ] No

How often is this system tested?

|  |
| --- |
|  |

If yes, does it include any of the following:

1. Fire alarm control panel [ ] Yes [ ] No
2. Heat detectors in the kitchens [ ] Yes [ ] No
3. Smoke/ heat detectors in the rooms [ ] Yes [ ] No
	1. Are these battery powered [ ] Yes [ ] No
4. Smoke detectors in common areas [ ] Yes [ ] No
	1. Are these battery powered [ ] Yes [ ] No
5. Alarm sounders on each floor [ ] Yes [ ] No
6. Emergency lighting [ ] Yes [ ] No
7. Manual call points on all levels [ ] Yes [ ] No

Does the property have the following fire safety equipment:

1. Fire blankets in all kitchens [ ] Yes [ ] No
2. Fire extinguishers in the common stairways [ ] Yes [ ] No
3. A working sprinkler system [ ] Yes [ ] No

Are fire doors fitted to all staircase doors? [ ] Yes [ ] No
Is the main internal escape route protected by fire doors? [ ] Yes [ ] No
Is this route kept clear? [ ] Yes [ ] No
Has the fire safety equipment been serviced in the last 12 months? [ ] Yes [ ] No
Do you provide any fire safety training to occupants? [ ] Yes [ ] No
Is there a logbook of inspection and testing? [ ] Yes [ ] No

If yes, please give details

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### **Gas safety**

Are there any gas appliances in the property? [ ] Yes [ ] No

If yes, do the appliances meet all legal safety requirements? [ ] Yes [ ] No

Have they been checked within the last year and issued with Gas Safety Certificates? [ ] Yes [ ] No

What form of heating does the property have (tick all that apply)

[ ] Gas fired central heating [ ] Individual wall mounted gas heaters

[ ] Off peak night storage heaters [ ] Individual wall mounted electric heaters

Other (please state)

* Is the loft insulated? [ ] Yes [ ] No
* If there are cavity walls, do you have cavity wall insulation? [ ] Yes [ ] No
* Are the windows in good condition? [ ] Yes [ ] No
* Do you have a valid electrical safety certificate \* [ ] Yes [ ] No
* If applicable, do you have a valid Gas Safety Certificate \* [ ] Yes [ ] No

 **\*Please submit a copy of the certificate with your application.**

If you have had any major work done to the electrical installations in the property, please outline the details here.

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### **Furniture safety**

Considering compliance with the Furniture and Furnishings (Fire Safety) Regulations 1988, do you provide:

Furniture [ ] Yes [ ] No Appliances [ ] Yes [ ] No

Have you had your property inspected for the presence of asbestos? [ ] Yes [ ] No

**Lettings and amenities**

**Letting rooms – Bedrooms and bedsits**

Size of each room in m2 - for bedrooms and bedsits, any part of the floor area of a room where the height of the ceiling is less than 1.5 metres is not to be considered in determining the floor area of that room.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Room** | **Size in m2** | **Location/ floor** | **Number of persons occupying/ using each room** | **En-suite/ Individual bathroom (Yes/No)** | **If yes please list the facilities available (e.g., hand wash basin, toilet, shower etc.)** | **Individual Kitchen (Yes/No)** | **If yes, please list the facilities available (e.g., sink, cooker)** |
| Example Bedroom One |  | First floor front  | 2 | Yes | Toilet, wash basin, shower | No |  |
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**Other rooms and shared facilities**

Size of each room in m2. Please include all rooms that occupiers have access to, including living areas, shared kitchens and shared bathrooms.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Room** | **Size in m2** | **Location/ floor** | **Number of persons sharing/ using each room** | **Facilities in the room****(Bathroom: toilet, hand wash basin, shower/bath)****(Kitchen: Sinks, cookers, number of hobs)** |
| Example Kitchen |  | First floor  | 4 | 1 sink, 1 cooker, 4 hobs |
|  |  |  |  |  |
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## **Property management**

The Local Housing Authority is required to ensure that there are satisfactory management arrangements for the property. To enable this, please answer the following.

Are there regular inspections for maintenance at the property? [ ] Yes [ ] No

If yes, how often?

|  |
| --- |
|  |

Who carries them out?

|  |
| --- |
|  |

Please confirm if you provide the following tenancy agreements or written details of terms of tenancy, including sanctions for anti-social behaviour.

Standard form of tenancy agreement [ ] Yes [ ] No

Repairs contact/ procedure [ ] Yes [ ] No

Complaints procedure [ ] Yes [ ] No

Provision for 24-hour contact in case of emergency [ ] Yes [ ] No

Please give us any further information you feel will help us to assess your property management skills.

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| --- |
|  |

## **Notification to all relevant parties**

You must let certain persons know in writing that you have made an application for a House in Multiple Occupation licence under Part 2 of the Housing Act 2004. These are:

* Any mortgagee of the property
* Any owner of the property if that is not you
* Any other person who is a tenant or a long leaseholder of the property or any part of it 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 that is not you
* Any person who has agreed to be bound by any conditions in the licence if granted

You must inform each of these persons in writing that you are applying for a licence for a House in Multiple Occupation and include:

* Your name, address, telephone number, email address (if any), fax (if any)
* The contact details for the applicant/proposed licence holder
* The address of the House in Multiple Occupation
* The names and address of the Local Housing Authority to which the application is to be made
* The date the application will be submitted

Alternatively, you can send or give them a copy of the completed application form.

## **Please complete the table below and sign the declaration.**

I/ we declare a notice of this application has been made to the following people, and that they are the only ones known to me that are required to be informed of this application. If there are no other interested parties, then please insert ‘none’ in the table and sign the declaration.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | The person’s interest in the property or application | Date of service |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Signed

|  |
| --- |
|  |

Print Name

|  |
| --- |
|  |

Position

|  |
| --- |
|  |

Date

|  |
| --- |
|  |

### **Other licensed Houses in Multiple Occupation**

Does the proposed licence holder hold a licence for any other Houses in Multiple Occupation or any other rented properties licensed under the Housing Act 2004, Parts 2 or 3?

[ ] Yes [ ] No

If yes, please provide the addresses of these properties, and details of the Local Housing Authority that issued the licence. (Please continue a separate sheet if necessary).

|  |
| --- |
| Address of Licensed Properties and Name of Licensing Authority |
|  |
|  |
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## **Declarations by licence applicant and proposed licence holder only**

I/ we, the proposed licensee, declare that the information contained in this application is correct to the best of my/ our knowledge. I/ we understand that an offence is committed if any information supplied 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.

Signed

|  |
| --- |
|  |

Print Name

|  |
| --- |
|  |

Date

|  |
| --- |
|  |

Position/ on behalf of (state company name, if applicable)

|  |
| --- |
|  |

**Supporting Documents**

I enclose a Gas Safety Certificate dated within the last 12 months (if applicable) [ ]

I enclose an Electrical Installation Condition Report (EICR) dated within the last 5 years [ ]

I enclose a copy of my current Building Insurance document [ ]

I enclose a copy of the Fire Detection Inspection/Service Report dated within last 6 months [ ]

### **Fees and charges\***

|  |  |
| --- | --- |
| 5-Year HMO Licence  | £1050.62 |
| To renew an existing licence | £654.20 |
| To make changes to a licence | £168.43 |

\*These charges are subject to change every financial year in April. These figures are correct for the 2025/26 financial year.

|  |  |
| --- | --- |
| I wish to licence a property for  | \_\_\_\_\_\_\_\_\_ persons |

**How to pay:**

The licence application fee is split into **two instalments**. Please make an initial payment of **£100** at the time of submitting your completed application form. The outstanding balance must be paid when your final licence is issued. An officer will confirm the outstanding balance to pay when the licence is issued. The payment method for both instalments is as follows:

1. **Payment directly from your own bank’s online service, (BACS payment):**

You should quote our bank details as follows:

Account Name: **South Norfolk Council**

Sort code: **20-26-42**

Account number: **73796175**

* **Please use reference “HMO Licence” and the first line of your property address, as a reference**
1. **By cheque:**

You should make the cheque payable to **South Norfolk Council**. **Please detail “HMO Licence” and the first line of your property address, on the back of the cheque**.

* **The use of BACS payments is preferred, wherever possible.**
* **Please note we do not accept cash payments.**

#### **Please send completed forms to:**

Housing Standards Team, Broadland Business Park, The Horizon Centre, Peachman Way, Norwich, NR7 0WF

If you have an electronic version of your completed form and all supporting documents, you can email it to us as above.

**Privacy notice**

Please note that South Norfolk Council takes your privacy very seriously. Under data protection legislation we lawfully process your personal information as a Public Authority. Any data received because of the House in Multiple Occupation Licence Application process will be stored for no longer than is necessary as the procedure progresses and in accordance with the Council’s data protection policy. Upon completion of any works at the property the details will be stored for a maximum of seven years.

You need to know that under data protection law you have the right to request access to, rectification, restriction or objection, to the processing of your personal data, as detailed in our Privacy Policy (on our website). To view our full Privacy Notice, please use the following link. <https://www.southnorfolkandbroadland.gov.uk/data-protection>

A copy of the Privacy Notice can also be obtained by contacting the Housing Standards Team in either of the following ways:

telephone: 01603 430518, email: hstandards.snc@southnorfolkandbroadland.gov.uk