



HOUSING ACT 2004 – PART 2

APPLICATION FOR RENEWAL OF A LICENCE FOR A HOUSE IN MULTIPLE OCCUPATION (HMO)

This is the form to use if you are making an application to renew an existing valid HMO licence where there has not been any material or significant changes to the information previously submitted to the authority with the licence application. If the previous HMO licence has already expired or the HMO has never had a licence (i.e. first application) then you will need to submit a full application form for a new HMO licence.

Please complete all sections of this form.

If you have any queries on completing this form please contact the Private Sector Housing Team:

- By phone: 0300 123 4000, select Housing
- By email: housingstandards@baberghmidsuffolk.gov.uk

When completed, this application form and the supporting documents should be sent by email to:
housingstandards@baberghmidsuffolk.gov.uk

Or by post to:

Babergh & Mid Suffolk District Councils
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 and Mid Suffolk District Council 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 currently £578.55

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: Babergh District Council- 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: Mid Suffolk District Council- 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

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 Babergh and Mid Suffolk District Councils subsequently discover 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.

Part 1 – Address of property

1.0 Address of property to be licenced:

Address:
.....
.....
..... Postcode:

Part 2 – The Applicant

2.0 Is the applicant the proposed licence holder?

☐ Yes ☐ No

If yes, please go to Part 3. If not, please complete the details below:

2.1 Name and address of Applicant:

Name:
Address:
.....
..... Postcode:
Telephone Number: Mobile:
Email:.....

Part 3 – The Proposed Licence Holder

3.0 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: ☐

Part 4 – Ownership of the Property

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

☐ Yes	☐ 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 – 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.

5.0 Does anyone else have a legal interest in the property?

☐

Yes

☐

No

If no, please go to part 6.

5.1 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 Mortgage Company, please give the mortgage account number:

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

5.2 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 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 6 – Proposed manager

If the proposed Licence Holder is also the proposed Manager please tick and go to Part 7 ☐

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.

6.0 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:

Part 7 – 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
Gas Safety Certificate 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. (It must not be more than twelve months old)	☐
Periodic Inspection Report/ Electrical Installation Condition Report for the Electrical Installation You must provide a copy of the latest inspection report issued by an approved electrician in accordance with British Standard 7671 (It must still be current, and not be more than 5 years old)	☐
Fire Alarm Test Certificate You must provide a copy of the latest Fire Alarm Test Certificate issued by an approved electrician or specialist fire alarm contractor. (It must not be more than twelve months old) If the fire alarm system was installed less than twelve months ago, then a copy of the Fire Alarm Installation Certificate will be required.	☐
Emergency Lighting Test Certificate 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. (It must not be more than twelve months old) If the emergency lighting system was installed less than twelve months ago, then a copy of the Fire Alarm Installation Certificate will be required.	☐
Portable Appliance Test Certificate (PAT) 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. Please provide a PAT Certificate issued by an approved electrician if required. (It must not be more than twelve months old)	☐

Fire Fighting Equipment You must provide a copy of the latest test certificate for the Fire Fighting Equipment. (It must not be more than twelve months old)	☐
Sprinkler System (If fitted) 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.	☐
Energy Performance Certificate Please submit a copy of the latest EPC.	☐
Tenancy Agreement Please provide a copy of the tenancy agreement used (or other written statement of terms of occupancy).	☐
Plan of property Please provide a plan of the property.	☐
DBS check Please provide a valid DBS check for the Proposed Licence Holder and any Manager	☐
Fire Risk Assessment This is required under the Regulatory Reform (Fire Safety) Order 2005.	☐
Carbon Monoxide Alarm Please provide a declaration as to the condition and positioning of any such alarms.	☐
Fee I confirm I have paid the fee of £ by BACS/ online/ telephone banking	☐

Part 8 – 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.	☐	☐	☐	☐	☐	☐
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?	☐	☐	☐	☐	☐	☐
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?	☐	☐	☐	☐	☐	☐
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?	☐	☐	☐	☐	☐	☐
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?	☐	☐	☐	☐	☐	☐
Ever contravened any approved code of practice relating to the management of HMOs?	☐	☐	☐	☐	☐	☐

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).

Part 9 – Notification to Interested Parties that you are making a licence renewal

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 they 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:			
Name	Address	Description of the person's interest in the property or the application	Date of service

Appendix to Part 9

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

¹To:

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 Babergh & Mid Suffolk District Councils Endeavour House, 8 Russell Road, Ipswich IP1 2BX, under ²Part [2] [3] of the Housing Act 2004.

The application will be submitted on:³

The licence application pertains to:⁴

The proposed licence holder will be:⁵

Name:

Address:

.....

Telephone number: E-mail address:

Signed:

Date:

Name(s):

Address:.....

.....

Telephone number: E-mail address:

Signed:

Date:

¹ Insert name and address of recipient

² delete as appropriate

³ insert date application to be made

⁴ insert address of the property to be licensed

⁵ only complete where the licence holder is different from you