

**APPLICATION FOR A HOUSE IN MULTIPLE OCCUPATION**

**(HMO) LICENCE**

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

Post: Housing Standards Team, Dorset Council, South Walks House, South Walks Road, Dorchester, Dorset, DT1 1UZ

Email: [housingteamf@dorsetcouncil.gov.uk](mailto:housingteamf@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 Local Authority Partnership (LLAP) (<https://www.dorsetcouncil.gov.uk/landlords-partnership>), the National Landlords Association (<https://www.landlords.org.uk/>), Residential Landlord Association (<https://www.rla.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 | £700 | £630 |
| Renewal application | £580 | £520 |

**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 have to 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 [housingteamf@dorsetcouncil.gov.uk](mailto:housingteamf@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 Local Authority Partnership (LLAP - operated by Dorset Council * the National Landlords Association (NLA) * the Residential Landlords Association (RLA); or * the Guild of Residential Landlords   To apply to become a member of the Council’s LLAP please see <https://www.dorsetcouncil.gov.uk/landlords-partnership>  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 Local Authority Partnership (LLAP) operated by Dorset Council  National Landlords Association (NLA)  if yes please provide membership number  ……………………………………………………  Residential Landlords Association (RLA)  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: |

**Amenity Standards for**

**Houses in Multiple Occupation**

The Government has prescribed certain standards that must be met in Houses in Multiple Occupation (HMOs) that are licensable under the Housing Act 2004. These prescribed standards are for deciding the suitability of occupation of an HMO for a particular maximum number of households or persons. The Licensing and Management of Houses in Multiple Occupation and other Houses (Miscellaneous Provisions) (England) Regulations 2006 and the Licensing and Management of Houses in Multiple Occupation and other Houses (Additional Provisions) (England) Regulations 2007 apply and some parts are reproduced below in the Prescribed Standards section.

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| Guidance is also provided (in the boxed sections of text) on how the named Councils below consider these prescribed standards can be met. |

In addition to these Regulations the Licensing of Houses in Multiple Occupation (Mandatory Conditions of Licences) (England) Regulations 2018 specify mandatory conditions that must be included in all HMO licences. These requirements are detailed within the mandatory requirements for licensable HMOs section.

Other standards that the Council considers to be necessary in licensable HMOs have been included in the “Locally Adopted Standards” section. The Council has adopted these as the recommended minimum and will require works to achieve them where necessary, unless particular circumstances make them impracticable and they score low when risk assessed using the Housing Health and Safety Risk Assessment.

All standards in this guidance will also be used as a guideline for standards required in non-licensable HMOs. Guidance on particular circumstances should be sought from the Housing StandardsTeam at:

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| Dorset Council  South Walks House  South Walks Road  Dorchester  DT1 1UZ  Tel: 01305 251010 |  |

**PRESCRIBED HMO STANDARDS**

1. **FIRE PRECAUTIONARY FACILITIES**

1.1 Appropriate fire precaution facilities and equipment must be provided of such type, number and location as considered necessary.

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| * Appropriate fire precaution facilities and equipment must be provided of such type, number and location as is considered necessary by the Council, in consultation with the Fire Authority. * You have a legal responsibility to carry out a Fire Risk Assessment in accordance with the Regulatory Reform (Fire Safety) Order 2005. * You will be expected to provide a copy of your Fire Risk Assessment to Dorset and Wiltshire Fire and Rescue Service and to your local Council upon request. * All fire precaution equipment must be maintained in good order. |

2 **HEATING**

2.1 Each unit of living accommodation in an HMO must be equipped with adequate means of space heating.

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| The whole accommodation should be appropriately heated to be able to achieve adequate thermal comfort under normal conditions. (19ºC in living rooms, in bathrooms and 18ºC in other parts of the accommodation when the external temperature is -1ºC). The following are examples of heating appliances which can be used to achieve this:   * Solid fuel in an approved appliance where the room has adequate ventilation. Fuel storage facilities should be provided in a readily accessible position for each unit of living accommodation; or * An existing, suitable fixed gas fire fitted with an adequate guard, certified with a current Gas Safe Test Certificate; or * A suitable fixed electric heater, such as a night storage heater, fitted with an adequate guard and properly connected to an adequate power supply. The electricity point for this heater should be provided exclusively for the purpose. * Where a central heating system is installed it should operate so that the heat is available at any time it may reasonably be required.   **NOTE**: Portable paraffin oil heaters and appliances using liquefied petroleum gas (LPG) are considered a fire hazard and their use is prohibited. |

3 **WASHING FACILITIES**

3.1 Where all or some of the units of living accommodation do not contain bathing and toilet facilities for the exclusive use of each individual household –

1. There must be an adequate number of bathrooms, toilets and wash-hand basins (suitable for personal washing) for the number of persons sharing those facilities; and
2. Where reasonably practicable there must be a wash hand basin with appropriate splash back in each unit other than a unit in which a sink has been provided as mentioned in paragraph 4.2, having regard to the age and character of the HMO, the size and layout of each flat and its existing provision for wash-hand basins, toilets and bathrooms.

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| In “Bedsit” type HMOs, where reasonably practicable, all individual units of accommodation should be provided with a wash hand basin in accordance with the standards below. In determining what is reasonable, consideration will be given to the following:   1. the age and character of the building 2. the size and layout of each unit 3. the existing provision for washing facilities within the property 4. the practical implications of installing the wash-hand basins 5. existing legal definition, RPT decisions and any current case law 6. the standard of management of the property, including whether the landlord is accredited. 7. the wishes of the tenant 8. any other matter identified by the inspecting officer. |

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| **No. of persons** | **Amenity Standard Requirement for Bedsit type HMOs** |
| 1 - 4 | No requirement for wash hand basins (WHB in sleeping rooms.  At least 1 bathroom (a room containing a fixed bath or shower) and 1 WC (the bathroom and WC may be combined) |
| 5 | 1 WHB required in each sleeping room, plus  1 bathroom and  1 separate WC and WHB  (the WC can be contained within a second bathroom) |
| 6 - 10 | 1 WHB required in each sleeping room, plus  2 bathrooms and  1 separate WCs with WHBs  (1 of the WCs can be contained within 1 of the bathrooms) |
| 11 - 15 | 1 WHB required in each sleeping room, plus  3 bathrooms and  3 separate WCs with WHBs  (2 of the WCs can be contained within 2 of the bathrooms) |
| **No. of persons** | **Amenity Standard Requirement for Shared House type HMO’s** |
| In determining whether an HMO is occupied as a shared house, consideration will be given to the mode of occupation of the HMO. That is whether the tenants form a group who interact socially, live communally and may be on a single joint tenancy. The accommodation must also include a suitably sized shared lounge and/or dining area and shared kitchen. | |
| 1 - 4 | At least 1 bathroom (a room containing a fixed bath or shower) and 1 WC (the bathroom and WC may be combined) |
| 5 | 1 bathroom and  1 separate WC and WHB  (the WC can be contained within a second bathroom) |
| 6 - 10 | 2 bathrooms and  2 separate WCs with WHBs  (1 of the WCs can be contained within 1 of the bathrooms) |
| 11 - 15 | 3 bathrooms and  3 separate WCs with WHBs  (2 of the WCs can be contained within 2 of the bathrooms) |

3.2 All baths, showers and wash hand basins in an HMO must be equipped with taps providing an adequate supply of cold and constant hot water.

3.3 All bathrooms in an HMO must be suitably and adequately heated and ventilated.

3.4 All bathrooms and toilets in an HMO must be of an adequate size and layout.

3.5 All baths, toilets and wash hand basins in an HMO must be fit for purpose.

3.6 All bathrooms and toilets in an HMO must be suitably located in or in relation to the living accommodation in the HMO.

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| * A readily accessible bathroom or shower-room should be within one floor distance from the occupiers it serves. The hot and cold water supply should be available at all times and where that bathroom or shower-room is shared the hot water supply should be constantly available. * Baths, showers and WCs should not be provided in kitchens. * A bathroom next to a kitchen is acceptable as long as the bathroom is adequately ventilated. |

4**. KITCHENS**

4.1 Where all or some of the units of accommodation within the HMO do not contain any facilities for the cooking of food -

1. there must be a kitchen, suitably located in relation to the living accommodation, and of such layout and size and equipped with such facilities so as to adequately enable those sharing the facilities to store, prepare and cook food;
2. the kitchen must be equipped with the following equipment, which must be fit for purpose and supplied in a sufficient quantity for the number of those sharing the facilities –
3. sinks with draining boards;
4. an adequate supply of cold and constant hot water to each sink supplied;
5. installations or equipment for the cooking of food;
6. electrical sockets;
7. worktops for the preparation of food;
8. cupboards for the storage of food or kitchen and cooking utensils;
9. refrigerators with an adequate freezer compartment (or, where the freezer compartment is not adequate, adequate separate freezers);
10. appropriate refuse disposal facilities; and
11. appropriate extractor fans, fire blankets and fire doors.

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| A shared kitchen is deemed to be suitably located and equipped if:   * It is located no more than one floor distant from the occupancies sharing. This is relaxed if there is a communal lounge/dining area in the property which is not more than one floor distant from the kitchen. * There is adequate refrigerator space, (a minimum capacity of 0.3 m³/ 1ft³ per individual), together with storage space for frozen foods. * There is a work-top that has not less than 2000mm x 600mm available space per kitchen, with adequate power sockets. * One cooker to be provided for every three occupants. The main cooker should have three of four rings or hot plates together with a grill and oven. Microwaves are acceptable as the secondary appliance for 4 – 6 occupants with 7 – 9 requiring and additional cooker. * A sink should be provided for every five occupants. The sinks should be complete with drainer and provided with supplies of constantly available hot and cold running water. Dishwashers are acceptable as the secondary appliances. * When food is cooked and prepared for residents as part of the board, all catering facilities shall comply with the requirements of the current Food Hygiene Regulations |

4.2 Where a unit of living accommodation contains kitchen facilities for the exclusive use of the individual household, and there are no other kitchen facilities available for that household, that unit must be provided with-

1. Adequate appliances and equipment for the cooking of food;
2. A sink with an adequate supply of cold and constant hot water;
3. A work top for the preparation of food;
4. Sufficient electrical sockets;
5. A cupboard for the storage of kitchen utensils and crockery; and
6. A refrigerator.

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| Kitchen facilities within individual units of living accommodation are deemed to be adequate if:   * Each separate unit of living accommodation is provided with a refrigerator for the storage of perishable food. (Equivalent to 0.3 m³/ 1ft³ per person). Each separate unit of living accommodation is provided with a suitable work-top for the preparation of food of at least 800mm x 600mm with adjacent power sockets. * Each separate unit of living accommodation is provided with a suitable cooking appliance. The acceptable standard is :- * A two ring or one ring and a hot plate together with a grill and over for a one-person unit of living accommodation * A cooker with three or four rings or hot plates together with a grill and an oven for units of accommodation for more than one person * Microwaves are acceptable only as secondary cooking appliances * Each separate unit of living accommodation should be provided with its own sink complete with drainer and provided with supplies of constantly available hot and cold running water. |

**MANDATORY REQUIREMENTS IN LICENSABLE HMOS**

# 1 SLEEPING ACCOMMODATION ROOM SIZES

Any room to be used as sleeping accommodation is only to be permitted to be occupied in accordance with the criteria stated in the following table.

|  |  |
| --- | --- |
| **Sleeping Accommodation Room Size** | **Permitted Occupancy** |
| <4.64m2 | No occupancy permitted |
| 4.65m2 to 6.51m2 | 1 person age under 10 |
| 6.52m2 to 10.21m2 | 1 person |
| >10.22m2 | 1 or 2 person |

**NB** Any of the room where the ceiling height is less than 1.5 metres is not taken into account in determining the floor arear for the purpose of the above.

# 2 WASTE DISPOSAL ARRANGEMENTS

The licence holder is required to comply with any scheme provided by the local authority and which relates to the storage and disposal of household waste pending collection.

**LOCALLY ADOPTED STANDARDS FOR HMO’S IN DORSET**

The following standards are adopted by Dorset Council for the purpose of ensuring the HMO and occupancies are suitable to be used as living accommodation.

1. **NATURAL LIGHTING**

1.1 In every habitable room there should be provided and maintained a clear glazed window, and/or a door with clear glazing, opening directly to the external air. The area of glazing is recommended to be at least one-tenth of the floor area.

1.2 All glazing to windows in bathrooms and water-closet compartments shall be obscured where considered necessary by the Council.

2. **ARTIFICIAL LIGHTING**

2.1 All habitable rooms, kitchens, bathrooms, water-closet compartments, staircases, landings and passageways should be adequately lit by electricity.

2.2 All wiring and fittings should be maintained in a safe condition.

2.3 Artificial lighting for staircases is to be operable from the entrance hall and each landing.

3. **VENTILATION**

3.1 All habitable rooms should be ventilated direct to the external air by a window, the openable area of which should be equivalent to at least one-twentieth of the floor area.

3.2 All kitchens, bathrooms, water-closet compartments should comply with 3.1 above, but where this is not practicable, mechanical ventilation providing a minimum of three air changes per hour should be provided. Such an installation should be fitted with an over-run device and connected to the lighting circuit of the room.

4. **WATER SUPPLY**

4.1 Each occupant should have ready access to a piped supply of cold running water suitable for drinking purposes. This is to be supplied from the mains.

4.2 Storage tanks should not be used for supplying drinking water.

4.3 Any storage tank supplying water other than for drinking shall be suitably covered.

5. **REFUSE STORAGE**

5.1 There should be provided and maintained an area suitable for the storage of refuse bins and recycling bins. Bins to be stored outside the building (unless otherwise prescribed) and sited so as to be readily accessible to the occupiers and to the Council’s refuse collectors.

6. **FLOOR AREAS FOR LETTINGS**

6.1 In calculating the total floor area in any room, any are of floor where the ceiling height is less than 1.5m from the floor, shall be excluded from the calculation. Of the remaining floor area, at least half has to be at least 2.1m to the ceiling, directly overhead.

7. **BEDSIT TYPE HMOs**

7.1 One-person units of living accommodation

|  |  |
| --- | --- |
| 1. Bed/living room/kitchen | 13m² |
| 1. Bed/living room   Separate kitchen | 9m²  4m² |
| 1. Living room/kitchen   Separate bedroom | 9m²  6.51m² |

7.2 Two-person units of living accommodation

|  |  |
| --- | --- |
| 1. Bed/living room/kitchen | 19m² |
| 1. Bed/living room   Separate kitchen | 14m²  6m² |
| 1. Living room/kitchen   Separate bedroom | 11m²  10.22m² |

8 **SHARED HOUSE TYPE HMOs**

8.1 Where a house in multiple occupation is let as a shared house type HMO, the following space standards apply:

**Bedrooms** – all bedrooms to be as follows

|  |  |
| --- | --- |
| 1. 1 Person | 6.51m² |
| 1. 2 Persons | 10.22m² |

No more than two persons should share a bedroom.

Unrelated persons should not be required to share a bedroom.

**Lounge/Dining Areas** – this floor area can be provided as one or more rooms

|  |  |
| --- | --- |
| 1. First 6 occupants per person | 2m² |
| 1. Every additional occupant per person | 2m² |

If the lounge or dining area in a shared house type HMO does not meet the above minimum sizes, then the minimum bedroom sizes in that property should be as follows:

|  |  |
| --- | --- |
| 1. 1 Person | 9m² |
| 1. 2 Persons | 14m² |

**Note**: Where the size of a room is below the minimum standards for that type of room, an assessment will be carried out by the Council to determine whether it is appropriate for the room to continue to be used for that purpose. The criteria to be taken into account will include:

* An assessment under the HHSRS
* The shape and physical layout of the room
* The nature and position of the furniture and fittings required in the room
* The intended use of the room and nature of occupancy
* The wishes of the tenant

9 **GENERAL MANAGEMENT**

9.1 The person having control of the house should ensure that:-

1. All services, furnishings, fixtures and fittings are maintained in a sound, clean condition and good order
2. The structure is kept in good order
3. Where disrepair is brought to the attention of the landlord, repairs should be arranged promptly
4. All yards, paving, boundary walls, fences, gardens and outbuildings are maintained in a safer and tidy condition
5. At the commencement of all tenancies the lettings are clean, in a satisfactory state of repair and decoration, and comply in all respects with these Standards.
6. All communal areas are regularly cleaned and redecorated as necessary.

10 **PLANNING PERMISSION AND BUILDING REGULATION APPROVAL**

10.1 These standards have been adopted without prejudice to legislation. Alternations or extensions carried out to a building in order to comply with these Standards will continue to require any necessary Planning Permission / Building Regulation approval.