



Portsmouth
CITY COUNCIL

Private Sector Housing
Floor 5
Civic Offices
Guildhall Square
Portsmouth
PO1 2AZ

Phone: 023 9268 8369
Fax: 023 9283 4519

Our Ref: BL/VO/02/09
Your Ref:

Date:

Dear Sir,

**HOUSING ACT 2004 – PART 2.
MANDATORY LICENSING OF HOUSES IN MULTIPLE OCCUPATION.**

Thank you for downloading an application for a renewal of a licence for a House in Multiple Occupation.

Please find enclosed with this letter all the documentation needed for you to apply for a renewal of your current HMO licence.

Following recent changes to the legislation, you are no longer required to submit certain documentation, which we should already hold. However, I would like to draw your attention to the information required in section 2.3 and the new declaration in part 4.

Please ensure that you read the information carefully and return the completed application and the appropriate fee to enable the local authority to process your application without delay.

General information to help you complete the application along with frequently asked questions can be found on the web site, but if you need any help in completing the application form, please call the Private Sector Housing Team on 023 9268 8369.

Yours sincerely,

Bruce Lomax
Private Sector Housing Manager



HOUSING ACT 2004 – PART 2 APPLICATION FOR MANDATORY LICENSING OF A HOUSE IN MULTIPLE OCCUPATION.

Renewal application.

PLEASE NOTE

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 granted

PLEASE RETURN THE COMPLETED APPLICATION TO:

Private Sector Housing
Community Housing and Regeneration
Portsmouth City Council
Civic Offices
Guildhall Square
Portsmouth PO1 2AZ

Email: Housing.privatesector@portsmouthcc.gov.uk

PART 1 PROPERTY DETAILS

1.1 ADDRESS OF HMO TO BE LICENCED (please print in block capitals):

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PART 2 APPLICANT DETAILS

The application for a Licence must be made by either the owner of the HMO or by the person managing the HMO.

2.1 NAME & ADDRESS OF THE APPLICANT:

Full Name:	
Address:	
Postcode:	Telephone No:..... Mobile No.:.....
Email address:	

2.2 PLEASE INDICATE THE APPLICANT'S INTEREST IN THE HMO:

Are you the Owner or the Manager?	Owner / Manager
If you are not the Owner please specify Ownership Details:	
Full Name:	
Address:	
Postcode:	Telephone No:..... Mobile No.:.....
Email address:	

2.3 NAME OF PROPOSED LICENCE HOLDER:

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

- a) Let to and evict tenants
- b) Access all parts of the premises to the same extent as the owner (if different)
- c) 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), usually the owner of the property. However, there may be a good reason why this should not be the case (e.g. if the owner is ill or lives abroad).

The “person having control” may be the leaseholder rather than freeholder. Where the landlord is a company, a limited liability partnership, or a board of trustees, the licence should be granted to it.

Please provide an explanation if the proposed licence holder is not the owner of the property and provide written details to confirm the above points a to c.

The local authority has a duty to award the licence to the most appropriate person.

Full Name:	
Address:	
Postcode:	Telephone No:..... Mobile No.:.....
Email address:	

Explanation if required:
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2.4 IF THE PROPOSED LICENCE HOLDER IS A COMPANY, PARTNERSHIP OR TRUST THEN PLEASE PROVIDE:

a) The names and business/correspondence addresses of all the Directors/Partners/Trustees:

Full Name:	
Address:	
Postcode:	Telephone No:..... Mobile No.:.....
Email address:	

Full Name:	
Address:	
Postcode:	Telephone No:..... Mobile No.:.....
Email address:	

Full Name:	
Address:	
Postcode:	Telephone No:..... Mobile No.:.....
Email address:	

b) The name and registered address of the Company Secretary

Full Name:	
Address:	
Postcode:	Telephone No:..... Mobile No.:.....
Email address:	

2.5 RESPONSIBILITY FOR THE HMO:

Is the proposed Licence Holder the person who would be in "day to day" control of the HMO and be bound by any conditions that are attached to the licence, if granted?	YES/NO
Does the proposed Licence Holder also use the facilities of a Letting Agents to maintain the conditions of the licence?	YES/NO
Please specify:	

PART 3 FIT AND PROPER TEST

3.1 FIT AND PROPER PERSON:

Please carefully read the notes below:

When considering an application to license a HMO, the Local Authority must be satisfied that the proposed Licence Holder is a “Fit and Proper” person to hold a Licence. It is therefore necessary that the following details be supplied about the proposed Licence Holder and any other person that the applicant proposes will be involved in the management of the house.

a) Does anyone involved in the management of the HMO have unspent convictions in respect of an offence involving fraud, dishonesty, violence, drugs or any offences listed in Schedule 3 of the Sexual Offences Act 2003.	Yes	No
b) Has the proposed Licence Holder been found by a court or tribunal to have practised unlawful discrimination on the grounds of sex, colour, race, ethnic or national origins, or disability in, or in connection with, carrying out of any Business.	Yes	No
c) Has the proposed Licence Holder contravened any provision of Housing Law (e.g. non compliance with a formal notice that required specified works carried out to a rented house) or Landlord & Tenant Law (e.g. illegal eviction or harassment of a tenant). Includes any civil proceedings in which judgement was made against the proposed Licence Holder.	Yes	No
d) Has the proposed Licence Holder ever owned any property which has been subject to a control order (made under Section 379 of the Housing Act 1985(a)) in the last five years.	Yes	No
e) Has the proposed Licence Holder ever been refused a licence under Parts 2 and 3 of the Housing Act 2004.	Yes	No
f) Has the proposed Licence Holder ever breached any condition of a licence granted under Parts 2 or 3 of the Housing Act 2004.	Yes	No
g) Has any act on the part of the Licence Holder been otherwise than in accordance with a Code of Practice approved under Section 233 of the Housing Act 2004. This relates to any property owned by the proposed Licence Holder.	Yes	No
h) Has the proposed Licence Holder ever owned any property that has been the subject of any proceedings (whether in court or otherwise) by a local authority. Includes any work that the local authority has carried out as a result of default on the part of the proposed Licence Holder.	Yes	No
i) Has the proposed Licence Holder ever owned any property that has been the subject of an interim or final management order or a special interim management order made under the Housing Act 2004.	Yes	No

3.2 Are you a member of the Portsmouth City Council’s Landlord Accreditation Scheme YES/NO

If “YES” please provide your LAS membership number:

LAS -

3.3 If you are not a member, would you like further details of the Portsmouth City Council’s Landlord Accreditation Scheme YES/NO

Details will be sent to the email address supplied

3.4 Has planning permission been granted for the property to be used as a HMO? YES/NO

3.5 Do you own or manage any other privately let properties within the area of Portsmouth City Council? YES/NO

Please provide details. If you are a ARLA registered Letting Agent, you need not fill this in, you will be contacted separately.

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PART 4 DECLARATIONS

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 am reckless as to whether it is false or misleading.

I/We declare that the house in respect of which a licence is sought under Part 2 of the Housing Act 2004 is subject to a licence under that Part at the time this application is made.

I/We further declare that to the best of my/our knowledge either: (a) none of the information described in paragraph 2(c) to (g) of that Act and previously submitted to the authority has materially changed since that licence was granted; or (b) the only material changes to that information are described as follows:

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To be signed by the proposed licence holder :Signed
Print name.....

Date of signing
declarations

4.1 PERSONAL DECLARATIONS

a) 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 of person on whom a notice was served	Address of that person	Description of the person's interest in the property or the application (e.g. Mortgagee, co-owner, long leaseholder, etc.)	Date of service of notice

I/we agree that, for the purposes of HMO licensing or other Council business, the Council can share the information provided in this application with other Councils, other Council Services and other relevant agencies as appropriate.

SIGNATURE OF APPLICANT(S).

Signature:
Please print full name
Date:

Signature:
Please print full name
Date:

Signature:
Please print full name
Date:

Signature:
Please print full name
Date:

Signature:
Please print full name
Date: