

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

GUIDANCE NOTES.

The Housing Act 2004 introduced the mandatory licensing of high risk Houses in Multiple Occupation (“HMO”) from 6th April 2006. A high risk HMO is a property with 5 or more unrelated persons, who share an amenity such as a kitchen or toilet, comprising of 3 or more storeys. Buildings consisting solely of self contained flats or purpose built flats are exempt from licensing. An application for a licence *must* be submitted within 3 months of the implementation date, i.e. by 5th July 2006. **You do not need to have a HMO licence by 5th July 2006 to operate your property but you *must* have applied for a licence by this date in order to comply with the law.**

Licence Application Procedure

Before lodging an application for a licence for a House in Multiple Occupation (HMO), please ensure that you have read the following guidance notes. Please answer all questions unless directed. This form is to be used when you want to apply for a licence for a House in Multiple Occupation. The form comprises of the following parts:

- Section 1 - Applicant / Licence Holder details.
- Section 2 - Details of HMO manager (if different from Licence Holder).
- Section 3 - Property Details.

When applying for a licence for an HMO you must complete sections 1, 2 and 3 (as appropriate). If you have more than one property in multiple occupation which requires a licence you need only submit licence holder details section 1 and manager details section 2 (where appropriate) once. However, you must complete the property details section 3 for each property where ownership/management details are the same as the first property.

The Authority will issue a fit and proper person registration number to each licence holder/manager. Where a licence holder/manager has an interest in more than one property then sections 1 and 2 as applicable of the form does not need to be completed again, however the registration number must be recorded. If you are awaiting a fit and proper person registration number from a previous application please provide details of that application giving the property address and date of application.

The Council aims to acknowledge receipt of your application within 5 working days wherever possible, subject to the level of applications received. You should keep your acknowledgement safe as this is proof that you have complied with the law. If a tenant or their representative asks you for a copy of your licence you should show them your acknowledgement letter.

In the vast majority of cases your application will be processed without the Council visiting your property and a draft licence will be issued, followed by an invoice in respect of the licence fee. You are allowed a period of representation about the licence conditions, during which any concerns relating to the conditions can be considered and hopefully resolved. Where agreement cannot be reached the licence will be issued and you will have the opportunity to make an appeal to a Residential Property Tribunal. Your rights of appeal will be detailed with the issue of the licence.

Having processed your application the Council will enter details of your licence on a public register that the Council is obliged by law to keep.

Leeds City Council estimate that there are 8000 licensable HMO's within the City, which will represent a considerable amount of work for the Licensing team. It may therefore take some time to issue a licence.

Once the licence is issued the Council must be satisfied that the terms of the licence are being satisfied and that the HMO is free from any Category 1 hazard, as detailed in the Housing Health and Safety Rating System (HHSRS) introduced by the Housing Act 2004. The Council will therefore inspect at least one property for every landlord within the period of the licence, which in most cases will be 5 years. The level of inspection will be determined by a landlords portfolio size. The Council will make arrangements with you regarding this inspection.

You should note that: –

1. A HMO licence is *not* transferable.
Where a property changes ownership the new landlord must make an application for a licence. No repayment of the licence fee will be made for any unexpired period of the licence and a full fee will be required from the new applicant.
2. If a licence holder dies during the period of the licence, the licence ceases to be in force from the date of death. For 3 months from the date of death the house will be treated as if a TEN (**Temporary Exemption Notice** –see note 4 below) has been served. This is known as the “Initial Period”. At any time during the Initial Period a formal application may be made for a TEN. The TEN will be valid for a period of 3 months and will take effect when the “Initial Period” ends.
3. Where a licence holder wishes to alter the terms of their licence, for example there is a change in manager details or a change in occupancy levels, they may apply for a “**Variation to the Licence**”. The application will be an application to “Vary a licence”. A fee is payable for this, to cover the Council’s costs in administering the changes. The fee will be subject to a minimum charge of £50 and will relate to the time taken to process the application, at a cost of £50 per hour.

A variation of the licence will not be granted until the full fee has been paid. If the licence holder wishes to change only the details of the manager on the licence it is anticipated that in most cases the minimum fee of £50 will be charged. However if the variation relates to a change in the occupancy level the fee may be in excess of the minimum fee level as detailed above.

It is important to note that it is an offence to change the terms of the licence without the agreement of the Council. This could lead to legal proceedings being instituted against both the licence holder and manager (if different) and a fine of up to £20,000 upon summary conviction.

4. Where a licence holder intends to reduce the occupancy level to 4 persons to avoid licensing, they may apply for a “**Temporary Exemption Notice**” (“**TEN**”). A TEN is valid for up to 3 months and will be recorded on a public register. In exceptional circumstances a TEN may be renewed for a second period of 3 months.

HMO Licensing Fee.

Accredited Landlord -

	Full Cost	Good Application Discount *	Prompt Payment Discount **	Full Discounted Cost
5/6 person property	£525	£50	£50	£425
7/8 person property	£680	£50	£70	£560
9/10person property	£1000	£50	£100	£850

Non Accredited Landlord -

	Full Cost	Good Application Discount *	Prompt Payment Discount **	Full Discounted Cost
5/6 person property	£620	£50	£50	£520
7/8 person property	£810	£50	£70	£690
9/10person property	£1185	£60	£100	£1035

For properties that have an occupancy level above 10 persons an additional charge of £50 per hour may be payable to reflect any additional work that may be required to process the application.

***Good Application Discount** – Where an application is received that has not been fully completed but the matter can be simply resolved by either fax or a telephone call, the licensing officer has the discretion as to whether to allow the good application discount. However, where the application is deficient and cannot be simply resolved it will be returned to you with details of the shortfalls. Any application that is returned will *not* be subject to the discount.

If an applicant declines to complete the discretionary questions in the application form this will not prejudice their right to the good application discount. **However, a legible property plan *must* be provided to obtain this discount.** See Section 3.17 of the application for further details.

**** Prompt Payment Discount** - After your application has been received the Council will assess it and issue a draft licence for your comment and will indicate the level of fee payable for the issue of a full licence. An invoice for the fee will be issued with instructions about payment. If full payment of the fee is made within 21 days of the date of issue of the invoice the prompt payment discount will apply and a cheque in respect of the discount will be issued shortly afterwards. Please note the full fee on the invoice *must* be paid within the stated time.

The licence fee may be payable in parts. However agreement regarding payment of the fee must be reached *before* the licence is issued. When payment is made in parts, 50% of the fee must be received by the Council before the licence is issued and arrangements must be agreed for payment by direct debit of the remainder as follows – 25% of the fee on the first anniversary of the issue of the licence and a further and final 25% on the second anniversary of the issue of the licence. Prompt payment discount will not be available under these arrangements. If an applicant sells a property where payment is made in parts, the full licence fee will be payable.

*****PLEASE DO NOT SEND ANY PAYMENT WITH THIS APPLICATION. YOU WILL BE INVOICED IN DUE COURSE*****

EXPLANATION OF TERMS

In these notes, “the Act” means the Housing Act 2004, unless otherwise stated, all references to sections etc are to sections in the Act, Part 2 of the Act introduced a mandatory scheme to licence HMOs of a description contained in regulations. It is intended initially to apply to larger higher risk HMOs of 3 or more storeys occupied by 5 or more unrelated people. Part 3 of the Act refers to the selective licensing of all privately rented properties.

The national minimum HMO standards are detailed in the Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions)(England)Regulations 2006 (SI 2006 No 323)

The term Management Regulations in question 3.36 of section 3 refers to The Management of Houses in Multiple Occupation (England) Regulations 2006 (SI 2006 NO 372).

Meaning of “HMO”

“HMO” means a house in multiple occupation as defined by sections 254 to 259, Housing Act 2004 and it applies to a wide range of housing types and includes:

- A building or a part of a building, which consists of one or more units of living accommodation not consisting of a self-contained flats or flats;
- The living accommodation is occupied by persons who do not form a single household;
- Where two or more of the households who occupy the living accommodation share one or more basic amenities or the living accommodation is lacking in one or more basic amenities;
- Buildings converted into self-contained flats if more than one third of the flats are tenanted and the conversion does not comply with Building Regulations 1991 or subsequent Building Regulations. See sections 254-257 of the Act.

Licensable HMO's

A licensable HMO is a HMO which comprises 3 or more storeys and 5 or more unrelated occupiers sharing facilities (e.g. kitchen, bathroom, wc).

A storey includes:

- *Any basement used wholly or partly as living accommodation: that has been constructed, converted or adapted for use wholly or in part as living accommodation: that is being used in connection with and as an integral part of the HMO or it is the only or principal entry into the HMO from the street.*
- *Any attic used wholly or partly as living accommodation: that has been constructed, converted or adapted for use wholly or partly as living accommodation or is being used in connection with an integral part of the HMO.*
- *Each storey comprising business premises either above or below the living accommodation*

** HMOs consisting only of self contained flats are not subject to mandatory licensing. However, if there is a self contained flat in the same HMO as non self contained accommodation it has to be licensed as part of the HMO.**

Single Household

A single household can be regarded as members of the same family, or persons living together as husband and wife (or in an equivalent relationship in the case of persons of the same sex - see section 258 of the Act).

Applicant

This may be the property owner, the proposed license holder, the proposed property manager, the person having control of the property or the person managing the property or somebody acting on their behalf who has completed the application for whatever reason.

Proposed Licence holder

The most appropriate person to be responsible for the property and to hold the licence.

Person managing the property

This is not necessarily the same as the Managing Agent or the Manager. The person managing means the person who is an owner or lessee (tenant) of the premises or who receives the rent for the property or other payments for it from persons who are in occupation as tenants or licensees of parts of the premises. This applies whether the person receives the rent directly or through an agent or trustee. Where the rents or other payments are received through someone who is an agent or trustee not only does it include the owner (or lessee) but it also includes the agent or trustee.

Person having control of the property

This means the person who receives the rack rent of the property or who would be in a position to receive it if the premises were let at a rack rent. Rack rent is defined as the rent which is not less than 2/3rds of the full net rental value of the premises. The person having control includes not only the person who receives the rent in this way on his own account but also someone who receives it as agent or trustee for another or someone else.

Where the property is owned by a company or similar body a responsible person of that company must be named as the licence holder.

Owner

Means person (other than a mortgagee not in possession) who is for the time being entitled to dispose of the fee simple of the premises whether in possession of reversion: and includes also a person holding or entitled to the rents and the profits of the premises under a lease of which the unexpired term exceeds 3 years.

Fit and proper person

The local Authority must be satisfied that the person applying for an HMO licence is a "fit and proper person" to hold a licence. The test applied to any person managing the premises and any director or partner in a company or organisation which owns or manages the HMO. The local Authority may check with the Criminal Records Authority whether the applicant has any relevant convictions. Not all convictions are relevant to a person's prospective role as an operator of an HMO.

If you do have any convictions you are required to declare, these should NOT be sent with the application form but should be sent under separate cover marked CONFIDENTIAL and addressed to the HMO Licensing Manager at the HMO Licensing Services Team, 4th Floor West, Merrion House, 110 Merrion Centre, Leeds LS2 8BB.

Spent Convictions

This is a detailed and comprehensive matter and it is recommended you seek independent legal advice on the matter but as a general guide.

Under the Rehabilitation of Offenders Act 1974 criminal convictions can become spent or ignored after a rehabilitation period. They do not need to be disclosed. The rehabilitation period varies depending on the sentence or order imposed by the court – not the nature of the offence. Custodial sentences of more than two and a half years can never become spent. All borstal or detention centre sentences are now spent. The periods from the date of conviction are as follows: -

Sentence	Rehabilitation Period
1. Prison sentences of 6 months or less, including suspended sentences and detention in a young offender institution	7 years (3 ½ years if 17 or younger when convicted)
2. Prison sentences of more than 6 months to 2 and a half years, including suspended sentences and detention in a young offender institution	10 years (5 years if 17 or younger)
3. Fines (even if subsequently imprisoned for fine default), compensation, probation (for convictions on or after 3 February 1995), community service, combination, action plan, curfew, drug treatment and testing and reparation orders	5 years (2 ½ years if 17 or younger)
4. Absolute discharge	6 months
5. Conditional discharge or bind-over, probation (for convictions before 3 February 1995), supervision, care orders	1 year or until the order expires (whichever is longer)
6. Attendance centre orders	1 year after the order expires
7. Hospital orders (with or without a restriction order)	5 years or 2 years after the order expires (whichever is longer)
8. Referral Order	Once the order expires

Furnishings

All upholstered furniture provided with rented accommodation must comply with the Fire and Furnishings (Fire Safety/Amendment) Regulations 1993. This means that all furnishings provided within the tenancy must have passed cigarette and match ignition tests and the filling materials have passed the flammability tests. If your furniture complies it should have a label attached permanently with the lining giving details as appropriate – see question 3.37 in section 3.

IMPORTANT

It is a criminal offence to make a false statement in an application for an HMO licence, or to fail to comply with any licence condition, or to permit the property to be occupied by more than the permitted number of persons/households.

The completed form should be returned to:

HMO Licensing Services Team
Neighbourhoods and Housing Department
4th Floor (West) Merrion House
110 Merrion Centre
Leeds
LS2 8BB
Tel: 0113 2476248
Fax: 0113 2476444
Email: hmo.team@leeds.gov.uk

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Neighbourhoods & Housing Department
 Environmental Health Services,
 4th Floor West
 Merrion House
 110 Merrion Centre
 Leeds
 LS2 8BB
 Tel :0113 2476248
 Fax: 0113 2476444
 email:hmo.team@leeds.gov.uk

HOUSING ACT 2004
APPLICATION FOR A LICENCE FOR A HOUSE IN MULTIPLE OCCUPATION.

APPLICATION FRONT SHEET.

<p>Name and Address of Applicant (Give address of principal/registered office if a Company or Trust and where applicable give Company registration number)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....Post Code:</p> <p>Tel No: Fax Number:</p>

The Authority may issue a licence or other documents electronically. The recipient must indicate to the Authority that they are willing to receive such documents which will be issued in PDF format.

Please indicate the nature of the application:

- Application for HMO licence - first property.
- Application for HMO licence - 2nd and subsequent property.

Please tick the following to indicate the enclosures accompanying this application form:

- 1 - Address of properties to be licensed – Section 1 – Question 1
- 2 - Address of other properties licensed under Parts 2 or 3 of the Act within Leeds City Council or any other Local Authority – Section 1 - Question 1.8.
- 3 - Names and addresses of all Directors/Partners/Trustees associated with the proposed Licence Holder – Section 1 – Question 1.11.
- 4 - Names and addresses of all Directors/Partners/Trustees associated with the proposed HMO Manager Section 2 - Question 2.2
- 5 - Plan of property – Section 3 Question 3.17
- 6 - Any other – specify
- 7 - I am happy to receive documents electronically my e-mail address is:

FOR OFFICE USE	
Date Received	
Date Acknowledged	

1.10 If the applicant is a Company, Partnership, Trust, please indicate which of these it is and complete questions 1.11 & 1.12

Company Partnership Trust

1.11 The name and addresses of the Directors/Partners/ Trustees:

.....

Post Code:

(please continue on separate sheet if necessary)

Tel: email:

1.12 Name and Address of Company Secretary:

.....
Post Code.....

Telemail:

1.13 Fit & Proper Person. (see guidance notes)
 The Local Authority must have regard amongst other things to the following matters in relation to any person who will be the licence holder or manager:

- (a) 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 or house, and, in particular any such conviction in respect of any offence involving fraud or other dishonesty, or violence or drugs or any offence listed in Schedule 3 to the sexual Offenders Act 2003 (offences attracting notification requirements);
- (b) details of any finding by a court or tribunal against the proposed licence holder or manager that he has practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability in, or in connection with, the carrying on of any business;
- (c) details of any contravention on the part of the proposed licence holder or manager of any provision of any enactment relating to housing, public health, environmental health or landlord and tenant law which led to civil or criminal proceedings resulting in a judgement being made against them.
- (d) Information about any HMO or house that the proposed licence holder or manager owns or manages or has owned or managed which has been the subject of –
 - (i) a control order under section 379 of the Housing act 1985 in the five years preceding the date of the application; or
 - (ii) any appropriate enforcement action described in section 5(2) of the Housing Act 2004.
- (e) information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed for which a local housing authority has refused to grant a licence under Part 2 or 3 of the Housing Act 2004, or has revoked a licence in consequence of the licence holder breaching the conditions of their licence; and
- (f) information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed that has been the subject of an interim or final management order under the Housing Act 2004.

Do any of the above apply . No Yes

If no please go to question 1.14
 If yes please provide details in the following box:

Guidance Notes For Convictions

If yes please indicate which and give details of the matter and date of the event. If you need to disclose a conviction please refer to the Guidance Notes. It should be disclosed separately in a sealed envelope marked confidential.

1.14 Are you a member of either Leeds Landlord Accreditation Scheme, Unipol Code of Standards or a Government approved National Code of Standards for Student Accommodation.

Give details of which scheme, membership details, including membership number:

.....
.....

1.15 Are you an accredited landlord in another Local Authority? Please give full details of the scheme and the Authority including membership number:

.....
.....

1.16 Are you a member of a Landlord Association? Please give details of which scheme and length of membership:

.....
.....

1.17 Any professional qualifications held:

.....
.....

1.18 Please list any training courses, seminars or similar events you have undertaken or conferences you have attended in the last 3 years which you feel make you a better landlord. Name the course, the provider and the date of the course:

.....
.....

1.19 THIS QUESTION IS OPTIONAL

Applicants are requested to provide information on their ethnic background in order to allow the Council to monitor its equal opportunities obligation. Whilst you are requested to complete this question it is not compulsory but your co-operation would be appreciated.

Please tick the box which best describes your ethnic origin.

<u>WHITE</u>	<u>MIXED</u>	<u>BRITISH OR ASIAN</u>	<u>BRITISH OR BLACK</u>
British <input type="checkbox"/> a	White and Black Carribean <input type="checkbox"/> d	Indian <input type="checkbox"/> h	Caribbean <input type="checkbox"/> m
Irish <input type="checkbox"/> b	White and Black African <input type="checkbox"/> e	Pakistan <input type="checkbox"/> i	African <input type="checkbox"/> n
Other (specify) <input type="checkbox"/> c	White and Asian <input type="checkbox"/> f	Bangladeshi <input type="checkbox"/> j	Other (specify) <input type="checkbox"/> o
	Other (specify) <input type="checkbox"/> g	Kashmira <input type="checkbox"/> k	
		Other (specify) <input type="checkbox"/> l	

CHINESE OR OTHER ETHNIC GROUPS

Chinese p Other Ethnic q (specify) _____

1.20 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. The persons who need to know about it are:

- Any mortgage provider for 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 such as a monthly or weekly tenancy);
- Any other person having an interest in the property;
- Any person managing the property;
- Any person having control of the property;
- Any person where it is proposed that he is subject to Licence conditions (other than the licence holder);

(NOTE See Guidance Notes as to who are persons managing or having control of the property).

You must tell each of these persons

- Your name, address, telephone number and email address or fax number;
- The name, address, telephone number and email address or fax number of the proposed Licence holder (if it will not be you);
- Whether this is an application under Part 2 (for an HMO licence) or Part 3 (for a selective licence) of the Housing Act 2004;
- The address of the property to which this relates;
- The name and address of the Local housing Authority to which this application will be made
- The date the application is or will be submitted

NOTE THESE PERSONS MUST BE LISTED OUT IN THE DECLARATION ATTACHED ON PAGE 15

NOTE TO APPLICANTS

Please note that it is a criminal offence to knowingly or recklessly supply information which is false or misleading for the purposes of obtaining a licence. Evidence of any statement made in this application with regard to the property concerned may be required at a later date. If the Council subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled or other action taken including criminal prosecution.

DECLARATION:

I/We declare that any 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/we are reckless as to whether it is false or misleading.

Signed (all applicants):

Print name(s) in block capitals:

Date:

This page is intentionally left blank.

Form to interested parties

I (Name):
of (Address):
(Telephone number):
(email address):
(Fax number):

wish to advise you that I have applied for a licence for a house in multiple occupation under Part 2 of the Housing Act 2004 to Leeds City Council's HMO Licensing Team at the Neighbourhoods and Housing Department, 4th Floor (West) Merrion House, 110 Merrion Centre, Leeds LS2 8BB the application being dated/...../20..... in respect of the property known as:
..... Leeds, LS..... The name, address, telephone number and Email address of the proposed licence holder is detailed below (if different from above).

Name of proposed Licence holder:
Address:
.....Post Code.....
Email address:Telephone Number:
Fax Number:

Form to interested parties

I (Name):
of (Address):
(Telephone number):
(email address):
(Fax number):

wish to advise you that I have applied for a licence for a house in multiple occupation under Part 2 of the Housing Act 2004 to Leeds City Council's HMO Licensing Team at the Neighbourhoods and Housing Department, 4th Floor (West) Merrion House, 110 Merrion Centre, Leeds LS2 8BB the application being dated/...../20..... in respect of the property known as:
..... Leeds, LS..... The name, address, telephone number and Email address of the proposed licence holder is detailed below (if different from above).

Name of proposed Licence holder:
Address:
.....Post Code.....
Email address:Telephone Number:
Fax Number:

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Declaration

This declaration is to be signed by anyone who agrees to be bound by a condition in the licence. An example of such a person would be the HMO Manager

I/we declare that I/we agreed to be bound by a condition to be contained in the licence.

Name:	Address:	Signed:

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Neighbourhoods & Housing Department
 Environmental Health Services,
 4th Floor West
 Merrion House
 110 Merrion Centre
 Leeds
 LS2 8BB
 Tel :0113 2476248
 Fax: 0113 2476444
 email:hmo.team@leeds.gov.uk

HOUSING ACT 2004
APPLICATION FOR A LICENCE FOR A HOUSE IN MULTIPLE OCCUPATION.

SECTION 2:

DETAILS OF THE HMO MANAGER (IF DIFFERENT FROM LICENCE HOLDER)

APPLICATION FOR HMO LICENCE - Where the proposed manager has already been declared as a fit and proper person a registration number will have been issued. Please detail that number or if the application is pending provide application details giving property address and date of application.

Registration Number:

Address details and date of application:

.....

.....

2.0 Name and Address of Person who will manage the property:

.....

Tel: Email address:

Fax Number:

2.1 If the proposed manager works for a company/partnership/trust give full details of that company/partnership/trust including registered address or principal trading address where appropriate:

.....

.....Post Code:.....

Tel:Email address:

Fax Number:.....

2.2 Provide names & addresses of all Directors/Partners/Trustees (please use separate sheet if necessary). Pre-printed information about your organisation is acceptable, validated by the signature of the appropriate officer:

.....

.....Post Code:

Tel:Email address:

Fax Number:

2.3 Provide the name & address of Company Secretary:

.....

.....Post Code:

Tel:Email address:

Fax Number:

2.4 Please give any professional qualifications held by the person who will manage the property e.g. RICS, ARMA, ARLA, etc and experience:

.....

.....

2.5 Where the proposed Manager works for a Company/Partnership/Trust please also give details of any professional qualifications held by any of the Directors/Partners/Trustees:

.....

2.6 Please give details of the proposed Manager's experience in relation to the management of residential properties:

.....

.....

2.7 Please list any training courses/seminars or similar events or conferences attended in the last 3 years which indicate your suitability as manager. Name the courses, the provider and date of courses:

.....

.....

2.8 Fit & Proper Person. (see guidance notes)

The Local Authority must have regard amongst other things to the following matters in relation to any person who will be the licence holder or manager:

- (a) 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 or house, and, in particular any such conviction in respect of any offence involving fraud or other dishonesty, or violence or drugs or any offence listed in Schedule 3 to the sexual Offenders Act 2003 (offences attracting notification requirements);
- (b) details of any finding by a court or tribunal against the proposed licence holder or manager that he has practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability in, or in connection with, the carrying on of any business;
- (c) details of any contravention on the part of the proposed licence holder or manager of any provision of any enactment relating to housing, public health, environmental health or landlord and tenant law which led to civil or criminal proceedings resulting in a judgement being made against them.
- (d) Information about any HMO or house that the proposed licence holder or manager owns or manages or has owned or managed which has been the subject of –
 - a. a control order under section 379 of the Housing act 1985 in the five years preceding the date of the application; or
 - b. any appropriate enforcement action described in section 5(2) of the Housing Act 2004.
- (e) information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed for which a local housing authority has refused to grant a licence under Part 2 or 3 of the Housing Act 2004, or has revoked a licence in consequence of the licence holder breaching the conditions of their licence; and
- (f) information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed that has been the subject of an interim or final management order under the Housing Act 2004.

Do any of the above apply .

No

Yes

If yes please provide details in the following box and then go to declaration on page 24.

If no please go to declaration on page 24

Guidance Notes For Convictions

If yes please indicate which and give details of the matter and date of the event. If you need to disclose a conviction please refer to the Guidance Notes. It should be disclosed separately in a sealed envelope marked confidential.

NOTE TO APPLICANTS

Please note that it is a criminal offence to knowingly or recklessly supply information which is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application with regard to the property concerned may be required at a later date. If the Councils subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled or other action taken including criminal prosecution

DECLARATION:

I declare that I have read the statement above and completed all parts of this application to the best of my knowledge and ability, and that it is valid as of the date below.

Signed:Date:

PRINT NAME IN BLOCK LETTERS:

.....

1.20 THIS QUESTION IS OPTIONAL

Applicants are requested to provide information on their ethnic background in order to allow the Council to monitor its equal opportunities obligation. Whilst you are requested to complete this question it is not compulsory but your co-operation would be appreciated.

Please tick the box which best describes your ethnic origin.

WHITE		MIXED		BRITISH OR ASIAN		BRITISH OR BLACK	
British	<input type="checkbox"/> a	White and Black Caribbean	<input type="checkbox"/> d	Indian	<input type="checkbox"/> h	Caribbean	<input type="checkbox"/> m
Irish	<input type="checkbox"/> b	White and Black African	<input type="checkbox"/> e	Pakistan	<input type="checkbox"/> i	African	<input type="checkbox"/> n
Other (specify)	<input type="checkbox"/> c	White and Asian	<input type="checkbox"/> f	Bangladeshi	<input type="checkbox"/> j	Other (specify)	<input type="checkbox"/> o
		Other (specify)	<input type="checkbox"/> g	Kashmira	<input type="checkbox"/> k		
				Other (specify)	<input type="checkbox"/> l		
CHINESE OR OTHER ETHNIC GROUPS							
Chinese	<input type="checkbox"/> p	Other Ethnic	<input type="checkbox"/> q	(specify) _____			



Neighbourhoods & Housing Department
 Environmental Health Services,
 4th Floor West
 Merrion House
 110 Merrion Centre
 Leeds
 LS2 8BB
 Tel :0113 2476248
 Fax: 0113 2476444
 email:hmo.team@leeds.gov.uk

HOUSING ACT 2004
APPLICATION FOR A LICENCE FOR A HOUSE IN MULTIPLE OCCUPATION.

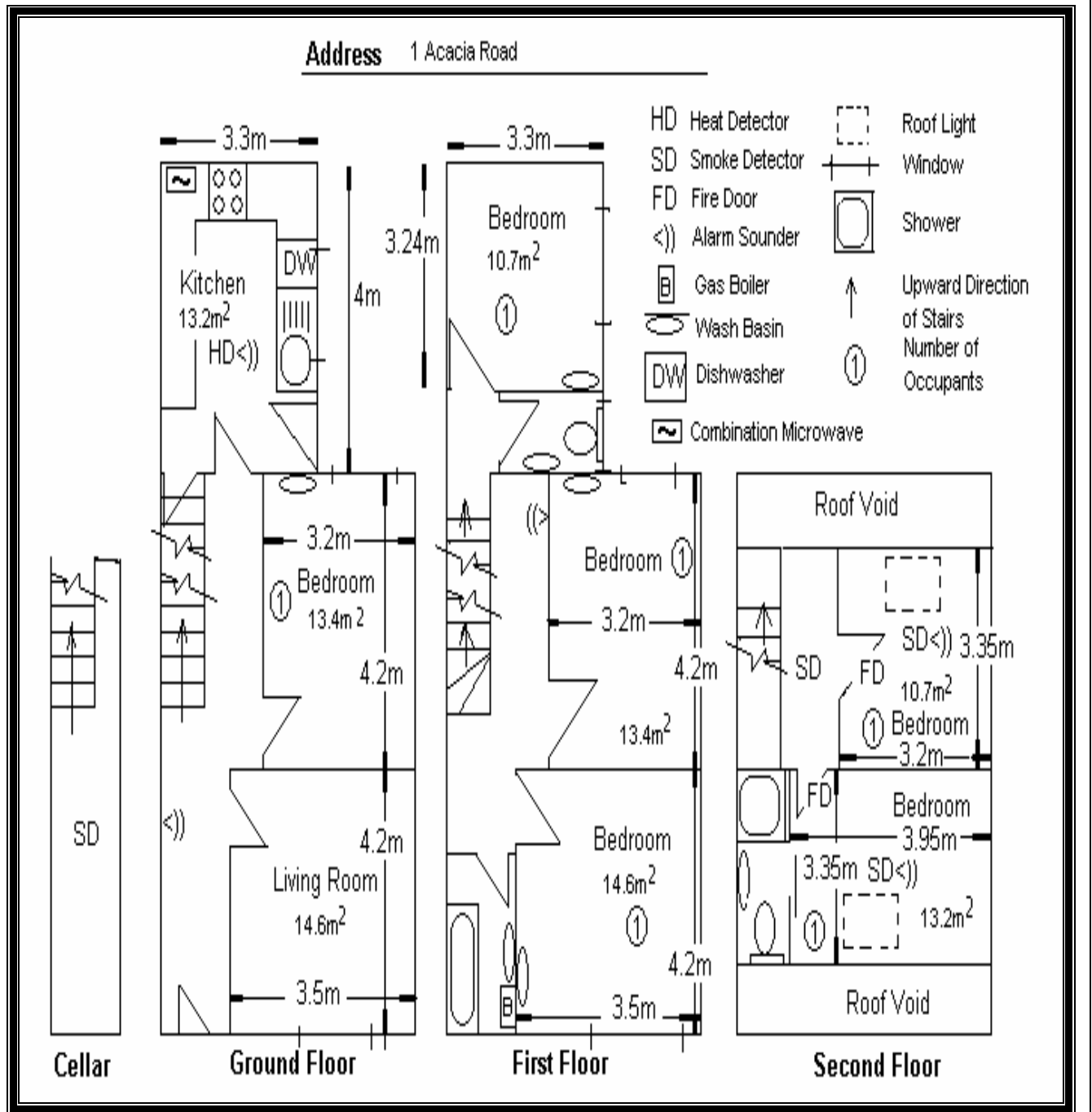
SECTION 3:
PROPERTY DETAILS – TO BE COMPLETED FOR EVERY PROPERTY

3.0	ADDRESS OF PROPERTY:										
3.1	Is the property: <table style="width:100%; border:none;"> <tr> <td style="width:50%;">House in single occupancy <input type="checkbox"/></td> <td style="width:50%;">House in Multiple Occupation <input type="checkbox"/></td> </tr> <tr> <td>Flat in single occupation <input type="checkbox"/></td> <td>Flat in Multiple Occupation <input type="checkbox"/></td> </tr> <tr> <td>House converted into and comprising only of self contained flats <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Purpose built block of flats <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Other Specify <input type="checkbox"/></td> <td></td> </tr> </table>	House in single occupancy <input type="checkbox"/>	House in Multiple Occupation <input type="checkbox"/>	Flat in single occupation <input type="checkbox"/>	Flat in Multiple Occupation <input type="checkbox"/>	House converted into and comprising only of self contained flats <input type="checkbox"/>	<input type="checkbox"/>	Purpose built block of flats <input type="checkbox"/>		Other Specify <input type="checkbox"/>	
House in single occupancy <input type="checkbox"/>	House in Multiple Occupation <input type="checkbox"/>										
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Purpose built block of flats <input type="checkbox"/>											
Other Specify <input type="checkbox"/>											
DESCRIPTION OF PROPERTY											
3.2	Approximate date of original construction: <table style="width:100%; border:none;"> <tr> <td style="width:33%;">Pre 1919 <input type="checkbox"/></td> <td style="width:33%;">1919 – 1945 <input type="checkbox"/></td> </tr> <tr> <td>1946 – 1964 <input type="checkbox"/></td> <td>1965 – 1980 <input type="checkbox"/></td> </tr> <tr> <td>Post 1980 <input type="checkbox"/></td> <td></td> </tr> </table>	Pre 1919 <input type="checkbox"/>	1919 – 1945 <input type="checkbox"/>	1946 – 1964 <input type="checkbox"/>	1965 – 1980 <input type="checkbox"/>	Post 1980 <input type="checkbox"/>					
Pre 1919 <input type="checkbox"/>	1919 – 1945 <input type="checkbox"/>										
1946 – 1964 <input type="checkbox"/>	1965 – 1980 <input type="checkbox"/>										
Post 1980 <input type="checkbox"/>											
3.3	Property type: <table style="width:100%; border:none;"> <tr> <td style="width:33%;">Detached house <input type="checkbox"/></td> <td style="width:33%;">Semi-detached <input type="checkbox"/></td> </tr> <tr> <td>Terraced house <input type="checkbox"/></td> <td>Back to back <input type="checkbox"/></td> </tr> <tr> <td>Converted flat <input type="checkbox"/></td> <td></td> </tr> </table>	Detached house <input type="checkbox"/>	Semi-detached <input type="checkbox"/>	Terraced house <input type="checkbox"/>	Back to back <input type="checkbox"/>	Converted flat <input type="checkbox"/>					
Detached house <input type="checkbox"/>	Semi-detached <input type="checkbox"/>										
Terraced house <input type="checkbox"/>	Back to back <input type="checkbox"/>										
Converted flat <input type="checkbox"/>											
3.4	How many storeys are in the building (see guidance notes) <input style="width:40px; height:20px;" type="text"/>										
3.5	Please indicate the floors the property has: <table style="width:100%; border:none;"> <tr> <td style="width:33%;">Basement <input type="checkbox"/></td> <td style="width:33%;">Lower ground floor <input type="checkbox"/></td> </tr> <tr> <td>Ground floor <input type="checkbox"/></td> <td>First floor <input type="checkbox"/></td> </tr> <tr> <td>Second floor <input type="checkbox"/></td> <td>Third floor <input type="checkbox"/></td> </tr> <tr> <td>Other <input type="checkbox"/> - specify</td> <td></td> </tr> </table>	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 <input type="checkbox"/>	Other <input type="checkbox"/> - specify			
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 <input type="checkbox"/>										
Other <input type="checkbox"/> - specify											
3.6	How many habitable rooms are there in the property (other than kitchens and bathrooms) <input style="width:40px; height:20px;" type="text"/>										
NOTE: Habitable rooms include lounges, dining rooms, dining kitchens and bedrooms											

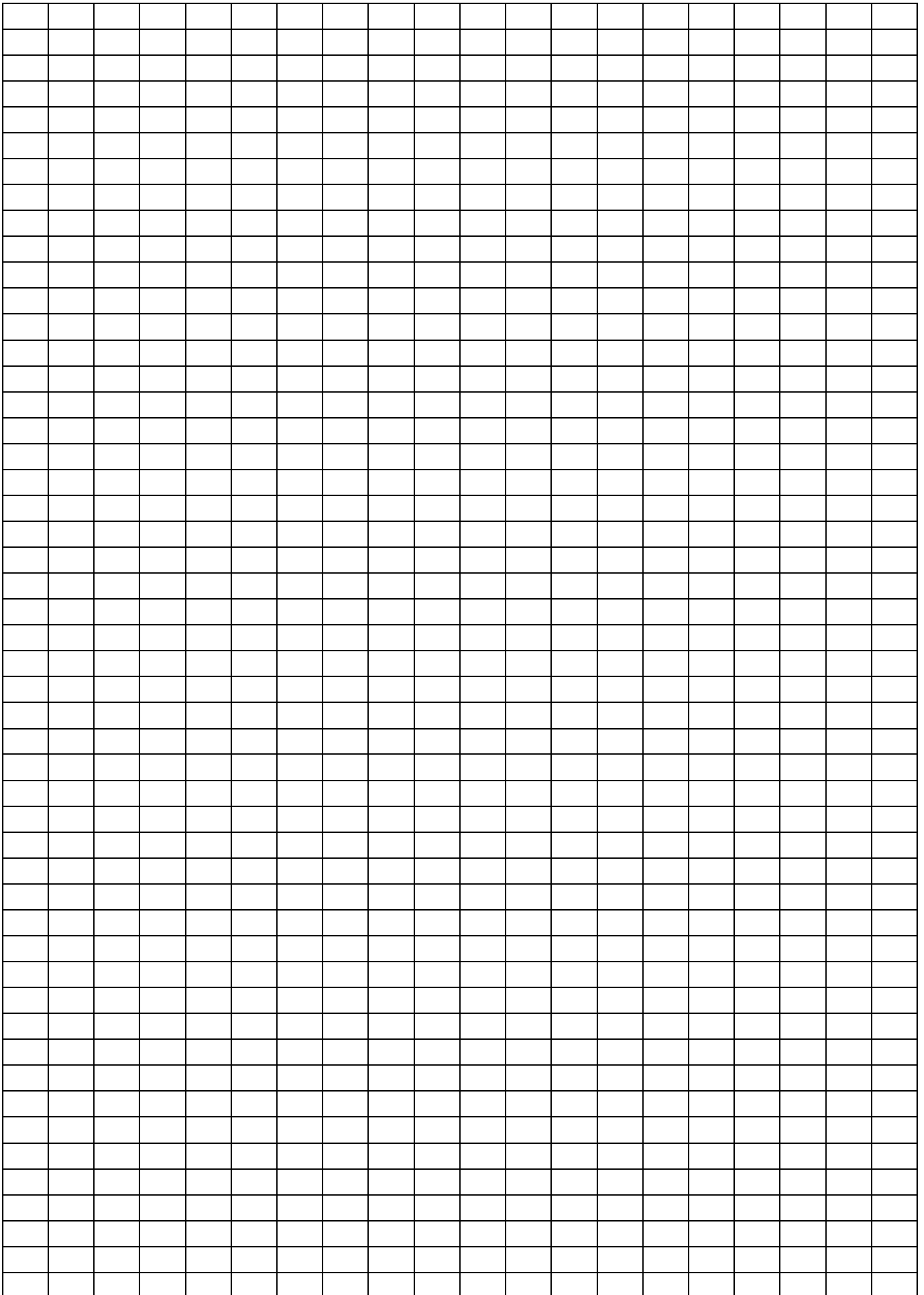
3.7	<p>Does the property have any use other than for residential purposes (e.g. shop , office)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes please advise of nature of other use and on which storey(s) these activities are carried out</p> <p>.....</p>
3.8	<p>Is there a resident landlord to this property</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no go to question 3.11</p>
3.9	<p>Is the proposed licence holder the resident landlord:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3.10	<p>Which rooms in the property are for the exclusive use of the resident landlord and his/her Household:</p> <p>.....</p> <p>Are any shared with the other residents:</p> <p>.....</p> <p>Specify including storey:</p> <p>.....</p>
3.11	<p>Please indicate nature of residential accommodation. If the accommodation comprises a mix of the following please tick all relevant descriptions:</p> <p>Self contained flats with all personal washing and cooking facilities behind the flat entrance door <input type="checkbox"/></p> <p>Non self 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"/></p> <p>Separate bed sitting accommodation with either shared kitchen, bathroom or toilet facilities <input type="checkbox"/></p> <p>Shared house let to a group of people on a group letting agreement who share communal facilities such as kitchen facilities, common day space such as living room and/or dining room, bathroom+ WC facilities <input type="checkbox"/></p>
3.12	<p>Please state total number of separate letting units in the accommodation <input type="text"/></p>
3.13	<p>Please indicate the number of persons that you are applying for a licence to occupy the property <input type="text"/></p>
3.14	<p>Please indicate the total number of households (see guidance notes) who will occupy the property <input type="text"/></p>
3.15	<p>Please indicate the total number of persons currently occupying the house <input type="text"/></p>
3.16	<p>Please indicate the total number of households currently occupying the house <input type="text"/></p>

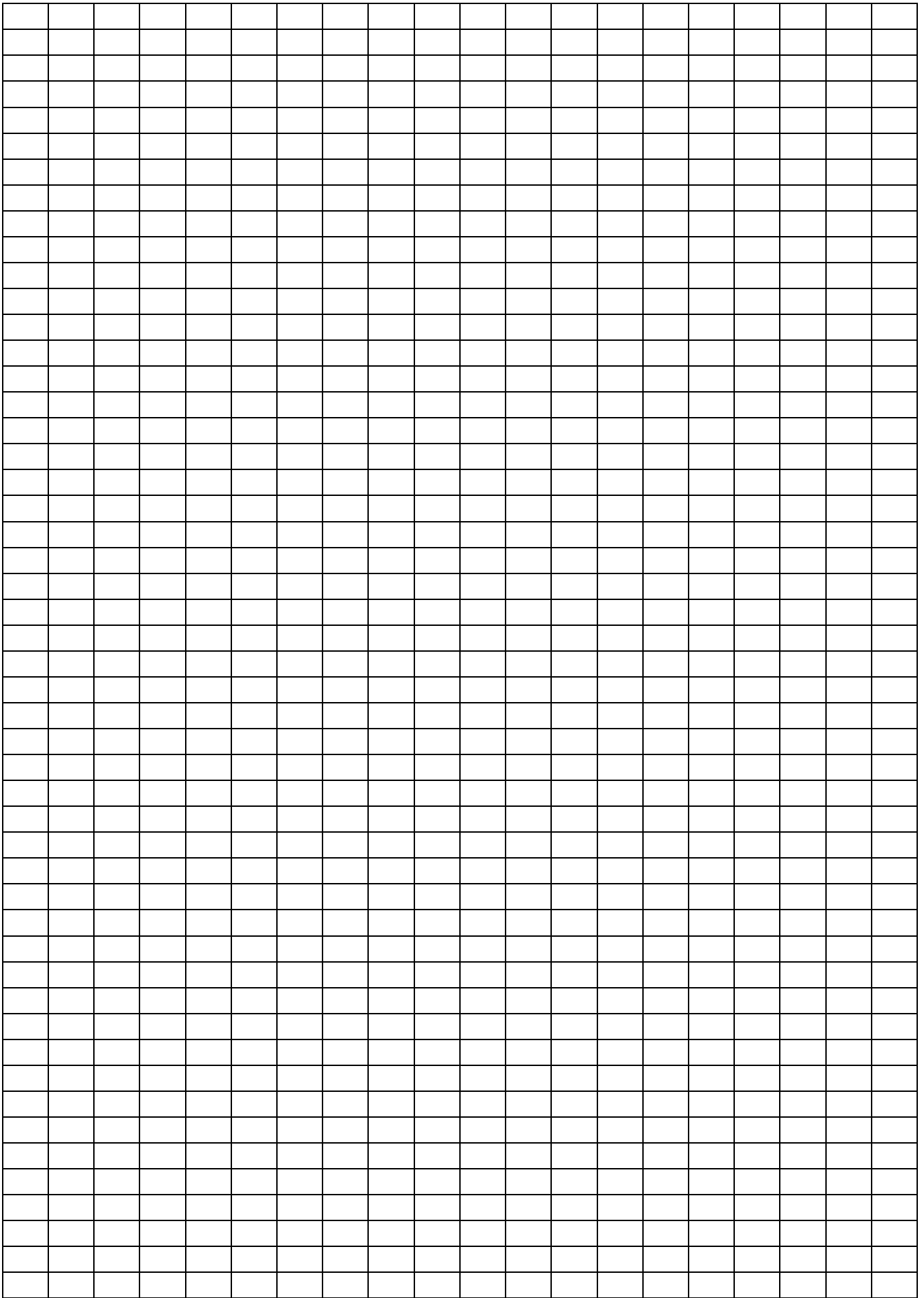
Example Plan

This is an example plan which will be acceptable for HMO licence applications. It is to show existing facilities only. The plan may be hand drawn providing it is clear and roughly in proportion. This plan is not intended to show the fire standards that will apply to these properties.



Sketch Plan





WASHING AND SANITARY FACILITIES

National minimum standards require the provision of at least one bathroom with fixed bath or shower for every 5 occupiers. Additionally there must be at least one separate toilet with wash hand basin separate from a shared bathroom for every 5 occupiers. Alternatively there may be one bathroom provided with a WC for every 4 occupiers. All bathrooms and toilets must be suitably located and bathrooms must be adequately heated.

3.18 Please indicate the total number of bathrooms/shower rooms with a WC

Please indicate the total number of bathrooms/shower rooms without a WC

3.19 Are any of the bathrooms for the exclusive use of a particular let
(Not applicable to shared houses) Yes No

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

3.20 Please indicate the total number toilets with washbasins in the property (including those in bathrooms/shower rooms)

3.21 Are any of the toilets for the exclusive use of a particular let
(Not applicable to shared houses) Yes No

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

3.22 Please indicate the number of toilets available for shared use not included in a shared bathroom/shower room

3.23 Have all of the toilets detailed in 3.22 above been provided with a wash hand basin

Yes No

If no please provide details of location:
.....
.....

3.24 Means of space heating to all bathrooms/shower rooms in the property.
Provide details for each:

Description	Floor	Means of heating

Note : If you propose to carry out any works regarding the above washing & sanitary facilities please give details of the works and dates when it is proposed that these will be carried out:
.....
.....
.....

KITCHEN FACILITIES

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.

3.25 State the total number of shared kitchens in the property and give details of their location:

Number:
Storey

Location of kitchen:

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

3.26	Do all shared kitchens have				
	A sink with a draining board	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	A constant supplies of hot and cold water	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	A cooker with at least 4 rings/grill and oven	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Other cooking facilities (e.g. microwave)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Extractor fans	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Fire blankets	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Fire doors	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Adequate fixed work tops for the preparation of food of at least 2m ² in size	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Adequate refrigerators	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Adequate dry food storage cupboards per occupant	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Sufficient electric sockets	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you have entered No to any of the above please detail any work you intend to carry out and when

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

3.27 Do any units of accommodation have their own personal kitchen facilities

Yes No

If yes please give details and location of the accommodation

.....

If yes please advise how many units have these facilities

.....

Does each unit with kitchen facilities have

A sink with draining board	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A constant supply of hot and cold water	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A cooker with at least 2 rings	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A cooker with a grill	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A cooker with an oven	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other cooking facilities (e.g. microwave)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Extractor fans	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fire blankets	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fire door	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A fixed work top (of at least 1m ² in size)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A refrigerator	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A food storage cupboard	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you have entered No to any of the above please detail any work you intend to carry out to improve the facilities and when

.....

.....

3.28 The national minimum standards for HMOs require kitchens to be suitably located in relation to the living accommodation. Are dining facilities provided that are not more than one floor distant from the kitchen facilities

(NB dining facilities may include living rooms)

Yes No

If no please detail any work you propose to carry out in the property to meet this requirement and When:

.....

.....

.....

.....

FIRE PRECAUTIONS

3.29 Does the property have an automatic fire alarm and detection system Yes No

If yes does it have:

i) a fire alarm panel Yes No

ii) interlinked detectors in all bedrooms, kitchens, living rooms, the staircase enclosure & the basement Yes No

iii) interlinked detectors in all bedrooms, kitchens, and living rooms and the staircase only Yes No

iv) interlinked detectors in all bedrooms and the staircase enclosure Yes No

v) interlinked detectors in the staircase enclosure only Yes No

If no does it have single point battery operated detectors only Yes No

3.30 Please give location of all sounders/alarms/bells fitted to the alarm system

Description	Floor
.....
.....

3.31 Is the property provided with an emergency lighting system Yes No

If yes please state where the emergency lighting units are positioned

3.32 Is the property fitted with fire doors to

a) the kitchen(s) Yes No

b) living rooms Yes No

c) bedrooms Yes No

d) is the whole of the staircase enclosure protected by fire doors Yes No

3.33 Are any fire doors fitted with automatic self closing devices Yes No

If yes state the rooms served

Room	Type : Rising butt hinges : Spring chain : Hydraulic self closer
.....
.....
.....

3.34 Please give full details of the number of any fire blankets in the property and their location

.....

3.35 If there is any work that you intend to carry out at the property to improve, upgrade or extend the current fire precautions in the property please provide full details of the nature and extent of those works and the date it is to be undertaken:

.....

.....

.....

.....

SAFETY	
3.36	Is there a gas supply to the property Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes current Gas Safety legislation and Management Regulations require that an annual gas safety check is carried out.
	Is there a current gas safety certificate available Yes <input type="checkbox"/> No <input type="checkbox"/>
3.37	Is all the furniture supplied within the property and provided under the terms of the contract by the landlord/ licence holder/manager compliant with the Fire and Furnishings Regulations
	Yes <input type="checkbox"/> No <input type="checkbox"/>

TENANCY ARRANGEMENTS	
3.38	Does the tenancy agreement include any items in respect of anti social behaviour – if yes provide details

3.39	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 or other works detailed in this application
	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.40	Does the proposed licence holder have the power to carry out any works required by the local authority Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Note the following questions are optional but it would be helpful if you would complete them as it will assist us to determine when an inspection of the property should be carried out. The Council must satisfy itself within the 5 year period of the licence that no conditions attached to the licence are being breached and that it is free from any Category 1 hazards under the Housing Health and Safety Rating System (HHSRS)</i>	
3.41	Is the fire alarm (if present) subject to an annual maintenance check by a competent person Yes <input type="checkbox"/> No <input type="checkbox"/>
3.42	If the property is fitted with emergency lighting is it subject to an annual maintenance check by a competent person
	Yes <input type="checkbox"/> No <input type="checkbox"/>

3.43	Indicate the heating provision in the property by ticking the relevant boxes																																				
	<table border="0"> <tr> <td>Gas fired central heating</td> <td>-</td> <td>Full</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>Partial</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Oil fired central heating</td> <td>-</td> <td>Full</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>Partial</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Off peak night storage heaters</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Individual gas convector heaters</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Individual gas radiant heaters</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Individual electric wall mounted heaters</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Individual electric portable heaters</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table> <p>If the property is provided with a combination of the above please tick for each provision. If other forms of heating are provided please specify:</p> <p>.....</p>	Gas fired central heating	-	Full	<input type="checkbox"/>			Partial	<input type="checkbox"/>	Oil fired central heating	-	Full	<input type="checkbox"/>			Partial	<input type="checkbox"/>	Off peak night storage heaters			<input type="checkbox"/>	Individual gas convector heaters			<input type="checkbox"/>	Individual gas radiant heaters			<input type="checkbox"/>	Individual electric wall mounted heaters			<input type="checkbox"/>	Individual electric portable heaters			<input type="checkbox"/>
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Individual electric wall mounted heaters			<input type="checkbox"/>																																		
Individual electric portable heaters			<input type="checkbox"/>																																		
3.44	<p>Does the property have cavity walls: Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes has cavity wall insulation being fitted Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p>																																				
3.45	<p>If any windows are double glazed please indicate the approximate amount of windows that are double glazed:</p> <p>No of windows <input type="checkbox"/></p> <p>No of windows double glazed <input type="checkbox"/></p>																																				
3.46	<p>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:</p> <p>.....</p> <p>.....</p> <p>.....</p>																																				
3.47	<p>Does the property have any security grilles to windows or external doors of the property Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes are the grilles fixed secure or are they openable – please indicate</p> <p>Fixed <input type="checkbox"/> Openable <input type="checkbox"/></p> <p>Key operated <input type="checkbox"/> Quick release <input type="checkbox"/></p>																																				
3.48	<p>Do all ground floor windows, basement windows and any other windows that are easily accessible to intruders have window locks</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Partly <input type="checkbox"/> indicate approximate percentage:</p>																																				
3.49	<p>Have all final exit doors from the property secure locks that can be opened from within without the use of a key Yes <input type="checkbox"/> No <input type="checkbox"/></p>																																				
3.50	<p>Are all final exit doors from the property of sound construction and in good repair</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																																				

3.51 Are there any works that you intend to carry out at the property to improve or upgrade the security of the property. If yes please give full details of the proposed work and the date it is to be undertaken

.....

.....

.....

.....

.....

.....

3.52 Has the electrical installations and fixed electrical appliances been inspected and tested at intervals not exceeding five years by a person qualified to undertake such inspection and testing .

Yes No

If no have you any arrangements for testing to be carried out Yes No

If yes please give details

.....

3.53 Does the property have a yard or garden Yes No

If yes please provide details of what maintenance works are undertaken to the yard/garden and when these works are normally carried out

.....

.....

.....

3.54 Are there adequate facilities for the storage and disposal of refuse

Yes No

Please provide details of the refuse storage facilities

.....

3.55 Are there any occupants currently living at the property under the age of 16 years

Yes No

If yes give the number and age of such children

.....

.....

.....