



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

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

The application for a Licence must be made by either the owner of the HMO or by the person managing the HMO. To be able to licence a HMO, a manager must be able to demonstrate that he/she has a proper contractual arrangement with the owner that makes the manager fully responsible for the day-to-day control of the HMO (i.e. would usually include taking on new tenants, collection of rent, organising repairs etc.).

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

.....
.....
.....

1.2 TYPE OF HMO:

Please tick the appropriate box to indicate the type of accommodation provided (more than one option can be checked if required):

Bed-sit rooms	Shared house	Bed & Breakfast	Flats	Hostel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify).....

1.3 AGE OF BUILDING:

Please tick the appropriate box to indicate the age of the building:

Pre 1919	1919 – 1945	1945 – 1964	1965 – 1980	Post 1980
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.4 OTHER BUSINESS USE:

Is there any other business use in the building? YES/NO

If "YES" please specify.....

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:

.....

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? Please specify:	YES/NO

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 If more than 6 persons occupy the HMO, does it have planning permission? YES/NO

If “YES” please provide a copy of your Decision Notice

3.5 Do you own or manage a HMO that has been licensed by another Local Authority? YES/NO

Please include with this application a copy of the HMO Licence that has been granted by that Authority.

3.6 Do you own or manage any properties within another Local Authority’s Area? YES/NO

Please specify which Local Authority(s):

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3.7 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 AMENITIES AND LAYOUT

4.1 PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE KITCHEN & BATHROOM FACILITIES IN THE HMO

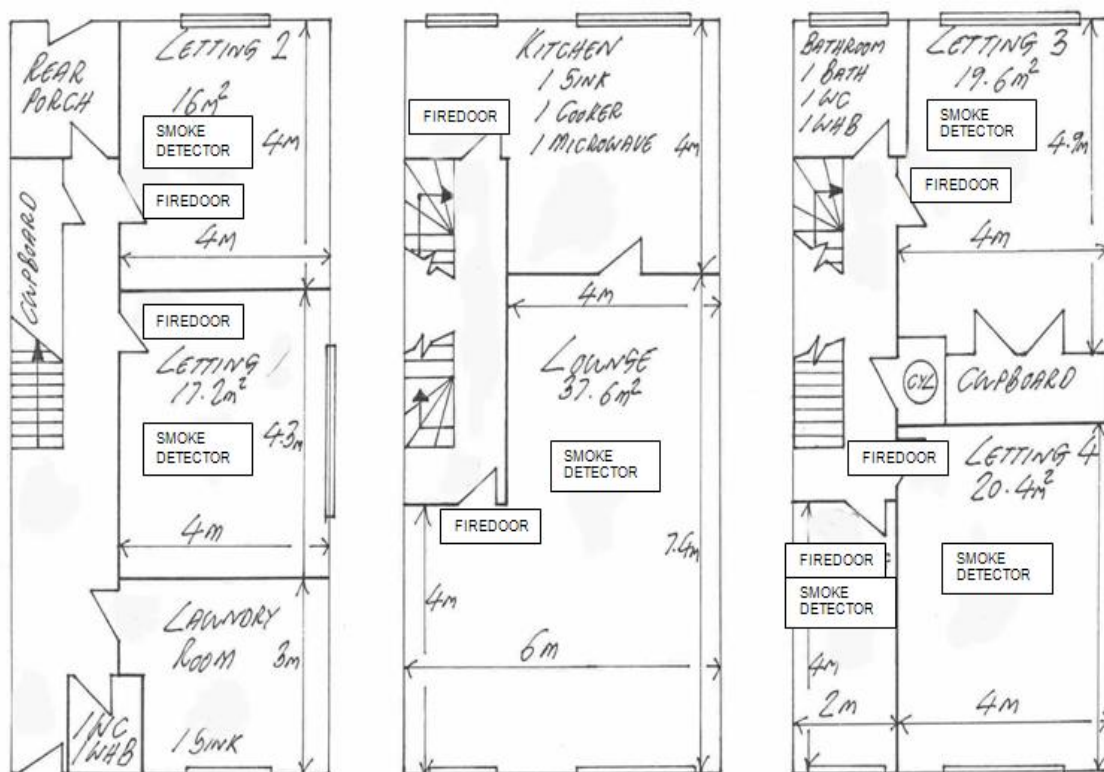
Maximum no of persons/ households for the licence	Total number of cookers with 4 rings and an oven	Total number of other cookers provided (i.e. Baby Belling or microwave ovens)	Total number of fridge freezers provided.	Total number of sinks provided	Total number of wash hand basins in the property	Total number of baths in the property	Total number of showers in the property	Total number of toilets in the property

Guidance notes for plans

The plan should be scaled or dimensioned and should:

- i) Label the use of each room within the HMO (e.g. bedroom, living room, kitchens, bathrooms, dining/living rooms etc).
- ii) Indicate the size (e.g. 9 m², 3m x 3m etc.) of the habitable rooms within each letting and of any communal rooms (e.g. kitchens, dining/living rooms etc, see example below.)
- iii) Indicate the position of fire detectors and blankets within the HMO
- iv) Each separate letting shown on the plan should indicate the number of occupants to be considered.

EXAMPLE OF TYPE OF PLAN THAT NEEDS TO ACCOMPANY THE APPLICATION



PART 5 SUBMISSION AND CHARGES

5.1 DOCUMENTS TO BE SUBMITTED WITH YOUR APPLICATION.

a) Please provide a plan of the HMO that shows the layout for each storey within the building (see guidance notes on the previous page).	Yes	No
b) Details of fire precautions equipment and procedures, including the number and location of smoke/heat alarms.	Yes	No
c) If since 1990, you have carried out any conversions, alterations etc that required Building Regulation approval or Planning Permission then please provide copies of the relevant approvals/permissions.	Yes	No
d) A valid Landlords Gas Safety Record that demonstrates that any gas appliances within the HMO (that are owned by the Landlord) have been checked by a Gas Safe registered contractor within the last 12 months and have been found to be safe for use.	Yes	No
e) A certificate from an approved contractor stating that all electrical equipment supplied by the landlord is in a safe condition to be used (PAT certificate or similar).	Yes	No
f) A periodic inspection report or similar ensuring that the electrical installation is satisfactory.	Yes	No

5.2 CHARGES

The basic fee for this application is determined by the maximum number of persons able to reside in the HMO. (The maximum number would be decided by the number of kitchen/bathroom facilities provided and the room sizes).

The term “occupants” relates to the number of persons / households that **COULD** be housed within the property. Therefore, if the property has the **potential** to house 8 households, taking into account room sizes and amenities the fee payable would be for a 6 to 10 persons.

If you are making multiple applications, the “single application” fee will be taken for the smallest property you require a licence for. All additional applications will be charged for at the multiple application rate.

Please see the enclosed fee charges sheet for the relevant costs for your licence application.

* Landlord Accreditation Scheme (Please note you will need to remain a member of the LAS for 3 years minimum to benefit from the discounted licence fee)

PART 6 DECLARATIONS

6.1 PROPERTY DECLARATIONS

If signing on behalf of a Limited company then the person signing must be nominated by the company to sign on its behalf. Name & registered address of company :

.....

I declare that to the best of my knowledge all the furniture and furnishings, within the HMO, provided by or on the behalf of the landlord/manager, complies with the Furniture & Furnishings (Fire)(Safety) Regulations 1988 (as amended).

To be signed by the licence holder : Signed

I declare that to the best of my knowledge the fire alarm system within the HMO has been checked by a competent person within the last twelve months and found to be fully functional.

If no fire alarm and detection system exists at present please tick box

To be signed by the licence holder : Signed

I declare that to the best of my knowledge all the gas and electrical appliances within the property that have been provided by the landlord meet the relevant statutory safety requirements.

To be signed by the licence holder : Signed

I declare that to the best of my knowledge that at the beginning of each tenancy, each new tenant is supplied with a written tenancy agreement that describes the responsibilities of the landlord and the tenant and which sets out the terms for the tenancy.

To be signed by the licence holder : Signed

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

I understand that I commit an offence if I 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 know is false or misleading or I am reckless as to whether it is false or misleading.

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

Date of signing declarations

6.2 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

- b) I/we declare that the information contained in this application and the additional declaration sheet 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.**

- c) 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: