

# NORTH TYNESIDE COUNCIL

## HOUSES IN MULTIPLE OCCUPATION (HMO's)

### MANDATORY LICENSING APPLICATION

Fill in this form in black ink only. Please write only within the boxes provided. If additional information is supplied on a separate sheet(s), please make sure that they are securely attached to the application form. Please read the Standards & Guidance Notes carefully before completing this application form. If you fail to complete the form correctly or attach the required certification this will delay the processing of your application. Should you require assistance completing the form or have any queries please contact

**Environmental Health, Public Protection, North Tyneside Council, Quadrant (East), Silverlink North, Cobalt Business Park, North Tyneside NE27 0BY**

**0191 6436100,**

**environmental.health@northtyneside.gov.uk**

All applicants should complete the details below. The proposed licence holder must complete part I. If the proposed licence holder is also the manager, you need only complete part II. Part III must be completed in every case.

**FAILURE TO APPLY FOR A LICENCE AS REQUIRED BY THE HOUSING ACT 2004 IS A CRIMINAL OFFENCE, AND MAY RESULT IN LEGAL ACTION BEING TAKEN.**

**Please indicate the type of HMO licence which you are applying for;**

Application for a New Licence

☐

Application for a Variation of an Existing Licence

☐

Renewal of an Existing Licence

☐

**Please indicate the type of property for which the application is being made;**

House or flat with all bedrooms rented and shared facilities

☐

Owner occupier and non-family members as lodgers

☐

Other; such as supported lodgings etc.

☐

**Address of HMO to be licensed:**

Postcode:

## PART I: LANDLORD INFORMATION

### PART I. APPLICANT DETAILS FOR HMO LICENCE HOLDER

(PART II will need to be completed ONLY if the applicant employs a manager, or rent collector)

**1. Name & Address of Applicant:**

.....  
.....

Tel: ..... e-mail: .....

**2. If the applicant is a company, partnership, or trust, please indicate which and complete the following:**

**2.1 Company/partnership/trust information: including registered address or principal trading address where appropriate.**

.....  
.....

Tel: ..... e-mail: .....

**2.2 Names & Addresses of all Directors/Partners/Trustees: *(please use separate sheet if necessary)***

.....  
.....

Tel: ..... e-mail: .....

**Names & Addresses of all Directors/Partners/Trustees: *(please use separate sheet if necessary)***

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.....  
.....

Tel: ..... e-mail: .....

### 3. LICENCE HOLDER Fit & proper person check

The local authority “must have regard (among other things) to” evidence which shows that a person or any person associated or formerly associated whether personally or on a work basis with the property provided it is relevant to whether the person is fit and proper, has

- a) Committed an offence involving
  - fraud
  - dishonesty
  - violence
  - drugs
  - sexual Offences Act Schedule 3
- b) Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in connection with a business.
- c) Contravened any provision of housing or landlord & tenant law. In particular, within the last 5 years 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 2004Or been refused a licence or breached conditions of a licence.

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

We require your co-operation in obtaining confirmation of the above. To satisfy this requirement a disclosure statement must be obtained from Disclosure Scotland. This will detail any unspent convictions under the Rehabilitation of Offenders Act 1974. 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.

#### 3.1 Do any of the above apply to you or anyone involved in the management of the property? YES or NO ?

.....

#### 3.2 If so, please indicate which?

.....

4 Are you a member of any landlords association or other professional body?

.....

5. Are you an accredited landlord in this or another authority?

.....

**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 statements made in this application with regard to the property concerned may be required at a later 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.

**Declaration LICENCE HOLDER ONLY**

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 – 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or I/we are reckless as to whether it is false or misleading.

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

Signed:	Name :	Date:
Signed:	Name :	Date:
Signed:	Name :	Date:
Signed:	Name :	Date:

(In the case of partnerships or trustees, all partners or trustees must sign. In the case of a limited company, the form must be signed by a Director or Company Secretary or other authorised officer, in which case we will require proof of authority).

## PART II: IF MANAGER EMPLOYED

### PART II. Manager Details and Declaration

This section only needs to be completed IF a Property Manager is appointed by the Licence Holder

**1. Name & Address of HMO Property Manager :**

.....  
.....  
Tel: ..... e-mail: .....

**2. If the Manager is a company, partnership, or trust, please indicate which and complete the following:**

**2.1 Company/partnership/trust information: including registered address or principal trading address where appropriate.**

.....  
.....  
Tel: ..... e-mail: .....

**2.2 Names & Addresses of all Directors/Partners/Trustees: *(please use separate sheet if necessary)***

.....  
.....  
Tel: ..... e-mail: .....

Names & Addresses of all Directors/Partners/Trustees: *(please use separate sheet if necessary)*

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Names & Addresses of all Directors/Partners/Trustees: *(please use separate sheet if necessary)*

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.....  
Tel: ..... e-mail: .....

### 3. **MANAGER Fit & proper person check**

**MUST BE COMPLETED BY THE MANAGER IN PERSON**

The local authority “must have regard (among other things) to” evidence which shows that a person or any person associated or formerly associated whether personally or on a work basis with the property provided it is relevant to whether the person is fit and proper, has

- a) Committed an offence involving
  - fraud
  - dishonesty
  - violence
  - drugs
  - sexual Offences Act Schedule 3
- b) Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in connection with a business.
- c) Contravened any provision of housing or landlord & tenant law. In particular, within the last 5 years 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 2004Or been refused a licence or breached conditions of a licence.

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#### 3.1 **Do any of the above apply to you or anyone involved in the management of the property?** **YES or NO ?**

.....

#### 3.2 **If so, please indicate which?**

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4 Are you a member of any landlords association or other professional body?

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5. Are you an accredited landlord in this or another authority?

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**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 statements made in this application with regard to the property concerned may be required at a later 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.

**Declaration** MUST BE SIGNED BY THE MANAGER IN PERSON

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 – 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or I/we are reckless as to whether it is false or misleading.

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

Signed:	Name :	Date:
Signed:	Name :	Date:
Signed:	Name :	Date:
Signed:	Name :	Date:

(In the case of partnerships or trustees, all partners or trustees must sign. In the case of a limited company, the form must be signed by a Director or Company Secretary or other authorised officer, in which case we will require proof of authority).

## PART III: COMPLETE FOR EVERY PROPERTY

### PART III. PROPERTY DETAILS

**1. Considering the age, character and locality of the property, please state if it is/has:**

- |    |   |        |
|----|---|--------|
| a) | Structurally sound and in reasonable repair           | Y/N/NK |
| b) | Free from damp  | Y/N/NK |
| c) | Clean & in good repair                                | Y/N/NK |
| d) | Secure (with adequate window and external door locks) | Y/N/NK |
| e) | Adequate facilities for rubbish storage and disposal  | Y/N/NK |

**1.2 Have you a schedule for**

- |    |   |        |
|----|---|--------|
| a) | Planned maintenance                           | Y/N/NK |
| b) | Inspection of furniture/facilities/equipment? | Y/N/NK |

**1.3 Please give approximate date of construction: .....**

If converted, approximate date of conversion: .....

### **2. Fire Precautions**

**2.1 Is there**

- |    |  |        |
|----|--|--------|
| a) | An adequate mains powered interlinked fire detection and alarm system        | Y/N/NK |
| b) | Is the main escape route protected by fire doors, self closers?              | Y/N/NK |
| c) | Is the escape route kept clear of flammable material and other obstructions? | Y/N/NK |
| d) | Do you have a contractor to maintain and inspect your system?                | Y/N/NK |
| e) | Is there a log book of inspection/testing?                                   | Y/N/NK |



<b>3.</b>	<b>Heating &amp; Insulation</b>	
3.1	What form of heating does the property have?	
	Gas fired central heating	Y/N/NK
	Off peak night storage heaters	Y/N/NK
	Individual wall mounted gas heaters	Y/N/NK
	Individual wall mounted electric heaters	Y/N/NK
3.2	Is the loft insulated?	Y/N/NK
3.3	If there are cavity walls, do you have cavity wall insulation?	Y/N/NK
3.4	Are the windows:	
	Double glazed	Y/N/NK
	Original timber framed, in good repair	Y/N/NK
3.5	If there is a gas supply to the property, please confirm that you have a current Gas Safety Certificate (required annually for the installation and equipment you provide) and provide a copy.	Y/N/NK
3.6	Have you an electrical safety certificate from a competent electrical engineer within the last 5 years to confirm that the electrical installation is safe? Please attach a copy.	Y/N/NK
<b>4.</b>	<b>Electrical appliances and furniture</b>	
	Please indicate whether you provide:	
	Furniture	Y/N/NK
	Appliances	Y/N/NK
4.1	Is all furniture compliant with current fire safety regulations?	Y/N/NK
4.2	Are all the appliances compliant with current gas/electrical safety regulations?	Y/N/NK
4.3	Have you had your property inspected for the presence of asbestos?	Y/N/NK

**5. Please confirm whether you provide the following: Tenancy agreements/written details of terms of tenancy, including**

- |   |        |
|---|--------|
| a) Sanctions for anti social behaviour            | Y/N/NK |
| b) Emergency contact phone number                 |        |
| c) Deposit Protection arrangements                | Y/N/NK |
| d) Rent arrangements, bank details, book/receipts | Y/N/NK |
| e) Repairs contact/procedure                      | Y/N/NK |
| f) Complaints procedure                           | Y/N/NK |

**6. Any further information you feel will help ;**

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## DETAILS OF PROPERTY TO BE LICENSED – to be completed for all properties

Please attach a sketch plan, with measurements, showing the location and size of each room in the property.

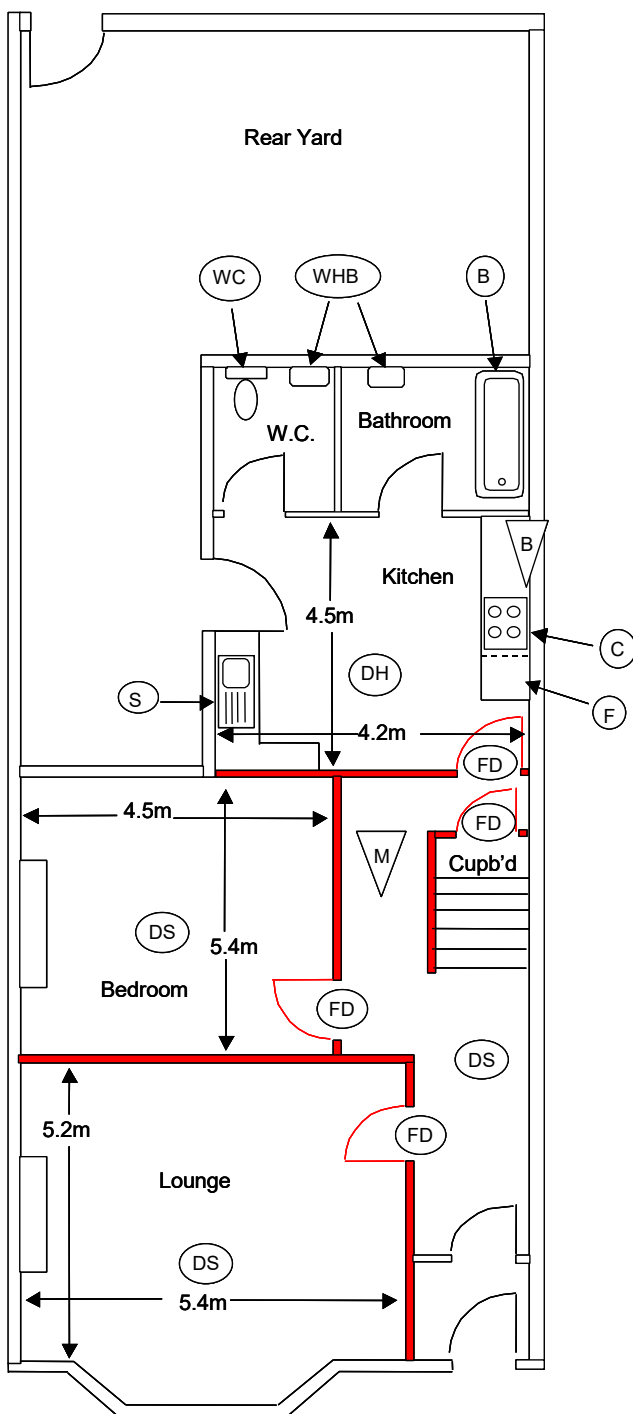
Below is an example showing the type of sketch and detail required.

Please use the abbreviations listed below to mark details on the plan.

Please provide a separate sketch of each floor level of the property.

Please provide a separate sketch of the kitchen layout giving the size and number of fixtures and fittings.

### EXAMPLE GROUND FLOOR PLAN



### KEY TO SYMBOLS

	Half Hour Fire Resisting Wall
	Half Hour Fire Resisting Door
	Detector Smoke
	Detector Heat
	Fire Extinguisher (Multipurpose type)
	Fire Blanket (Light Duty)
	Bathroom
	Wash Hand Basin
	Water Closet
	Sink
	Cooker
	Fridge

**PART IVb: Complete one line for each floor of the property**

[illegible]

## Notification to relevant persons

**You must let certain persons know in writing that you have made this application, or give them a copy of it. You can do this by completing the attached form.**

**The persons who need to know about it are:-**

- Any mortgagee of the property to be licensed
- Any owner of the property to which the application relates (if that is not your) 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 a flat) who is known to you, other than a statutory tenant or other tenant whose lease or tenancy is for less than 3 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/she will be bound by any condition(s) in a licence if it is granted.

**You must tell each of these persons:-**

- Your name, address, telephone number and email address or fax number (if any).
- The name, address, telephone number and email address or fax number (if any) of the proposed licence holder (if it will not be you).
- The address of the property to which the application relates.
- The application refers to an application for an HMO licence under Part 2 of the 2004 Housing Act .
- The name and address of the Local Authority to which the application will be made.
- The date the application will be submitted.

## List of relevant persons notified

	<b>Name:</b>	
	<b>Address:</b>	
	<b>Postcode:</b>	
<b>Interest in the property or the application:</b>		
<b>Date of service of Notice:</b>		

	<b>Name:</b>	
	<b>Address:</b>	
	<b>Postcode:</b>	
<b>Interest in the property or the application:</b>		
<b>Date of service of Notice:</b>		

	<b>Name:</b>	
	<b>Address:</b>	
	<b>Postcode:</b>	
<b>Interest in the property or the application:</b>		
<b>Date of service of Notice:</b>		

	<b>Name:</b>	
	<b>Address:</b>	
	<b>Postcode:</b>	
<b>Interest in the property or the application:</b>		
<b>Date of service of Notice:</b>		

<b>Please enclose the following documents with the application</b>		
<b>a.</b>	<b>Plan of the Premises</b>	<input type="checkbox"/>
<b>b.</b>	<b>Fire alarm test certificate</b>	<input type="checkbox"/>
<b>c.</b>	<b>Electrical test certificate (EICR)</b>	<input type="checkbox"/>
<b>d.</b>	<b>Copy of Tennancy Agreement ( blank sample)</b>	<input type="checkbox"/>
<b>e.</b>	<b>Landlord's Gas Safety Certificate (CP12)</b>	<input type="checkbox"/>
<b>f.</b>	<b>Cheque for licensing fee (or pay by phone by contacting the Environmental Health Office on 0191 643 6100)</b>	<input type="checkbox"/>

## INFORMATION ON DISCLOSURE AND SPENT OFFENCES

Under the Housing Act 2004, licence holders and managers of houses in multiple occupation must be fit and proper persons to undertake the responsibilities of running them. In order to assist the Council in making proper assessments of suitability, details about previous convictions for criminal offences must be disclosed. Under the Rehabilitation of Offenders Act 1974, there is no requirement to provide details about previous convictions that are 'spent'. A conviction becomes spent after a certain length of time, which changes depending upon the sentence and the age of the person at the time of conviction. The periods are halved if the conviction took place when aged 17 or less.

Sentence	Period of good conduct needed for conviction to be spent
6 months to 2½ years imprisonment	10 years
Less than 6 months' imprisonment	7 years
Borstal Training	7 years
A fine or Community Services Order	5 years
Probation Order, Conditional Discharge, or Bind Over	1 year
An Absolute Discharge	6 months

### Note:

If a person is sentenced to more than 2½ years in prison, his/her conviction can never become 'spent'.

Any information given will be treated as confidential and used only in connection with this application.

If you have any doubts about whether you have to declare a previous conviction, you should contact your local Probation Office or the Citizens' Advice Bureau or your Solicitor.

**Disclosure Scotland** can provide a basic disclosure that contains details of unspent convictions personal to an applicant. This type of disclosure is only issued to the applicant and may be used more than once.

Contact details:

Address: PO Box 250  
Glasgow, G511 1YU

Tel. no: 0870 609 6006  
Fax: 0870 609 6996

e-mail: [info@disclosurescotland.co.uk](mailto:info@disclosurescotland.co.uk)

Web: [www.disclosurescotland.co.uk](http://www.disclosurescotland.co.uk)