

For Official Use Only	
Date Received:	
Last date for consideration:	
Licence reference number:	
Receipt number:	



Runnymede Civic Centre, Station Road
Addlestone, Surrey KT15 2AH

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**HOUSING ACT 2004, PART 2
LICENSING OF HOUSES IN MULTIPLE OCCUPATION (HMO) APPLICATION**

Use this form if you are a Company/Partnership/Charity or Trust and want to apply for a Licence for a House in Multiple Occupation

Please return the completed form to:

**Private Sector Housing Section
Runnymede Borough Council
Runnymede Civic Centre, Station Road
Addlestone, Surrey KT15 2AH**

e-mail: housing@runnymede.gov.uk

If you are uncertain how to answer any of the questions or have any queries about the process or HMOs in general we would encourage you to seek advice and guidance by contacting the Private Sector Housing Enforcement Team, at the above address or call us on 01932 425886 / 8

Please tick the appropriate box

Application for Licence

Application for a variation of existing Licence

Renewal of Licence

If you have more than one house in multiple occupation you will need to complete a separate application form for each property.

A licence may not relate to more than one HMO

Please answer all questions unless directed.

The application is set out as follows:

Part I – Applicant Information.

Part II – Property details.

Part III – Proposed licence holder information.

Part IV – Management information/ Rent Collector

Part V - Declarations

Please read the guidance notes carefully as you may not be required to fill in all parts.

Please attach 2 copies of a detailed floor plan and all relevant certificates of installation, inspection or maintenance. The declaration at the end of each section and the application must be signed and dated before submitting.

Application for a House in Multiple Occupation Licence to be granted under the Housing Act 2004, Part 2.

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

BEFORE COMPLETING THIS FORM PLEASE READ THE GUIDANCE NOTES AND INFORMATION FOR APPLICANTS CONTAINED WITHIN THE APPLICATION PACK.

If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and **written in black ink.** Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

You must let certain persons know in writing that you have made this application or give them a copy of it. The persons who need to know 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 licence holder (if that is not you);
- The proposed managing agent (if any) (if that is not you);
- Any person who has agreed that he will be bound by any conditions in a licence 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 licence holder (if it will not be you);
- that this is an application under Part 2 for an HMO house licence
- 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.

Licensing Fees

For the first licence a basic fee of £630.00 is payable to cover the costs of licensing. This includes one 'Test of Fitness' assessment. A fee of £777.00 is payable in respect of Assisted applications or Undeclared HMO's. Assisted applications include applications that require substantial assistance from Council Officers and circumstances where incomplete applications are submitted that require additional officer time to resolve.

For renewals a basic fee of £559 is payable to cover the cost of licensing. This includes one 'Test of Fitness' assessment.

Should more than one 'Test of fitness' assessment be required on an application, an additional fee of £74 will be applied to cover the cost. A reduction of £74 will be applied where an applicant owns more than one licensable HMO dwelling as the 'Test of fitness' part of the assessment will need to be undertaken once only.

UNDER SECTION 238 OF THE HOUSING ACT 2004 IT IS A CRIMINAL OFFENCE TO MAKE A FALSE OR MISLEADING STATEMENT IN AN APPLICATION FOR AN HMO LICENCE.

**PART I
GENERAL INFORMATION**

1.1 Address of the HMO for which you are applying for a licence

.....

Post Code:.....

1.2 Name & Address of owner(s) of HMO

If property is jointly owned please provide details of all owners

Name	Address	Post Code
------	---------	-----------

.....

1.3 Business details of Applicant *(If the Proposed Licence Holder represents a company, charity or trust, please provide details below. If the organisation is a limited company please provide Companies House registration number.)*

Company **Partnership** **Charity** **Trust**

(a) Full name of Company/Partnership/Trust:

.....

(b) Company Registration No:

(c) Address of Principal or Registered Office:

.....

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

Telephone:

E-mail:

(d) Will a named person from the company/partnership/trust be the proposed licence holder (PLH)?

Yes No

If **no** please ensure Part III is complete, Proposed Licence Holder Details.

1.4 Name & Address of Company Secretary or proposed licence holder *(A licence can be held by **one** person only. There cannot be joint applications)*

Company Name:.....

(a) **TITLE:** Mr Mrs Miss Ms Other (Please state)

Surname: Forenames:

(b) Address:

.....

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

Telephone Numbers:

Home:Work:

Mobile:

E-mail:

(c) Please confirm by signature that you are authorised on behalf of the company, trust or partnership to make the application and confirm the address for service of the licence:

Signed.....Name.....

1.5 Are you responsible for the day-to-day repairs, maintenance and tenant management of the premises? (Please tick appropriate box)

Yes No

If **no**, ensure that you complete Part IV of the application – ‘If Manager Employed’

(a) Are you the landlord of any other residential premises in the Council’s area? (Please tick appropriate box)
Yes No

(b) If Yes, have you made an HMO licence application in respect of any other property? (Please tick appropriate box)
Yes No

(c) Please give full address of each property or licence number (please use separate sheet if necessary)

Address	Post Code	Licence No. (if known)

(d) Are you the landlord of any other residential premises in another Local Authority area? (Please tick appropriate box)
Yes No

(e) If **yes**, have you made an HMO licence application in respect of any other property? (Please tick appropriate box)
Yes No

(f) Please give full address of each property or licence number (please use separate sheet if necessary)

Address	Post Code	Licence No.(if known)

1.6 Applicant test of fitness and compliance with management conditions. The law requires that the licence holder is a fit and proper person and provides the definition of 'fit and proper'. In determining whether or not any person involved in the management of the house is fit and proper the council must consider if they have a suitable level of competency as well as assessing the management structures and the funding arrangements. Your answers to the following question will help us make this determination. The council must consider any relevant evidence about the Proposed Licence Holder (PLH) and any person associated or formerly associated with them, whether on a personal, work or other basis.

Your personal details (Proposed Licence Holder)

(a) **TITLE:** Mr Mrs Miss Ms Other (Please state)

Surname: Forenames:

PREVIOUS NAMES (if relevant) please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary.

(b) **TITLE:** Mr Mrs Miss Ms Other (Please state)

Surname: Forenames:

1.7 Disclosure of Offences

Do any of the following offences apply to you the Proposed Licence Holder (PLH) **OR** to any person associated or formerly associated with you on a personal, work or other basis? If so, please indicate which and provide full details in the space provided in (f)

(a) Committed any offences involving

- Fraud or
- Other dishonesty
- Violence
- Drugs
- Sexual Offences Act Schedule 3

PLH		Associates	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(b) Finding by a court or tribunal that you have practised unlawful discrimination on grounds of sex, colour race, ethnic or national origins or disability in connection with the carrying on of any business.

PLH		Associates	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(c) Contravened any provision of housing, public health, environmental health or landlord and tenant law, which led to civil or criminal proceedings resulting in a judgment being made against them?

PLH		Associates	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(d) Within the last 5 years have you been in control of any property:

- Subject to a control order
- Subject to proceedings by a local authority
- Where the local authority has had to carry out works in default
- Subject to a management order under the Housing Act 2004
- Or been refused a licence or breached conditions of a licence

PLH		Associates	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, provide details in (g)

(e) Acted in contravention of any Approved Code of Practice (ACoP).

PLH		Associates	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(f) If you have ticked yes in any of the above boxes, please provide the details below. Please use a separate sheet if required.

Date of Offence	Date Heard	Police or Court Involvement

Type of Notice	Date Notice served	Local Authority	Office Use Only

We may require your cooperation in obtaining Criminal Records Bureau information in confirmation of the above. We may also approach other authorities such as the police authority, Fire & Rescue Service, Office of Fair Trading, etc. for information and confirmation. Signing of this application will be taken as your agreement to any such action.

(g) Are you a member of any landlords association or other professional body? If so please indicate which.

.....

(h) Are you an accredited landlord in this or another authority? If so, please indicate which.

.....

(i) Are you on the lists for any academic or other organisation/institution? Please state which and indicate by initialling your entry that we may contact them for a reference.

.....

.....Initials.....

(j) Please list any training courses you have undertaken or conferences attended in the last 3 years, which you feel make you a better landlord.

.....

.....

.....

Declaration

I declare that the information provided is correct to the best of my knowledge and belief.

SIGNATURE:.....DATE:.....

NOTE TO APPLICANTS

Please note that it is a criminal offence to knowingly 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 late date. If we 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.

PART II

PROPERTY DETAILS

You **must** provide 2 copies of detailed floor plans with your application, please indicate location of all fire precautions.

2.1 Property Description

Purpose Built Converted Converted from Non Res Date Converted

2.2 Please tick all the floors the property has:

Storeys	Basement <input type="checkbox"/>	Gnd Floor <input type="checkbox"/>	3 rd Floor <input type="checkbox"/>	4 th Floor <input type="checkbox"/>	Total <input type="text"/>
	1st Floor <input type="checkbox"/>	2 nd Floor <input type="checkbox"/>	5 th Floor <input type="checkbox"/>	6 th & above <input type="checkbox"/>	
Flats (if applicable)	Self contained <input type="checkbox"/>		Non Self Contained <input type="checkbox"/>		Total Units <input type="text"/>

2.3 Amenity Details

Room Types	Sole	Shared	Total	Facilities	Sole	Shared	Total
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fixed hand-Basins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living/Dining Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fixed Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms>Showers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fixed Showers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms without Wc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Separate WC without Wash Basins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms with WC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WCs with Wash Basins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.4 Type of property (please tick appropriate box)

Detached house Semi-detached Terraced End Terrace

Back to back terrace Grouped design Residential block Converted Flat

2.5 Type of HMO or house (please tick appropriate box)

House in single occupation House in multiple occupation flat in single occupation

Converted house comprising only self contained flats purpose built block of flats

Other

2.6 Approximate date of construction

Pre-1919 1919-1945 1946-1964 1965-1980 Post 1980

2.7 Condition of the Property

Considering the age, character and locality of the property, please indicate if it is/has:

(NK=Not Known)

- | | Yes | No | NK |
|---|--------------------------|--------------------------|--------------------------|
| (a) Structurally sound and in reasonable repair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Reasonably free from damp | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Clean & in good repair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Secure (with adequate window and external door locks) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Adequate facilities for rubbish storage and disposal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Have you a schedule for:

- | | Yes | No | NK |
|--|--------------------------|--------------------------|--------------------------|
| (a) Planned maintenance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Inspection of furniture/facilities/equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Please provide brief details)

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

2.8 Fire precautions

Is there:

- | | Yes | No | NK |
|--|--------------------------|--------------------------|--------------------------|
| (a) an adequate system of smoke/heat detectors incorporating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) A fire alarm panel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Emergency lighting in the common ways | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide details of fire precautions equipment, including the number and location of smoke alarms and heat detectors in the property and the location of 30 minute rated fire doors (*This could be indicated on the floor plans*)

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

- | | Yes | No | NK |
|--|--------------------------|--------------------------|--------------------------|
| (a) Is the main escape route protected by fire doors, self closers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Is the escape route kept clear of flammable material and other obstructions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Do you have a contractor to maintain and inspect your system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(d) Please state who.....

(e) Is there a logbook of inspection/testing?

Where is it kept?.....

2.9 Information about occupants

(a) How many people currently live in the property? *(Enter total number in appropriate box)*

(b) How many households? *(Enter total number in appropriate box)*

(c) Do any of the people currently living in the property have a disability? Yes No

(d) Number of individuals you would like permitted on licence. *(Specify max)*

Declaration

I confirm that to the best of my knowledge all relevant furniture, furnishings and other goods supplied in the property comply with the Furniture and Furnishings (Fire Safety) Regulations 1998(as Amended).

To the best of my knowledge any gas appliances in the house meets any safety requirements contained in any enactment.

I declare that the information provided is true and correct to the best of my knowledge and belief.

SIGNATURE:.....DATE:.....

NOTE TO APPLICANTS

Please note that it is a criminal offence to knowingly 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 late date. If we 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

PART III

PROPOSED LICENCE HOLDER INFORMATION

(To be completed if the applicant/owner will NOT be the licence holder - see pg 5 of the guidance notes)

3.1 Name & Address of Proposed Licence Holder

(a) **TITLE:** Mr Mrs Miss Ms Other (Please state)

Surname: Forenames:

Address:

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

Telephone Numbers:

Home: Work.....

Mobile:

E-mail:

3.2 Applicant test of fitness and compliance with management conditions. (The law requires that the licence holder is a fit and proper person and provides the definition of 'fit and proper'. In determining whether or not any person involved in the management of the house is fit and proper the council must consider if they have a suitable level of competency as well as assessing the management structures and the funding arrangements. Your answers to the following question will help us make this determination. The council must consider any relevant evidence about the Proposed Licence Holder (PLH) and any person associated or formerly associated with them, whether on a personal, work or other basis)

3.3 Proposed licence holder test of fitness and compliance with management conditions.

Your personal details (Proposed Licence Holder)

(a) **TITLE:** Mr Mrs Miss Ms Other (Please state)

Surname: Forenames:

PREVIOUS NAMES (if relevant) please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary.

(b) **TITLE:** Mr Mrs Miss Ms Other (Please state)

Surname: Forenames:

3.4 Disclosure of Offences

Do any of the following offences apply to you the Proposed Licence Holder (PLH) **OR** to any person associated or formerly associated with you on a personal, work or other basis? If so, please indicate which and provide full details in the space provided in (f)

(a) Committed any offences involving

- Fraud or
- Other dishonesty
- Violence
- Drugs
- Sexual Offences Act Schedule 3

PLH		Associates	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(b) Finding by a court or tribunal that you have practised unlawful discrimination on grounds of sex, colour race, ethnic or national origins or disability in connection with the carrying on of any business.

PLH		Associates	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(c) Contravened any provision of housing, public health, environmental health or landlord and tenant law, which led to civil or criminal proceedings resulting in a judgment being made against them?

PLH		Associates	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(d) Within the last 5 years have you been in control of any property:

- Subject to a control order
- Subject to proceedings by a local authority
- Where the local authority has had to carry out works in default
- Subject to a management order under the Housing Act 2004
- Or been refused a licence or breached conditions of a licence

PLH		Associates	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(e) Acted in contravention of any Approved Code of Practice (ACoP).

PLH		Associates	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(f) If you have ticked yes in any of the above boxes, please provide the details below. Please use a separate sheet if required.

Date of Offence	Date Heard	Police or Court Involvement

Type of Notice	Date Notice served	Local Authority	Office Use Only

We may require your cooperation in obtaining Criminal Records Bureau information in confirmation of the above. We may also approach other authorities such as the police authority, Fire & Rescue Service, Office of Fair Trading, etc. for information and confirmation. Signing of this application will be taken as your agreement to any such action.

(g) Are you the licence holder of any other residential premises in Runnymede Borough Council's area? *(Please tick appropriate box)* Yes No

(h) If Yes, have you made an HMO Licence application in respect of any other property *(please tick appropriate box)* Yes No

(i) Please give full address of each property or licence number *(please use separate sheet if necessary)*

Address	Post Code	Licence No.(if known)

(j) Are you the licence holder of any other residential premises in another Local Authority? *(Please tick appropriate box)* Yes No

(k) If Yes, have you made an HMO licence application in respect of any other property? *(Please tick appropriate box)* Yes No

(l) Please give full address of each property or licence number *(please use separate sheet if necessary)*

Address	Post Code	Licence No.(if known)

Declaration

I declare that the information provided is correct to the best of my knowledge and belief.

SIGNATURE:.....DATE:.....

NOTE TO APPLICANTS

Please note that it is a criminal offence to knowingly 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 late date. If we 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.

PART IV

IF MANAGER OR RENT COLLECTOR EMPLOYED

(To be completed if the applicant employs a manager, managing agent, or rent collector)

4.1. Name & Address of manager/rent collector indicating professional qualifications such as RICS, ARMA, ARLA etc. (please indicate)

(a) **TITLE:** Mr Mrs Miss Ms Other (Please state)
 Surname:Forenames:
 Address:
Post Code:.....
 Telephone Numbers:
 Home:Work/Mobile:
 Mobile:
 E-mail:.....

4.2 Company/partnership/trust information: including registered address or principal trading address where appropriate

.....

 Tel:E-mail:

4.3 Name & Address of Company Secretary

(a) **TITLE:** Mr Mrs Miss Ms Other (Please state)
 Surname:Forenames:
 Address:
Post Code:.....
 Telephone Numbers:
 Home:Work/Mobile:
 Mobile:
 E-mail:.....

4.4 Manager test of fitness and compliance with management conditions

Your personal details

(a) **TITLE:** Mr Mrs Miss Ms Other (Please state)
 Surname:Forenames:

(b) **PREVIOUS NAMES** (if relevant) please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary.

(c) **TITLE:** Mr Mrs Miss Ms Other (Please state)
 Surname:Forenames:

4.5 Applicant test of fitness and compliance with management conditions. (The law requires that the licence holder is a fit and proper person and provides the definition of 'fit and proper'. In determining whether or not any person involved in the management of the house is fit and proper the council must consider if they have a suitable level of competency as well as assessing the management structures and the funding arrangements. Your answers to the following question will help us make this determination. The council must consider any relevant evidence about the Proposed Licence Holder (PLH) and any person associated or formerly associated with them, whether on a personal, work or other basis)

Your personal details

(a) **TITLE:** Mr Mrs Miss Ms Other (Please state)

Surname:Forenames:

(b) **PREVIOUS NAMES** (if relevant) please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary.

(c) **TITLE:** Mr Mrs Miss Ms Other (Please state)

Surname:Forenames:

4.6 Disclosure of Offences

Do any of the following offences apply to you the proposed Licence Holder (PLH) **OR** to any person associated or formerly associated with you on a personal, work or other basis? If so, please indicate which and provide full details in the space provided in (f)

(a) Committed any offences involving

- Fraud or
- Other dishonesty
- Violence
- Drugs
- Sexual Offences Act Schedule 3

PLH		Associates	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(b) Finding by a court or tribunal that you have practised unlawful discrimination on grounds of sex, colour race, ethnic or national origins or disability in connection with the carrying on of any business.

PLH		Associates	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(c) Contravened any provision of housing, public health, environmental health or landlord and tenant law, which led to civil or criminal proceedings resulting in a judgment being made against them?

PLH		Associates	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(d) Within the last 5 years have you been in control of any property:

- Subject to a control order
- Subject to proceedings by a local authority
- Where the local authority has had to carry out works in default
- Subject to a management order under the Housing Act 2004
- Or been refused a licence or breached conditions of a licence

PLH		Associates	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(e) Acted in contravention of any Approved Code of Practice (ACoP).

PLH		Associates	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(f) If you have ticked yes in any of the above boxes, please provide the details below. Please use a separate sheet if required.

Date of Offence	Date Heard	Police or Court Involvement

Type of Notice	Date Notice served	Local Authority	Office Use Only

We may require your cooperation in obtaining Criminal Records Bureau information in confirmation of the above. We may also approach other authorities such as the police authority, Fire & Rescue Service, Office of Fair Trading, etc. for information and confirmation. Signing of this application will be taken as your agreement to any such action.

(g) Please list any training courses you have undertaken or conferences attended in the last 3 years

(h) Please indicate number of individual properties in management

(i) Please give your Financial Services authority registration number:-

(If not registered, please provide information as to why this is not considered necessary)

Declaration

I declare that the information provided is correct to the best of my knowledge and belief.

SIGNATURE:.....**DATE:**.....

NOTE TO APPLICANTS
 Please note that it is a criminal offence to knowingly 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 late date. If we 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

PART V

DECLARATIONS

FOR ALL PARTIES TO THE APPLICATION TO COMPLETE

I/we declare that the information contained in this application is correct to the best of my/our knowledge. I/we understand that I/we commit an offence if I/we supply any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or am/are reckless as to whether it is false or misleading.

Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____

You must let certain persons know in writing that you have made this application or give them a copy of it. The persons who need to know 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 licence holder (if that is not you);
- The proposed managing agent (if any) (if that is not you);
- Any person who has agreed that he will be bound by any conditions in a licence 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 licence holder (if it will not be you);
- Whether this is an application under Part 2 or for a house licence under 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.

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:

<i>Name and description of the person's interest in the property or the application</i>	<i>Address</i>	<i>Date of service</i>
Owner (if not you)		
Mortgagee		
Others		

Data Protection Act 1998 Declaration

The information provided by you that falls within the Data Protection Act 1998 will include information, whether in a written manual form, by E-mail, word processor or howsoever generated so long as it identifies the data subject and forms part of the filing system. As part of Runnymede Borough Council's obligations under the Data Protection Act 1998, the Council will not keep information about your application for Licensing that is irrelevant or excessive.

The Council may be statutorily required to supply any information you provide, to other bodies exercising functions of a public nature for the prevention and detection of fraud. For further information, please see www.runnymede.gov.uk/DataMatching

CONSENT

I/we hereby give my/our consent to Runnymede Borough Council's Private Sector Housing Team to share and obtain information in respect to my/our application from all interested parties for the purposes of determining my suitability to become the license holder.

Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____

OFFENCES IN RELATION TO LICENSING OF HMO'S

HOUSING ACT 2004 (Section 72)

A person commits an offence if he is a person having control of or managing a HMO which is required to be licensed under Part 2 of the Housing Act 2004 but is not so licensed.

A person that commits this offence is liable on summary conviction to a fine of up to £20,000

A person commits an offence if he is a person having control of or managing an HMO which is licensed and he knowingly permits another person to occupy the house resulting in the house being occupied by more households or persons than is authorised by the licence.

A person that commits this offence is liable on summary conviction to a fine not exceeding £20,000

A person commits an offence if he is a licence holder or a person on whom restrictions or obligations under a licence are imposed and he fails to comply with any condition of the licence.

A person that commits this offence is liable on summary conviction to a fine not exceeding £5,000

All applications must include the following:

(tick to confirm)

COMPLETED APPLICATION FORM

PHOTOCOPY OF CURRENT GAS SAFETY CERTIFICATE (CORGI)

(Must be issued within the past year)

BS5839 TEST REPORTS AND INSTALLATION & COMMISSIONING CERTIFICATES RELATING TO THE FIRE DETECTION SYSTEM (IF APPLICABLE)

BS5266 TEST REPORTS RELATING TO THE EMERGENCY LIGHTING SYSTEM (IF APPLICABLE)

ELECTRICAL SAFETY CERTIFICATE

(If installation is over 10yrs old, certificate has to be issued within the last 5yrs)

2 PLANS OF THE PROPERTY SHOWING FLOOR LAYOUTS AND ROOMS

THE FEE OF £..... IS ENCLOSED

A COMPLETED SELF ASSESSMENT CHECKLIST

You must submit these documents with your application in any event.

The council may require you to submit, or you may wish to submit, other documents (for example, copies of planning permissions, building regulation approvals, tenancy/licence agreements, certified accounts or summaries) in support of your application.

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HMO Property Licence Payment Form

Name	
House name/number	
Street or Road Name	
Town	
Post Code	
Telephone	
Email address	

Payment in reference to [property address/address(es):

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

I enclose a cheque payable to Runnymede Borough Council for £

Please charge my VISA / MASTERCARD / SWITCH / DELTA / MAESTRO as follows: £
Please note: A charge of 1.65% applies for credit card transactions.

If you have selected to pay by card a member of the Private Sector Housing Team will contact you to take payment over the telephone.