

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

Telephone 0191 6436640, email 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.

The fee for the licence is specified in the guidance notes.

Please ring and speak to the admin team on 6436100 to pay via debit/credit card and to obtain an acknowledgement of receipt of application with reference number.

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.

| | |
|---------------------------------------|-----------|
| Address of HMO to be licensed: | |
| | |
| | |
| | Postcode: |

| | |
|--|--------------------------|
| Please indicate the type of licence which you are applying for ... | |
| Application for a Licence | <input type="checkbox"/> |
| Application for a variation of an existing Licence | <input type="checkbox"/> |
| Renewal of a Licence | <input type="checkbox"/> |
| Please indicate the type of property for which the application is being made ... | |
| House in multiple occupation | <input type="checkbox"/> |
| Flat in multiple occupation | <input type="checkbox"/> |
| A house converted into and comprising only self contained flats | <input type="checkbox"/> |
| Purpose built block of flats | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| Please indicate how the HMO is operating ... | |
| House converted into bedrooms with shared facilities | <input type="checkbox"/> |
| House converted into bedsits with some shared facilities | <input type="checkbox"/> |
| A dwelling-house with lodgers | <input type="checkbox"/> |
| A hostel | <input type="checkbox"/> |



PART I: LANDLORD INFORMATION

PART I. APPLICATION FOR HMO LICENCE

1. This application refers to (property address):

.....

2. Name & Address of Applicant:

.....

Tel: e-mail:

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

3.1 Company/partnership/trust information: including Registered address or principal trading address where appropriate.

.....

Tel: e-mail:

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

.....

Tel: e-mail:

3.3 Name & Address of Company Secretary:

.....

Tel: e-mail:

3.4 Please confirm by signature of all partners/trustees an address for service:

.....

Signed: Name: (Director/Partner/Trustee?)

Signed: Name: (Director/Partner/Trustee?)

Signed: Name: (Director/Partner/Trustee?)

Signed: Name: (Director/Partner/Trustee?)

4. PART II will need to be completed if the applicant employs a manager, or rent collector

4.1 Name & Address of manager/rent collector (*please indicate*)

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

4.2 Please attach PART II as the application is incomplete without this and cannot be processed.

5. Fit & proper 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.

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.

- 5.1 Do any of the above apply to you or anyone involved in the management of the property?
If so, please indicate which.
.....
- 5.2 Are you a member of any landlords association or other professional body? Please indicate which.
.....
- 5.3 Are you an accredited landlord in this or another authority? Please indicate.
.....
- 5.4 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:
- 5.5 Please list any training courses you have undertaken or conferences attended in the last 3 years which you feel make you a better landlord.
.....
.....

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

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.

A payment of £ ----- is enclosed.

| | |
|---------|-------|
| Signed: | Date: |
| Signed: | Date: |
| Signed: | Date: |
| Signed: | 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. APPLICATION FOR HMO LICENSE

Applicant:

Property Address:

1. Name & Address of Person managing the property indicating professional qualifications such as RICS, ARMA, ARLA, etc.

Tel: e-mail:

1.1 Company/partnership/trust information: including Registered address or principal trading address where appropriate

Tel: e-mail:

2. Names & Addresses of all Directors/Partners/Trustees indicating professional qualifications such as RICS, ARMA, ARLA, etc. (please use separate sheet if necessary. Pre-printed information about your organisation is acceptable, validated by the signature of the appropriate officer).

Tel: e-mail:

3. Name & Address of Company Secretary

Tel: e-mail:

4. Please confirm by signature of all partners/trustees whether service can be made at one address, and indicate which:

.....
.....
Signed: Name: (Director/Partner/Trustee?)
Signed: Name: (Director/Partner/Trustee?)
Signed: Name: (Director/Partner/Trustee?)
Signed: Name: (Director/Partner/Trustee?)

5. Fit & proper 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 2004.

Or 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.

5.1 Please indicate which, of the above, if any, apply to you or any person associated with you who may be involved in the management of the property.

.....
.....

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

.....
.....

5.3 Please indicate number of individual properties in management:

5.4 Please give your Financial Services Authority registration number:
(If not registered, please provide information as to why this is not considered necessary on a separate sheet)

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

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.

A payment of £ ----- is enclosed.

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ 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) Reasonably 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?
(please provide brief details) 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 system of smoke/heat detectors incorporating:
 - A fire alarm panel Y/N/NK
 - Emergency lighting in the common ways Y/N/NK
 - Smoke/heat detectors in kitchen/common room Y/N/NK
 - Sounders/alarms on all levels 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) Please state who:
- f) Is there a log book of inspection/testing? Y/N/NK
- g) Where is it kept?
.....

3. Heating & Insulation

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

3.7 Please indicate date of any major work to the electrical installations. (date)

4. Electrical appliances and furniture

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. Room Sizes/ kitchen facilities/ Storage Space

5.1 Please provide dimensions of each bedroom, living room, kitchen.

5.2 Please provide details of the worksurface areas and storage facilities in the kitchen(s)

5. Tenancy Agreement

Please confirm whether you provide the following:

- | | |
|---|--------|
| a) Tenancy agreements/written details of terms of tenancy, including sanctions for anti social behaviour? | Y/N/NK |
| b) If you use a standard form of tenancy agreement, please provide a copy | |
| c) Inventory and schedule of condition at commencement of occupancy | Y/N/NK |
| d) Rent 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 you to assess your management skills:

.....

.....

.....

.....

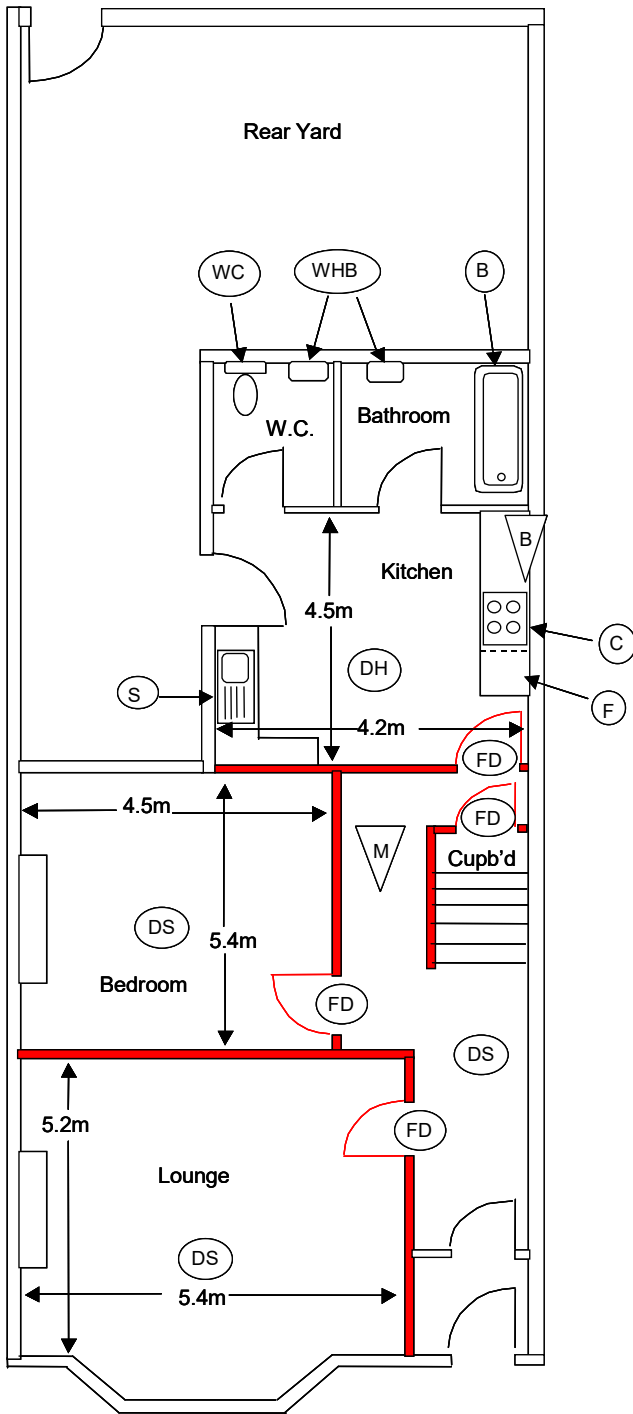
.....

.....

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 and attach to your application. If you already have plans of the property you may submit these separately.

EXAMPLE GROUND FLOOR PLAN



KEY TO SYMBOLS

- Half Hour Fire Resisting Wall
- FD Half Hour Fire Resisting Door
- DS Detector Smoke
- DH Detector Heat
- M Fire Extinguisher (Multipurpose type)
- B LD Fire Blanket (Light Duty)
- B Bathroom
- WHB Wash Hand Basin
- WC Water Closet
- S Sink
- C Cooker
- F Fridge

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 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 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

| | | |
|---|------------------|--|
| | Name: | |
| | Address: | |
| | | |
| | | |
| | Postcode: | |
| Interest in the property or the application: | | |
| Date of service of Notice: | | |

| | | |
|---|------------------|--|
| | Name: | |
| | Address: | |
| | | |
| | | |
| | Postcode: | |
| Interest in the property or the application: | | |
| Date of service of Notice: | | |

| | | |
|---|------------------|--|
| | Name: | |
| | Address: | |
| | | |
| | | |
| | Postcode: | |
| Interest in the property or the application: | | |
| Date of service of Notice: | | |

| | | |
|---|------------------|--|
| | Name: | |
| | Address: | |
| | | |
| | | |
| | Postcode: | |
| Interest in the property or the application: | | |
| Date of service of Notice: | | |

| | | |
|---|------------------|--|
| | Name: | |
| | Address: | |
| | | |
| | | |
| | Postcode: | |
| Interest in the property or the application: | | |
| Date of service of Notice: | | |

| Enclosures | | |
|-------------------|--|--------------------------|
| a. | Plan of the Premises | <input type="checkbox"/> |
| b. | Fire alarm test certificate | <input type="checkbox"/> |
| c. | Emergency lighting system test certificate | <input type="checkbox"/> |
| d. | Service contract for alarm and fire systems | <input type="checkbox"/> |
| e. | Landlord's Gas Safety Certificate (CP12) | <input type="checkbox"/> |
| f. | Periodic test certificate for the electrical installation | <input type="checkbox"/> |
| g. | PAT declaration | <input type="checkbox"/> |
| h. | Cheque for licensing fee | <input type="checkbox"/> |

You may use this form to make the appropriate notifications to persons having an interest in the property.

Notification to persons having an interest in the property to be licensed

| | |
|--|--|
| Details of Applicant | |
| Name: | |
| Address: | |
| | |
| | |
| Postcode: | |
| Tel Number: | |
| Email Address: | |
| Details of proposed licence holder (if he is not the applicant) | |
| Name: | |
| Address: | |
| | |
| | |
| Postcode: | |
| Tel Number: | |
| Email Address: | |
| Address of property to which it relates: | |
| | |
| | |
| Postcode: | |
| Name and address of Local Authority to which application is being made: | |
| | |
| | |
| | |
| | |
| Date Application to be submitted | |
| | |

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

Web: www.disclosurescotland.co.uk