



## HOUSING ACT 2004 – PART 2

### APPLICATION FOR A LICENCE FOR A HOUSE IN MULTIPLE OCCUPATION (HMO)

This is the form to use if you are making an application under Part 2 of the Housing Act 2004 for a House in Multiple Occupation (HMO) licence.

If you have any queries on completing this form please contact the Adaptations Team:

- By phone: 01473 296430
- By email: [adaptations@baberghmidsuffolk.gov.uk](mailto:adaptations@baberghmidsuffolk.gov.uk)

When completed, this application form and the supporting documents should be sent:

by email to: [adaptations@baberghmidsuffolk.gov.uk](mailto:adaptations@baberghmidsuffolk.gov.uk)

or by post to  
Mid Suffolk & Babergh District Councils  
Adaptations Team  
Private Sector Housing  
Endeavour House  
Russell Road  
IP1 2BX

#### **Data Protection**

The information you have supplied is being collected in accordance with the Housing Act 2004, and will be used to assess your application for an HMO licence.

Your information will not be used for any other purpose. Your information may be shared and verified with other agencies such as the Police, other local authorities and other departments within the Council.

Your information will be retained for the period of the HMO licence, if granted.

Data will be processed and held securely and in accordance with the General Data Protection Regulation (any updates).

Further information about data protection can be found on the Babergh & Mid Suffolk Website.

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

Section 63 of the Housing Act 2004 allows the council to charge a fee to cover the cost of administering HMO licensing. From time to time the fee may change.

**The licence fee is £551**

### **Payment by BACS, internet banking and telephone banking**

Please use these bank details to pay by bank transfer if the property to be licenced is in **Babergh District Council**:

Name of Bank Lloyds Bank Plc

Name of Account General Receipts

Sort Code 30-98-31

Account Number 01217452

Please use the reference 'HMO licence (and the address of your property)

Please use these bank details to pay by bank transfer if the property to be licenced is in **Mid Suffolk District Council**:

Name of Bank Lloyds Bank Plc

Name of Account General Receipts

Sort Code 30-99-85

Account Number 00708795

Please use the reference 'HMO licence (and the address of your property)

### **Payment by telephone by Debit / Credit Card**

Call the Council on 0300 1234 000

Lines are open: Monday to Thursday: 8:45am to 5:00pm, Friday: 8:45am to 4.30pm

### **Payment by cheque**

Please enclose a cheque made payable to Babergh or Mid Suffolk District Council as appropriate

### **Payment online**

Please follow the following link

[https://bmsdc-self.achieveservice.com/service/HMO Licence](https://bmsdc-self.achieveservice.com/service/HMO_Licence)

## **General Information**

### **Which HMOs need to be licenced?**

Under the mandatory licencing scheme, an HMO must be licenced if:

- It is occupied by five or more persons, who live as two or more households, **and**
- There are shared amenities such as a kitchen, bathroom or toilet.

If your property does not meet both of the above criteria then you do not need to apply for a HMO licence.

If you are still unsure about anything, please call the Property Services Team on 01473 296430

**It is a criminal offence to knowingly supply information that is false or misleading for the purposes of obtaining a licence under Part 2 of the Housing Act 2004. Evidence of any statements made in this application with regard to the property concerned may be required at a later date. If Suffolk Coastal District Council subsequently discovers something that is relevant and which you failed to disclose in your application, or which was incorrectly stated or described in your application, the licence may be revoked, or other action taken.**

If you are applying for a new licence, please complete all parts of this form. If you are applying to renew an existing licence please complete the Renewal form.

If the information on your existing HMO licence has changed for any reason, you must ask us in writing to vary it.

You will need to provide a Basic Disclosure and Barring Service (DBS) check with your application in relation to the Proposed Licence Holder and any Manager. This costs £25.00 per check and usually takes up to 14 days. Applications can be made through the Government website: [www.gov.uk/request-copy-criminal-record](http://www.gov.uk/request-copy-criminal-record)

**Part 1 – Address of property**

**1.0 Address of property to be licenced:**

Address: .....

.....

.....

..... Postcode: .....

**Part 2 – The Applicant**

The applicant should be the proposed licence holder although the licence can be granted to someone else if both the applicant and the licence holder agree.

Is the applicant the proposed licence holder?

Yes  No

If yes, please go to Part 3. If no, please complete the details below:

**2.0 Name and address of Applicant:**

Name: .....

Address: .....

.....

..... Postcode: .....

Telephone Number: ..... Fax: .....

Mobile: ..... Email:.....

### **Part 3 – The Proposed Licence Holder**

The Licence Holder will be legally responsible for the operation of the HMO to be licenced and must have the power to:

- Let to, and/or evict, tenants (in accordance with required legal procedures)
- Access all parts of the premises to the same extent as the owner
- Authorise any expenditure necessary to ensure the health and safety of the tenants and others who may be affected.

The proposed licence holder should normally be the ‘person having control’ of the property (or 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 is not be the case, for instance if the owner is ill or lives abroad. The ‘person having control’ may be the leaseholder rather than the freeholder.

If the local authority decides to grant a licence, it has a duty to grant that licence to the most appropriate person.

#### **3.0 Pick tick the box that best describes the Proposed Licence Holder:**

<input type="checkbox"/> Individual	<input type="checkbox"/> Limited Company	<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust	<input type="checkbox"/> Charity	<input type="checkbox"/> Other

The proposed licence holder should be a named individual. If the HMO is owned or managed by an organisation, one person must be nominated to be the licence holder.

#### **3.1 Please provide full details for the proposed licence holder:**

Title: .....	Full name: .....
Date of Birth: .....	Email Address: .....
Telephone number: .....	Mobile: .....
Home address: .....	
.....	
..... Postcode: .....	
Please tick if you are willing to receive your licence by email:	<input type="checkbox"/>

**3.2 If you have previously been known by another name, please provide it:**

.....

**3.3 Where the property is owned by an organisation, such as a charity, trust or limited company, please provide details below: (if this is not applicable, please move to question 3.4)**

Name of the organisation: .....

Registered Address: .....

.....

..... Postcode: .....

Telephone number: .....

Company/Charity registration No (if applicable): .....

Name of Company Secretary (if applicable): .....

Charity registration No (if applicable): .....

**Please provide contact details of all directors, partners or trustees:**

**1.**

Title: ..... Full name: .....

Date of Birth: ..... Email Address: .....

Telephone number: ..... Mobile: .....

Home address: .....

.....

..... Postcode: .....

**2.**

Title: ..... Full name: .....

Date of Birth: ..... Email Address: .....

Telephone number: ..... Mobile: .....

Home address: .....

.....

..... Postcode: .....

**3.**

Title: ..... Full name: .....

Date of Birth: ..... Email Address: .....

Telephone number: ..... Mobile: .....

Home address: .....

.....

..... Postcode: .....

*(Continue on a separate page if necessary).*

**3.4 Please give details for all other licenced HMOs managed by the proposed licence holder:**

**Include all properties for which the proposed licence holder currently holds an HMO licence within Suffolk and in other local authority areas.**

Property Number/Name	Street	Town	Postcode

*(Please continue on a separate sheet if necessary).*

**3.5 Is the proposed Licence Holder a member of the National Landlord’s Association (NLA) or the Residential Landlord’s Association (RLA)?**

Yes                       No

**3.6 Are you an accredited landlord in another Local Authority? Please give full details of the scheme and the Local Authority, including membership number if applicable:**

.....

.....

.....

**3.7** Please list any professional qualifications held, or courses, seminars or conferences that you may have attended in the last 3 years which you feel may help your application:

<p>.....</p> <p>.....</p> <p>.....</p>
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**3.8** Are there adequate financial arrangements available to the proposed licence holder to enable essential repairs to be carried out to the property or to fund improvements to the property to meet the national minimum standards, or undertake essential fire precaution work?

<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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**3.9** Does the proposed licence holder have the power to carry out any works required by the Local Authority?

<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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## Part 4 – Ownership of the Property

**4.0** Is the proposed licence holder the owner of the property?

<input type="checkbox"/> Yes <input type="checkbox"/> No
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If 'Yes' please go to **Part 5**, if 'No' please complete Question 4.1.

**4.1** Please provide details of the legal owner of the property:

Title: ..... Full name: .....
Date of Birth: ..... Email Address: .....
Telephone number: ..... Mobile: .....
Home address: .....
.....
..... Postcode: .....

## Part 5 – Proposed manager

If the proposed licence holder is also the proposed manager please tick and go to Part 6

For licencing purposes, the manager of a HMO must:

- Be authorised to let to tenants, and terminate tenancies in accordance with the law
- Have access to all parts of the premises to the same extent as the landlord
- Be authorised to approve reasonable expenditure for necessary repairs
- Be able to travel to the property within a reasonable time, unless there are other arrangements in place to cover any eventuality that may demand his or her presence

### 5.0 Proposed manager details

Pick tick the box that best describes the proposed manager:

Individual

Company

Partnership

Trustee

Other (please specify): .....

Name of the manager: .....

Company Name: .....

Telephone number: ..... Email: .....

Address (if a company, please give registered address): .....

.....

..... Postcode: .....

### 5.1 Is the proposed manager a member of a regulated body?

Yes

No

If 'Yes', please give details:

Name of regulated body: .....

Registration Number: .....

Telephone Number: .....

*(Continue on a separate sheet if necessary)*

## **Part 6 – Other interested parties**

A person 'with an interest' means anyone with an owners' interest in the property such as joint owners, mortgage providers and long leaseholder.

You must let these people know in writing that you have made an application for a HMO licence, or give them a copy of the application form. A form that can be used to let them know of the application can be found at the end of the application form.

### **6.0 Does anyone else have a legal interest in the property?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please go to part 7.

### **6.1 Please give details for anyone else with an interest in the HMO (please include details of any tenants with a lease or tenancy of three years or more, and any person where it is proposed that they are subject to licence conditions other than the proposed licence holder):**

**1.**

Name of the person: .....
Company Name (if applicable): .....
Telephone number: ..... Email: .....
Address (if a company, please give registered address): .....
.....
..... Postcode: .....
Nature of interest in HMO: .....

**2.**

Name of the person: .....
Company Name (if applicable): .....
Telephone number: ..... Email: .....
Address (if a company, please give registered address): .....
.....
..... Postcode: .....
Nature of interest in HMO: .....

If the property is mortgaged, please give the mortgage account number: .....

*(If there are more than two other people with an interest, please continue on a separate sheet).*

**6.2 Please give the name, address and contact details of any other person who has agreed to be bound by any condition contained within the licence (other than the proposed licence holder):**

An example of this would be the owner or co-owner of the property, if different from the proposed licence holder.

Title: .....	Full name: .....
Date of Birth: .....	Email Address: .....
Telephone number: .....	Mobile: .....
Home address: .....	
.....	
..... Postcode: .....	

## Part 7 – HMO Details

### THE PROPERTY

#### 7.0 What type of property is it?

<input type="checkbox"/> Detached house	<input type="checkbox"/> Semi-detached house	<input type="checkbox"/> Terraced house
<input type="checkbox"/> Flat in purpose built block	<input type="checkbox"/> Flat in converted house	

Other: .....

#### 7.1 What is the approximate date of original construction?

<input type="checkbox"/> Pre 1920	<input type="checkbox"/> 1920-1945	<input type="checkbox"/> 1946-1964	<input type="checkbox"/> 1965-1980	<input type="checkbox"/> Post 1980
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#### 7.2 Please indicate the nature of the residential accommodation. If the accommodation comprises a mix, please tick all relevant:

<input type="checkbox"/>	Self-contained flats with all personal washing and cooking facilities behind the flat entrance door
<input type="checkbox"/>	Non-contained flats – each unit of accommodation having its own washing and cooking facilities, but some or all are accessed from common parts of the building
<input type="checkbox"/>	Separate bed-sitting accommodation with either shared kitchen, bathroom or toilet facilities
<input type="checkbox"/>	Shared house / flat let to a group of people on a group letting agreement who share communal facilities such as a kitchen, common day space such as a living room / dining room, bathroom and WC facilities
<input type="checkbox"/>	Dormitory style accommodation

#### 7.3 Is the property to be licenced:

<input type="checkbox"/>	Purpose built with its present design
<input type="checkbox"/>	Converted from a previous residential dwelling
<input type="checkbox"/>	Converted from a non residential structure

If converted, please give the approximate date of conversion: .....

*Please submit documents confirming Planning and Building Regulations Approvals where available.*

**7.4 How many storeys / floors are there in the building?** (A storey includes habitable basements, basements used as the main entrance, business premises above and below the residential accommodation, mezzanine floors and attic or loft rooms used for accommodation purposes).

<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> Four	<input type="checkbox"/> Five
<input type="checkbox"/> More, please state: .....				

**7.5 Which levels are the property located on:**

<input type="checkbox"/> Basement	<input type="checkbox"/> Lower ground floor	<input type="checkbox"/> Ground floor
<input type="checkbox"/> First floor	<input type="checkbox"/> Second floor	<input type="checkbox"/> Third floor
Other: .....		

**7.6 How many habitable rooms are there in the property – other than kitchens and bathrooms (this includes lounges, dining rooms, kitchen-diners and bedrooms):**

.....
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**7.7 Does the property contain any use other than residential (e.g. shop / office):**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please advise of the nature of the other use, and on which storey(s) these activities are carried out:	
.....	
.....	

**OCCUPATION OF THE PROPERTY**

**7.8 Does the Proposed Licence Holder live in the property?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, go to question 7.10

**7.9 Which rooms in the property are for the exclusive use of the Proposed Licence Holder and his/her household?**

.....

.....

Are any shared with the residents?

Yes

No

If yes, specify which rooms, including storey/floor:

.....

.....

**7.10 Please state the total number of separate letting units in the accommodation:**

.....

**Of these letting units please state the number where:**

The occupiers have exclusive use of a kitchen, bath/shower and WC: .....

The occupiers share the use of a kitchen and/or the bath/shower and/or WC: .....

Occupiers share facilities and the sleeping space (e.g. dormitory style accommodation): .....

**A household consists of family members or a cohabitating couple. A group of 4 friends is 4 households. The total number of occupiers must include children and babies and any resident landlord and family.**

**7.11 Occupation of the property:**

Number of households and occupiers in the property	At the time of the application	Proposed maximum
Households		
Occupiers		





## WASHING AND SANITARY FACILITIES

National minimum standards require the provision of at least one bathroom with fixed bath or shower for every five occupiers. Additionally, there must be at least one separate toilet with wash-hand basin separate from a shared bathroom for every five occupiers. All bathrooms and toilets must be suitably located and bathrooms must be adequately heated.

**7.13 Please give the total number in the entire HMO, then how many of these are shared between two or more households.**

	<u>Total</u>	<u>Shared</u>
Bathroom and/or shower room (including bath or shower, WC and wash hand basin)		
Toilets within a bathroom or shower room		
Separate bathroom or shower room		
Wash hand basins within a bedroom		
Wash hand basins within a bathroom or shower room		
Separate toilet compartments with a toilet and hand wash basin		
Separate toilet compartments with a toilet but no wash hand basin		

**You must show the positions of these amenities on the plan of your property.**

## KITCHEN FACILITIES

**7.14 Please state whether the property is:**

<input type="checkbox"/> B&B	<input type="checkbox"/> Fully catered	<input type="checkbox"/> Self catering
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Where the accommodation is self catering the national minimum HMO standards require kitchens to be provided with sinks with draining boards, a satisfactory supply of cold and constant hot water, cookers, electrical sockets, worktops, food storage cupboards, refrigerators and extract fans, refuse disposal facilities, fire blankets and fire doors.

**7.15 State the location of shared kitchens in the property:**

Location of kitchen 1: .....

Location of kitchen 2 (if applicable): .....

Location of kitchen 3 (if applicable): .....

**7.16 Do any units of accommodation have their own personal kitchen facilities?**

Yes

No

If yes, please provide details and location of the accommodation: .....

**7.17 Do all the kitchens whether shared or otherwise have the following:**

A sink with draining board	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
A constant supply of hot and cold water	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
A cooker with at least 4 rings/grill and oven	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other cooking facilities (e.g. microwave)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Extractor fans	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fire blankets	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fire doors	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Adequate fixed worktops (at least 2m <sup>2</sup> size)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Adequate refrigerators	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Adequate dry food storage cupboards per occupant	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Sufficient electric sockets	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**If you have entered no to any of the above, please provide details of any work you intend to carry out and when:**

.....  
.....

**7.18 Please state whether dining facilities have been provided for the use of the occupier and if so where they are located.**

Yes                       No

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**FIRE PRECAUTIONS**

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

Yes                       No

**7.20 If yes, does it have a fire alarm panel?**

Yes                       No

**7.21 Does the system include the following features (please select one):**

- Interlinked detectors in all bedrooms, kitchens, living rooms, the staircase enclosure and the basement
- Interlinked detectors in all bedrooms, kitchens and living rooms, and the staircase only
- Interlinked detectors in all bedrooms and the staircase enclosure
- Interlinked detectors in the staircase enclosure only
- Single point battery operated detectors only

**7.22 Please give the locations of all the sounders / alarms / bells fitted to the alarm system if these are separate from the detectors**

Floor	Description

**7.23 Is the fire alarm (if present) subject to an annual maintenance check by a competent person:**

Yes       No

**7.24 Is emergency lighting provided to the staircase/escape route?**

Yes       No

If yes, please provide details: .....

.....

**7.25 If the property is fitted with emergency lighting, is it subject to an annual maintenance check by a competent person:**

Yes       No

**7.26 Are fire doors fitted to the following areas:**

The kitchen(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All living rooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All bedrooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the whole of the staircase protected by fire doors	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**7.27 Are all fire doors fitted with self-closing devices?**

Yes       No

If yes, please identify type:      Spring chain (Perko) / Hydraulic self-closer

**7.28 Please provide details of the number and location of any fire blankets in the property:**

Room	Location

**7.29** Is there any work that you intend to carry out at the property to improve, upgrade or extend the current fire precautions in the property?

Yes  No

If yes, please provide details of any work you intend to carry out and when it will be taking place:

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

**7.30** Are all final exit doors and bedroom doors within the property used as a means of escape, capable of being opened from the inside without the use of a key:

Yes  No

**7.31** Does the property incorporate a sprinkler system?

Yes  No

**7.32** Has a fire safety risk assessment been undertaken at the dwelling?

Yes  No

*If yes, please provide a copy.*

**SAFETY**

**7.33** Is there a gas supply to the property:

Yes  No

*If yes, please ensure the current Gas Safety certificate is included with your application.*

**7.34** Do you supply any upholstered furniture within the property?

Yes  No

**7.35** Please confirm whether it complies with the Furniture and Furnishings (Fire Safety) Amendment Regulations 1993?

Yes  No

**THERMAL INSULATION/HEATING**

**7.36** Indicate the heating provision in the property by ticking the relevant boxes:

Gas fired central heating	<input type="checkbox"/> Full	<input type="checkbox"/> Partial
Oil fire central heating	<input type="checkbox"/> Full	<input type="checkbox"/> Partial
Off peak night storage heaters	<input type="checkbox"/> Full	<input type="checkbox"/> Partial
Individual gas heaters	<input type="checkbox"/> Full	<input type="checkbox"/> Partial
Individual electric wall-mounted heaters	<input type="checkbox"/> Full	<input type="checkbox"/> Partial
Individual electric portable heaters	<input type="checkbox"/> Full	<input type="checkbox"/> Partial
Solid fuel fires	<input type="checkbox"/> Full	<input type="checkbox"/> Partial

If there is a combination of types, please tick multiple types and provide an explanation below. If you have an alternative form of heating, please provide details:

.....

.....

**7.37** Does the property have more than 100mm loft insulation:

Yes  No

**7.38** Does the property have cavity walls:

Yes  No  Don't know

If yes, has cavity wall insulation been installed:

Yes  No  Don't know

**7.39** Are the windows double-glazed?

Yes  No  Partial

**7.40** If there is any work that you intend to carry out at the property to improve or upgrade the current heating systems or insulation of the property, please give full details of the work and the date to be undertaken:

.....

.....

**ELECTRICAL**

**7.41** Do you supply any portable electrical appliances, i.e. electrical appliances that can be unplugged and moved to an alternative location?

These include fridges, freezers, kettles, microwave ovens, televisions, table lamps, toasters, vacuum cleaners and portable heaters.

Yes       No

If 'yes' please enclose a copy of the Portable Appliance Test (PAT) certificate, issued in the last twenty four months by a competent electrician, unless the appliances are less than twenty four months old.

I do not have a PAT certificate, issued in the last twenty four months by a competent electrician.

The appliances are less than twenty four months old, and I have the original receipts for the appliances.

**MANAGEMENT**

**7.42** Please outline the procedures or arrangements you have to:

Ensure the escape routes from the house are kept free from obstructions and that the final exit doors can be opened from the inside without the use of a key:

Vet prospective tenants (e.g. use of a vetting service or accreditation scheme/taking up references etc)

Agree an inventory with each tenant, detailing the furniture and appliances you supply, including the condition of individual items.

Ensure that your tenants are aware of the fire safety procedures and how you ensure the proper use of fire safety installations and equipment:

Deal with repair and complaints about disrepair:

Deal with, and cover the cost of, major emergency repair work, such as repairs to a broken central heating boiler:

Ensure that the property is clean, safe and fit for occupation before the start of each new tenancy:

Review the general condition of the property and to ensure that the property and gardens are maintained in a good and safe condition:

Deal with emergency repairs at the property:

Receive and respond to complaints of anti-social behaviour involving or affecting the tenants, their families or visitors to the property or the neighbouring properties:

**7.43 Are the occupants given a tenancy agreement or other written statement of the terms of their occupancy?**

Yes       No

**7.44 Is a deposit required at the start of each new tenancy?**

Yes       No

If yes, which tenancy deposit scheme do you use: .....



**7.45 How do you provide your tenants with proof of their rent payments?**

Rent Book       Rent Statement       Receipts

Other (please specify): .....

**7.46 Does the tenancy agreement include any items in respect of anti-social behaviour:**

Yes       No

If yes, please provide details: .....

**OTHER MATTERS**

**7.47 Do all ground floor windows, basement windows and any other windows that are accessible to intruders have window locks:**

Yes       No

**7.48 Does the property have yard or garden:**

Yes       No

If yes, please provide details of the maintenance arrangements, detailing what is carried out and when:

**7.49 Are there adequate facilities for the storage and disposal of refuse:**

Yes       No

If yes, please provide details of the storage facilities:

**7.50 Are there any occupants of the property that are under the age of sixteen:**

Yes

No

*(If yes, please provide details on a separate sheet)*

**PLAN OF THE PROPERTY**

In order to license a House in Multiple Occupation, the council has to obtain certain information about the property so that it can assess the size and type of property and what amenities and installations exist.

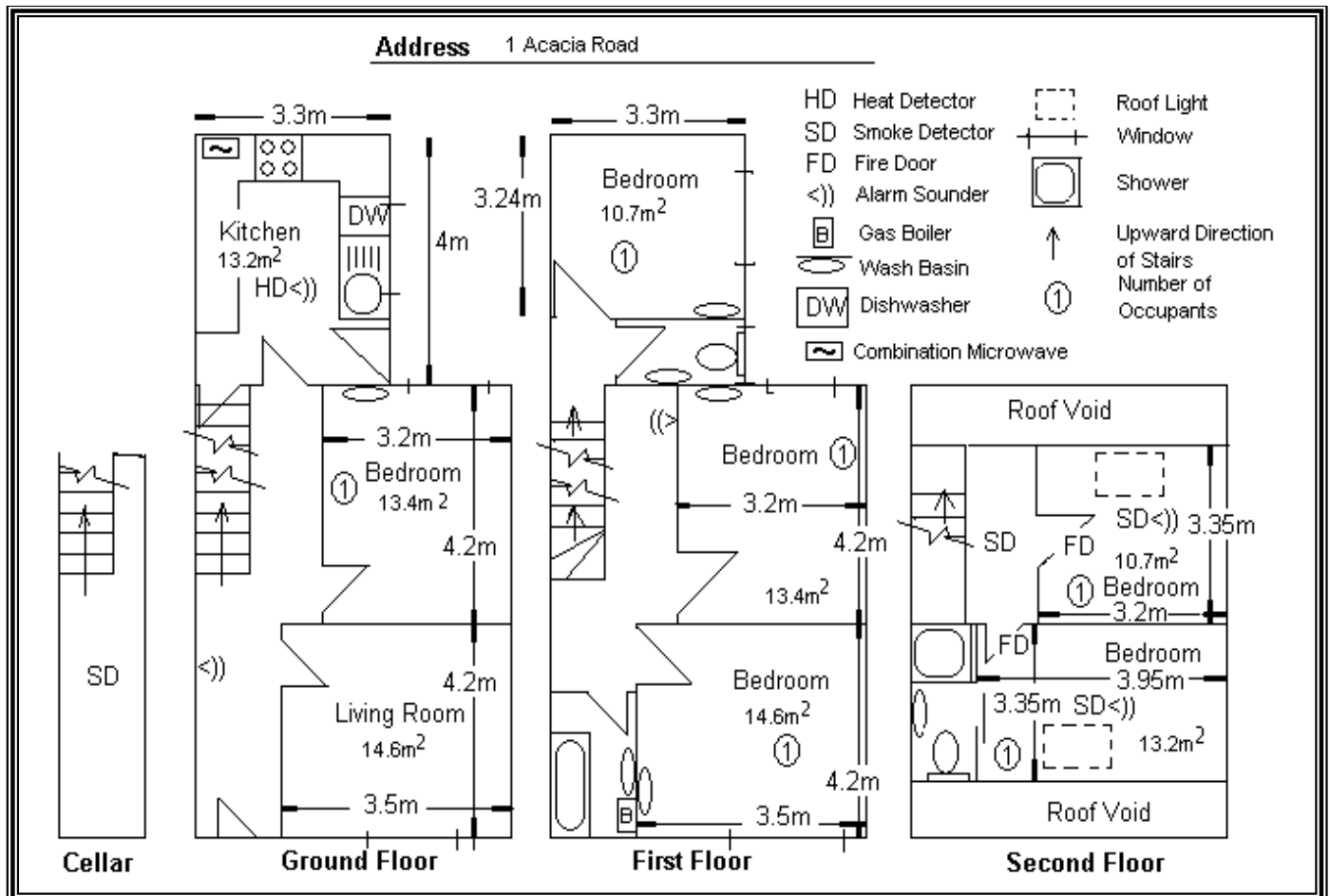
The plan must clearly show the room sizes, proportions and layout of the house, along with the location of the amenities and fire safety measures.

You can draw the plan yourself or get help if you wish, as it doesn't need to be to a professional standard, such as those required for Building Regulation approval or Planning Permission. If you already have such plans you can use them.

**Your plan must contain all of the following:**

- The address of the property and the date the plan was drawn
- The dimensions of the main rooms – front-to-back and side-to-side (in metres) plus an indication of the use of the rooms (for example: bedroom, living room)
- An indication of which storey is depicted (for example: Ground, First, Second)
- The location of all smoke and heat detectors, call-points (break-glass) and control panel
- The location of emergency lighting units (if provided)
- Whether the smoke and heat detectors are mains-powered or battery-operated
- Whether the smoke and heat detectors are interlinked or single point
- The position of wash hand basins, baths, showers, WCs and sink units
- The position of a fire blanket within each kitchen area
- The layout of the kitchen(s) showing work surfaces, sink units, cookers, microwave ovens, hobs, refrigerators and dishwashers
- Whether the doors are fire doors
- Name of each room

Example of a simple plan of a property:



## Part 8 – Supporting documentation

Please indicate which certificates you are submitting with your application by placing a tick in the “Included” box in the table below:

DOCUMENT DESCRIPTION	INCLUDED
<p><b>Gas Safety Certificate</b></p> <p>If there is a gas supply to the property, you must provide a copy of the most recent Landlord’s Gas Safety Certificate issued by a Gas Safe Registered contractor.</p> <p>(It must not be more than twelve months old)</p>	<input type="checkbox"/>
<p><b>Periodic Inspection Report/ Electrical Installation Condition Report for the Electrical Installation</b></p> <p>You must provide a copy of the latest inspection report issued by an approved electrician in accordance with British Standard 7671</p> <p>(It must still be current, and not be more than 5 years old)</p>	<input type="checkbox"/>
<p><b>Fire Alarm Test Certificate</b></p> <p>You must provide a copy of the latest Fire Alarm Test Certificate issued by an approved electrician or specialist fire alarm contractor.</p> <p>(It must not be more than twelve months old)</p> <p>If the fire alarm system was installed less than twelve months ago, then a copy of the Fire Alarm Installation Certificate will be required.</p>	<input type="checkbox"/>
<p><b>Emergency Lighting Test Certificate</b></p> <p>If the property has emergency lighting installed, you must provide a copy of the latest Emergency Lighting Test Certificate issued by an approved electrician or specialist fire alarm contractor.</p> <p>(It must not be more than twelve months old)</p> <p>If the emergency lighting system was installed less than twelve months ago, then a copy of the Fire Alarm Installation Certificate will be required.</p>	<input type="checkbox"/>
<p><b>Portable Appliance Test Certificate (PAT)</b></p> <p>If you provide electrical appliances as part of the tenancy or licence agreement you must have them regularly inspected by an approved electrician if they are more than twelve months old. Portable appliances include such items as fridges, freezers, kettles, microwave ovens, television, table lamps, toasters, vacuum cleaners, portable heaters and other plug-in appliances.</p> <p>Please provide a PAT Certificate issued by an approved electrician if required.</p> <p>(It must not be more than two years old)</p>	<input type="checkbox"/>

<p><b>Fire Fighting Equipment</b></p> <p>You must provide a copy of the latest test certificate for the Fire Fighting Equipment. (It must not be more than twelve months old)</p>	<input type="checkbox"/>
<p><b>Sprinkler System (If fitted)</b></p> <p>You must provide a copy of the latest test certificate for the Sprinkler System. This must be provided by a competent person and must not be older than twelve months old.</p>	<input type="checkbox"/>
<p><b>Energy Performance Certificate</b></p> <p>Please submit a copy of the latest EPC if applicable. Note: This will be a requirement for all HMOs from 2020.</p>	<input type="checkbox"/>
<p><b>Tenancy Agreement</b></p> <p>Please provide a copy of the tenancy agreement used (or other written statement of terms of occupancy).</p>	<input type="checkbox"/>
<p><b>Plan of property</b></p> <p>Please provide a plan of the property.</p>	<input type="checkbox"/>
<p><b>DBS check</b></p> <p>Please provide a valid DBS check for the Proposed Licence Holder and any Manager</p>	<input type="checkbox"/>
<p><b>Fire Risk Assessment</b></p> <p>This is required under the Regulatory Reform (Fire Safety) Order 2005.</p>	<input type="checkbox"/>

## Part 9 – Declarations

### Fit and Proper Person Declarations

When considering a HMO licence application, the local authority must be satisfied that the proposed licence holder, and any person involved in the management of the property, is fit and proper to carry out such duties.

**Has the proposed licence holder, any associate or manager ever:**

	<u>Licence Holder</u>		<u>Associate</u>		<u>Manager</u>	
	Yes	No	Yes	No	Yes	No
Committed any offence involving fraud, dishonesty, violence, drugs or any offences listed in Schedule 3 to the Sexual Offences Act 2003? Only unspent convictions in accordance with the Rehabilitation of Offences Act 2003 need to be declared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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, the carrying on of any business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contravened any provision of any enactment relating to housing, public house, environmental health or landlord & tenant law which led to civil or criminal proceedings resulting in a judgement being made against them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ever owned or managed any HMO or house which has been the subject of a control order under Section 379 of the Housing Act 1985 or an Interim or Final Management Order under the Housing Act 2004 or any type of enforcement action in relation to Category 1 hazards under Part 1 of the Housing Act 2004?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ever been refused a licence for a HMO or house under the Housing Act 2004 or had such a licence revoked for breaching the conditions of the licence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ever contravened any approved code of practice relating to the management of HMOs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the answer is 'Yes' to any of the above questions, please give further details:

Full Name: .....

Date of offence or incident: .....

Details: .....

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

*(Continue on a separate sheet if necessary)*

I/We declare that the information provided in this section 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 their functions under 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 am/are reckless as to whether it is false or misleading.

*If the proposed licence holder is a company, partnership or trust, this should be signed by the named licence holder and all director(s), partner(s) or trustee(s) (stating their position as appropriate).*

**Licence Holder:**

Signature: .....

Print Name: .....

Date: ..... Position: .....

**Associate:**

Signature: .....

Print Name: .....

Date: ..... Position: .....

**Manager:**

Signature: .....

Print Name: .....

Date: ..... Position: .....

*(Continue on a separate sheet if necessary).*

Please note that it is a criminal offence to knowingly supply information that is false or misleading for the purposes of obtaining a licence.

Evidence of any statements made in this application may be required at a later date. If we subsequently discover something that is relevant and that 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 without a licence is an offence liable to a fine not exceeding £20,000. In addition, a Residential Property Tribunal may make repayment order requiring you to repay any rents due during the period for which the property was unlicensed.

**Declaration:**

I declare that the information contained in this application is correct to the best of my/our knowledge. 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 am reckless as to whether it is false or misleading.

The fee of £ ..... is enclosed.

	<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
Applicant:	.....	.....	.....
Proposed Licence Holder:	.....	.....	.....
Manager:	.....	.....	.....



## **Part 10 – Notification to Interested Parties that you are making a licence application**

You must let certain persons know in writing that you have made this application or give them a copy of it. You can do this by completing the attached form. You will need to copy the form if notifying more than one party.

The persons who need to know about it are:

- Any mortgagee of the property to be licensed
- Any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessors 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 license 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 license if it is granted.

You must tell each of these persons:

- your name, address telephone number and e-mail address or fax number (if any)
- the name, address, telephone number and e-mail address or fax number (if any) of the proposed license holder (if it will not be you)
- whether this is an application under Part 2 or Part 3 of the Housing Act 2004
- the address of the property to which the application relates
- the name and address of the local housing authority to which the application will be made
- the date the application will be submitted

Please complete the following:

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:			
<b>Name</b>	<b>Address</b>	<b>Description of the person's interest in the property or the application</b>	<b>Date of service</b>

**Appendix to Part 10**

**The Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006**

<sup>1</sup>To: .....

As required by Regulation 7 of the licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006, I/We hereby notify you that I/we propose to submit a licence application for a House in Multiple Occupation, to Mid Suffolk and Babergh District Councils, Endeavour House, 8 Russell Road, Ipswich IP1 2BX, under <sup>2</sup>Part [2] [3] of the Housing Act 2004.

The application will be submitted on:<sup>3</sup> .....

The licence application pertains to:<sup>4</sup> .....

The proposed licence holder will be:<sup>5</sup> .....

Name: .....
Address: .....
.....
Telephone number: ..... E-mail address: .....
Signed: .....
Date: .....

Name(s): .....
Address:.....
.....
Telephone number: ..... E-mail address: .....
Signed: .....
Date: .....

<sup>1</sup> Insert name and address of recipient

<sup>2</sup> delete as appropriate

<sup>3</sup> insert date application to be made

<sup>4</sup> insert address of the property to be licensed

<sup>5</sup> only complete where the licence holder is different from you