

**APPLICATION FOR A HOUSE IN MULTIPLE OCCUPATION**

**(HMO) LICENCE**

**Please return the completed form and associated documents to:**

Post: Housing Standards Team, Dorset Council, County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ

Email: [housingstandards@dorsetcouncil.gov.uk](mailto:housingstandards@dorsetcouncil.gov.uk)

Telephone 01305 251010

**Completing this form**

This is the form to use if you are applying for a mandatory licence for a house in multiple occupation (HMO). If granted a licence normally lasts for 5 years.

This application may be completed by the property owner, manager, proposed licence holder or some other person acting on their behalf.

In all cases both the applicant and proposed licence holder (where different) must sign and date the declaration at the end of the application form. Where the applicant and/or licence holder is a limited company or partnership, the person signing the application must be authorised to sign on its behalf.

If you are unsure how to answer a question, please contact us using the details provided. If there is insufficient space to answer any question on this form, then please provide the information on a separate piece of paper. Please indicate that you have done this in the relevant answer.

When completing this form you will be asked to provide certain ‘up to date’ documents. Depending on the property you intend to licence, this may include the following:

* Plans of the property
* Electrical Periodic Inspection Report
* Landlord Gas Safety Certificate
* Fire Alarm Test Certificate
* Emergency Lighting Certificate
* Sprinkler System Test Certificate

**HMO Licensing Fees and Discounts**

As part of your HMO licence application you must pay a fee.

If you are a member of this Council’s Landlord Forum (previously known as the Landlords’ Local Authority Partnership (LLAP)) [Landlord Forum - Dorset Council](https://www.dorsetcouncil.gov.uk/w/landlord-forum?p_l_back_url=%2Fsearch%3Fq%3Dlandlords%2BForum), the National Residential Landlords Association ([NRLA - The Home For Landlords](https://www.nrla.org.uk/)), or the Guild of Residential Landlords (<http://www.landlordsguild.com/>), then you will be entitled to a 10% discount on your HMO licensing fee as detailed below.

If you wish to take advantage of these discounted licensing fees, then please ensure that you have completed and had your application for membership to one of these groups accepted before you make your HMO licence application. Due to the penalties for running an unlicensed HMO, you should however not delay your licence application.

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|  | **Standard Licence Fee** | **Discounted fee with landlord group membership** |
| New application | £810 | £729 |
| Renewal application | £670 | £603 |

**The proposed licence holder**

We need full information about the people involved in running the HMO and those persons making this application. As part of the application process we must decide who, if anyone, is the most appropriate person to be the licence holder. This will normally be the owner (unless there is good reason to decide otherwise). Where the owner is a limited company, we will normally expect the licence holder to be the company, rather than any individual within that company. Where the owner is a partnership, we will normally expect the licence holder to be one, or more, members of that partnership.

The Council will expect the licence holder to have the financial resources and control of the HMO in order to:

1. Create, terminate and manage tenancies (or licences to occupy)
2. Access all parts of the premises to the same extent as the owner
3. Ensure that appropriate measures are taken to deal with antisocial behaviour
4. Comply with all other licence conditions
5. Ensure the proper management of the HMO
6. Ensure the health, safety and wellbeing of the occupiers and others who may be affected by the property (including neighbours and passers-by)
7. Comply with all other relevant legislation
8. Accept responsibility for the activity of any manager or other person acting on their behalf.

Where a licence holder fails to comply with the licensing requirements of the Housing Act 2004 they can be prosecuted and the licence revoked.

The licence holder remains responsible for the HMO until the licence expires or is revoked.

**Please complete all sections below.**

**PART ONE – GENERAL**

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| Address of HMO to be licensed |  | |
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| **In addition to the form you should submit:** | **Notes** | **Please tick if submitted** |
| Plans of the property | Plans are not required for an application to renew an HMO licence, unless the layout of the building has changed. |  |
| An Electrical Periodic Inspection Report (for the fixed wiring installation) | This report must be dated within the last 5 years and include the whole property. |  |
| A declaration of the safety of electrical appliances provided by the landlord | If the electrical appliances provided by the landlord are less than twelve months old then no certificate is required. Any certificate shall be dated within the last 12 months. A Portable Appliance Testing (PAT) Certificate would normally satisfy this requirement. |  |
| A Gas Safety Certificate | Where there is a gas supply and appliances within the property. The Certificate shall be dated within the last 12 months. |  |
| A Fire Alarm Test Certificate | Where there is a ‘Grade A’ alarm system, or mixed ‘Grade A and D’ system. Any certificate shall be dated within the last 6 months. |  |
| An Emergency Lighting Test Certificate | Where there is an emergency lighting system. Any certificate shall be dated within the last twelve months. |  |
| Sprinkler System Test Certificate | Where a sprinkler system has been fitted. Any certificate shall be dated within the last twelve months. |  |
| Additional sheets used: Please state the number of additional sheets used (if any) | | |
| All certificates provided must be original and current. Where originals are provided, these will be copied and returned. Alternatively you may scan your original certificates and email them to us at [housingstandards@dorsetcouncil.gov.uk](mailto:housingstandards@dorsetcouncil.gov.uk). Photocopies will not be accepted. | | |

**PART TWO – PEOPLE INVOLVED**

This part of the form requires information about the applicant, proposed licence holder, property owner and manager. Where these are limited companies please enter the name of that company rather than an individual’s name. Please cross out or enter “N/A” (not applicable) in sections which do not apply.

**The Applicant:**

Please give details of the person or people completing this form (“the applicant”). For joint applicants, please complete the details for each person.

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|  | **Applicant** | **Joint Applicant** |
| Name |  |  |
| Address |  |  |
| Please state your role in the property (for example, owner) |  |  |
| Telephone number |  |  |
| Email address |  |  |
| **The proposed licence holder:**  Please give details of the proposed licence holder(s). For joint licence holders, please complete the details for each person. Where this is the same as the applicant, please write “as applicant”. | | |
|  | **Proposed licence holder** | **Joint proposed licence holder** |
| Name |  |  |
| Address |  |  |
| Telephone number |  |  |
| Email address |  |  |

**Duties and powers of proposed licence holder(s)**

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| **Does the proposed licence holder have the powers to:** | **Please tick**  **Yes No** |
| * Create and terminate tenancies (or licences to occupy) * Access all parts of the premises to the same extent as the owner * Authorise any expenditure necessary to ensure the health safety and wellbeing of the occupiers and others who may be effected by the property (including neighbours and passers-by) * Receive rental income from the property, either directly or indirectly? * Comply with the standard licence conditions set out below:  1. Produce to the Council annually for their inspection a gas safety certificate obtained in respect of the house within the last 12 months (if gas is supplied at the house) 2. Ensure that (1) a carbon monoxide alarm is installed in any room in the house which is used wholly or partly as living accommodation and contains a solid fuel burning combustion appliance (2) that this alarm is kept in proper working order and (3) to supply to the Council, on demand, a declaration by him as to the condition and position of any such alarm 3. (1) keep all electrical appliances made available by him within the house in a safe condition and (2) supply to the Council, on demand, a declaration as to the safety of such appliances 4. (1) keep all furniture made available by him within the house in a safe condition and (2) supply to the Council, on demand, a declaration as to the safety of such furniture 5. Ensure that (1) smoke alarms are installed in the house on each storey of the house (used wholly or partly for living accommodation) (2) keep them in proper working order and (3) supply to the Council, on demand, a declaration by him of the condition and positioning of such alarms 6. Ensure that a written statement of terms of occupancy is supplied to each occupier 7. Notify the Council’s Housing Standards Team of any change of manager of the property and, in respect of the new manager, provide contact details and information to verify their fit and proper status and competence to manage the HMO 8. Notify the Council’s Housing Standards Team of any changes of their address, telephone number and email address 9. To take all such reasonable and practicable steps to prevent or reduce anti-social behaviour by persons occupying or visiting the property. Antisocial behaviour is defined in Housing Act 2004 Section 57(5) 10. Ensure that adequate receptacles are provided for the storage and disposal of normal household waste 11. Comply with any other conditions which may be imposed to meet HMO Licensing Standards | 🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎 |
| **If the owner wants a manager or agent to be the licence holder then please give the reasons why below:** | |
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| **Membership of Landlord Groups, Associations and Registered Charities**  Proposed licence holders who are members of the following recognised landlord groups or associations can receive a 10% discount on their HMO licence fee.   * the Landlord Forum (previously called the Landlords’ Local Authority Partnership (LLAP) operated by Dorset Council * the National Residential Landlords Association (NRLA) * the Guild of Residential Landlords   To apply to become a member of the Council’s Landlord Forum please see <https://www.dorsetcouncil.gov.uk/landlord-forum>  Proposed licence holders who are applying on behalf of a registered charity can receive a 75% discount on their HMO licence fee.   |  |  | | --- | --- | | **Is the proposed licence holder a member of any of the following landlord groups or associations or possess charitable status?** | **Please tick**  **Yes No** | | Landlord Forum (previously LLAP) operated by Dorset Council  …………………………………………………..  National Residential Landlords Association (NRLA)  if yes please provide membership number  ……………………………………………………  Guild of Residential Landlords  If yes please provide membership number  …………………………………………………….  Registered Charity  If yes please provide the registered charity number  ……………………………………………………. | 🞎 🞎  🞎 🞎  🞎 🞎    🞎 🞎 |   **The property owner:** | | |
| Please give details of the owner(s) of the HMO. For joint owners, please complete the details for each person. Where this is the same as the applicant, please write “as applicant”. | | |
|  | **Owner** | **Joint Owner(s)** |
| Name |  |  |
| Address |  |  |
| Telephone Number |  |  |
| Email Address |  |  |
| **The property manager:**  Please give details of the manager(s) of the HMO. For joint managers, please complete the details for each person. Where this is the same as the applicant or licence holder, please write “as applicant or licence holder”. | | |
|  | **Manager** | **Joint Manager** |
| Name |  |  |
| Address |  |  |
| Telephone Number |  |  |
| Email Address |  |  |

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**PART THREE – NOTIFICATIONS**

**Notification of this application**

You must let certain persons know in writing that you have made this application or give them a copy of it. The persons who need to know about it are –

1. Any mortgagee of the property (mortgage lender).
2. The proposed licence holder (if that is not you).
3. Any owner of the property to which the application relates (if that is not you). This includes the freeholder and any head lessees who are known to you.
4. 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).
5. Any person who has agreed that he will be bound by any condition or conditions in a licence if it is granted.
6. The proposed managing agent (if any) (if that is not you)

**You must tell each of these persons –**

1. Your name, address, telephone number, e-mail address and fax number (if any)
2. The name, address, telephone number, e-mail address and fax number (if any) of the proposed licence holder (if it will not be you).
3. That this is an application under Part 2 of the Housing Act 2004.
4. The address of the property to which it relates.
5. The name and address of the Local Housing Authority to which the application will be made.
6. The date the application will be submitted.

You must tell all the persons, or organisations, described in points 1 to 6 above that you have made this application. You must give them all the information set out in points 7 to 12 above.

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| *When you sign your application you are signing that the following declaration is true:* ***I/We declare that I/We have served a notice of this application on the following persons who are the only persons known to me/us that are required to be informed that I/We have made this application:*** | | | | | | | |
| Name | Address | | Description of person’s interest in the property or the application | | Date of service | | |
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| Please note that we will advise all the above persons and organisations that this application has been made and of our proposal to grant or refuse to grant the licence. | | | | | | | |
| **PART FOUR – PROPOSED LICENCE HOLDER’S OTHER PROPERTY** | | | | | | | |
| If you own other HMO’s that possess a licence under Parts 2 or 3 of the Housing Act 2004, please provide the address and the details of the local housing authority (council) in which each property is located. (Part 2 of the Housing Act 2004 refers to HMO licensing, and Part 3 refers to ‘selective licensing’ of other housing. | | | | | | | |
| **Property Address** | | | | **Local housing authority (Council)** | | | |
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| **PART FIVE – DESCRIPTION OF HMO** | | | | | | | |
| Please state the type of house to be  licenced.  Please tick | | House in multiple occupation  Flat in multiple occupation  Premises providing meals | | | |  | 🞎  🞎  🞎 |
| Please indicate all the levels within the  property.  Please tick | | Lower Basement 🞎 Basement 🞎  Ground 🞎 First 🞎 Second 🞎  Third 🞎 Other 🞎 (Please describe)  ………………………………………………………… | | | | | |
| When was the property purchased by you? | |  | | | | | |
| State approximately when the building first became a house in multiple occupation. | |  | | | | | |
| Does the property have a gas supply?  Do all the gas fittings, whether owned by the landlord or otherwise, comply with all safety requirements?  Please tick | | Yes 🞎 No 🞎  Yes 🞎No🞎N/A 🞎  Please submit a current gas safety certificate. | | | | | |
| Does the property have any appliances for burning of solid fuel? (e.g. solid fuel stove, open fire etc)  If yes, is a carbon monoxide alarm fitted in every room containing such an appliance? Please tick  If you have answered ‘no’, please explain why no alarm has been provided. | | Yes 🞎 No 🞎  Yes 🞎No🞎N/A 🞎  …………………………………………………….......  …………………………………………………………  ………………………………………………………… | | | | | |
| Are any portable electrical appliances provided by the landlord or manager?  Please tick | | Yes 🞎 No 🞎 | | | | | |
| If portable electrical appliances are provided, are they **ALL** less than a year old?  Please tick | | Yes 🞎 No 🞎 N/A 🞎  If No, please submit a current appliance test certificate. | | | | | |

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| If furniture and/or furnishings are provided, do they all comply with the Furniture & Furnishings (Fire) (Safety) Regulations 1988 and all other safety legislation? Please tick | Yes 🞎 No 🞎  None Provided 🞎 |
| Please state which of the following fire detection systems are in the property.  Please tick | Grade A 🞎 Grade A and D 🞎  Grade D 🞎 Battery 🞎  Details of the grades of fire detection system can be found on the test certificate:  If you have a ‘Grade A’ or ‘Grade A and D’ system, please submit a current test certificate. |
| Are smoke alarms provided on every storey of the HMO?  Please tick | Yes 🞎 No 🞎 |
| Is there an emergency lighting system?  Please tick | Yes 🞎 No 🞎  If Yes, please submit a current test certificate. |
| Is there a sprinkler system installed within the property?  Please tick | Yes 🞎 No 🞎  If yes, please submit a current test certificate. |

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| **Accommodation Details** | | |
| **Number of rooms and facilities in the property** | **Total in property** | **Notes** |
| Number of self-contained flats |  | A self-contained flat has its own kitchen, bathroom and washing facilities. The whole flat is behind a single flat entrance door. |
| Number of non-self- contained flats. |  |
| Number of living and dining rooms |  | Exclude combined kitchen dining rooms |
| Number of Bedrooms |  | Exclude bedsits |
| Number of bedsits |  | Combined living room bedrooms (which may include kitchens). |
| Number of shared Kitchens |  | Include combined kitchen dining rooms |
| Number of shared sinks |  | Exclude wash hand basins |
| Number of shared wash hand basins |  |  |
| Number of shared baths |  |  |
| Number of shared showers |  |  |
| Number of shared toilets |  |  |

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| **PART SIX – DETAILS OF OCCUPATION** | |
| Please state the number of **people currently occupying** the property |  |
| Please state the total number of **people intended to occupy** the property i.e. the total number of persons you would like to occupy the property which is then stated on the licence. |  |
| Please state the number of **households currently occupying** the property (a household is a single person, or a family, or a couple living together as husband and wife or a same sex partnership). |  |
| Please state the number of **households intended to occupy** the property. i.e. the total number of households you would like to occupy the property which is then stated on the licence. |  |

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| **Please give the names of the occupiers currently living in the HMO.** This information may be needed to allow us to give notice to the occupiers prior to an inspection. | |
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| **Name(s) of occupier(s)** | **Flat or room occupied** |
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| **PART SEVEN – THE LICENCE HOLDER, MANAGER AND ANY ASSOCIATED PERSONS** | | | |
| The following information will be used to decide whether the proposed licence holder and manager are suitable. The questions relate to all properties within the proposed licence holder and manager’s portfolios, and the other matters specified.  As part of this assessment we need to know about other people associated with, or formerly associated with, the proposed licence holder and manager on a work, personal or other basis. This includes employees and contractors, business associates and family members. | | | |
| We need to know whether the proposed licence holder or manager, or any person associated with or formally associated with the licence holder or manager (see above), have: | (Please tick. If you answer “Yes” or “Not Sure” please provide details on the following page) | | |
| Yes | No | Not Sure |
| Any unspent convictions in respect of any of the following: |  |  |  |
| * Fraud or dishonesty (including benefit fraud) |  |  |  |
| * Violence |  |  |  |
| * Drugs |  |  |  |
| * Matters listed in Schedule 3 to the Sexual Offences Act 2003   and |  |  |  |
| * Any other matter relevant to the fitness to manage the property? |  |  |  |
| Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in or in connection with the carrying on of any business? |  |  |  |
| Contravened any of provisions of the following:   * Landlord and tenant law * Housing Law * Public health law or * Environmental health law? |  |  |  |
| Managed or owned a property for which a licence has been refused, or a licence revoked, under the Housing Act 2004? |  |  |  |
| Breached the conditions of a licence issued under Housing Act 2004? |  |  |  |
| Been served with a statutory notice relating to residential property you own or manage? Or acquired a property with an outstanding notice?   * If yes, has there been a failure to comply with the notice within the specified time period? * If not complied with in the specified time, has a council undertaken works in default in respect of above notices? |  |  |  |
| Acted in contravention of any code of practice approved under section 233 of the Housing Act 2004? |  |  |  |

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| If you answered “Yes” or “Not Sure” to any of the questions on the last page please give details below. Please identify the person concerned and their involvement with the HMO. Please provide details of any findings of the court or tribunal. Continue on a separate sheet if necessary. |
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| **PART EIGHT – MANAGEMENT OF THE PROPERTY** | |
| The Council must satisfy itself that the management arrangements for the house are satisfactory. The following questions help us to assess the management of the property. | |
| Does the proposed licence holder have financial resources to adequately maintain all residential property:   * they own, and/or * act as licence holder for,   ensuring the health, safety and welfare of the occupiers and fulfilling all their other statutory obligations? | Yes 🞎 No 🞎    Please tick |
| Is the proposed licence holder or manager currently declared bankrupt? | Yes 🞎 No 🞎  Please tick |
| Is each occupier provided with a copy of the written terms of their agreement to occupy the property? | Yes 🞎 No 🞎  Please tick |
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| Is a deposit taken from occupiers? | Yes 🞎 No 🞎  Please tick |
| If a deposit is taken, is it protected within an approved deposit protection scheme?  By law, all assured shorthold tenancy deposits must be protected under a statutory scheme. | Yes 🞎 No 🞎  Please tick. If “yes” please state which scheme. If “no”, state why the deposit is not protected:  …………………………………………………  …………………………………………………  ………………………………………………… |
| What procedures are there for dealing with any complaints occupiers have concerning conditions in the property. |  |

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| What arrangements are in place to ensure the occupiers can contact the licence holder or manager in the event of an emergency, regardless of when this might occur? |  |
| What procedures are adopted where an occupier is found to be carrying out anti-social behaviour towards people sharing the house or people living in the neighbourhood? |  |
| What arrangements are there to ensure that:   * Facilities and amenities are in good working order * Rooms are in good order * Common parts are clean * The HMO is safe. * The HMO is in reasonable repair? * Receptacles for the storage and disposal of waste are suitable for the number of occupants and stored in a suitably accessible place within the curtilage of the property? |  |

**PART NINE – DECLARATION AND CONSENT**

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| **All the applicants must sign the following declaration/consent. In addition, all the proposed licence holders must sign the declaration/consent (where they are not the applicants).**  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 this 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.  I/We also give my/our consent to the council to refer to:   * Information provided by me, and others, in connection with Housing Benefit and Council Tax * and any other information held by the Council or available to the Council   for the purposes of determining this application. | |
| **Applicant**  Signed:  Dated:  Full name of person signing this form: | **Joint Applicant**  Signed:  Dated:  Full name of person signing this form: |
| **Proposed licence holder (where not an applicant)**  Signed:  Dated:  Full name of person signing this form: | **Proposed joint licence holder (where not an applicant)**  Signed:  Dated:  Full name of person signing this form: |