

HOUSING ACT 2004 & THE LICENSING OF HOUSING IN MULTIPLE OCCUPATION (PRESCRIBED DESCRIPTION) (ENGLAND) ORDER 2018



APPLICATION FOR [VARIATION OF] HMO LICENCE

Please complete in conjunction with the guidance notes. If you do not complete all the relevant sections accurately and in full the form **will be returned** which will delay the processing of the application.

ONLY COMPLETE THIS APPLICATION FORM FOR A HOUSE IN MULTIPLE OCCUPATION THAT REQUIRES A LICENCE.

THIS CAN BE ASSESSED BY READING THE GUIDANCE NOTES ACCOMPANYING THIS FORM.

To: Boston Borough Council, Municipal Buildings, West Street, BOSTON, Lincs, PE21 8QR

I/WE APPLY for [variation of] a HMO Licence.

Full Name:

Dated

Address of HMO to be licensed:
Postcode:

Please tick the type of licence you are applying for	
Application for a Licence	<input type="checkbox"/>
Variation of an existing Licence	<input type="checkbox"/>
Renewal of a Licence	<input type="checkbox"/>

Please tick the type of house for which the application is being made <i>(see note 1)</i>	
House in multiple occupation	<input type="checkbox"/>
Flat in multiple occupation	<input type="checkbox"/>
A house converted and comprising only of self contained flats	<input type="checkbox"/>

Please tick how the HMO is operating <i>(see note 2)</i>	
HMO - bed-sits	<input type="checkbox"/>
HMO with shared facilities	<input type="checkbox"/>
Household with lodgers	<input type="checkbox"/>
A hostel, B & B, care home	<input type="checkbox"/>
Supported lodgings	<input type="checkbox"/>
Other (please specify):	

Have you applied for a HMO licence within another local authority?		
Yes <input type="checkbox"/> * No <input type="checkbox"/>		
* If you have ticked 'yes', please give details below, including the date (if granted). Continue on a separate sheet if necessary.		
Address	Local Authority	Date granted

Have you applied for a HMO licence for another HMO within the area of Boston Borough Council?	
Yes <input type="checkbox"/> * No <input type="checkbox"/> **	
* If you have ticked ' <u>yes</u> ', please complete page 2, skip Part 1, go to Part 2 (page 16) and complete this and all subsequent parts, <u>unless</u> any personal details in previous applications have changed. If any personal details have changed, please complete the details on page 2, go to Part 1 and complete this and all subsequent parts.	
** If you have ticked ' <u>no</u> ', please ignore Page 2, go to Part 1 and complete this and all subsequent parts.	

The following details are required from applicants who have already submitted an HMO licensing application form. This will enable the Council to find the records.

Details of the Applicant	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	
Full name:	
Address:	
	Postcode:
Telephone:	

Details of the Manager/Managing Agent, if applicable	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	
Full name:	
Address:	
	Postcode:
Telephone:	

Details of the Proposed Licence Holder, if different from applicant	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	
Full name:	
Address:	
	Postcode:
Telephone:	

Details of the Person having control of the HMO	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	
Full name:	
Address:	
	Postcode:
Telephone:	

PART ONE – PERSONAL DETAILS

SECTION 1: DETAILS OF APPLICANT

The applicant must be a named individual (see note 3)

1.1	Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
	Full name:					
	Residential address: (see note 4)					
	Postcode:					
	Proof of address: (see note 4)	Driving licence <input type="checkbox"/>	Bank statement <input type="checkbox"/>	Utility bill <input type="checkbox"/>	Other	
	Business address: (if applicable)					
	Postcode:					
Proof of address: (see note 4)	Utility bill <input type="checkbox"/>	Business rates <input type="checkbox"/>	Tax correspondence <input type="checkbox"/>			
Home telephone no:			Mobile tel no:			
Work telephone no:						
e-mail address:						
Date of birth:						
Interest in property:	Owner <input type="checkbox"/>	Manager <input type="checkbox"/>	Leaseholder <input type="checkbox"/>	Other		

1.2	Do you have control of the property? (see note 5)
	Yes <input type="checkbox"/> No <input type="checkbox"/>

1.3	Are you the proposed licence holder?
	Yes <input type="checkbox"/> please go to question 2.2 No <input type="checkbox"/> please go to question 2.1

SECTION 2: DETAILS OF PROPOSED LICENCE HOLDER

The proposed licence holder must be a named individual (see note 3)

2.1	Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>	
	Full name:						
	Residential address: (see note 4)						
	Proof of address: (see note 4)	Postcode:					
		Driving licence <input type="checkbox"/>	Bank statement <input type="checkbox"/>	Utility bill <input type="checkbox"/>	Other		
	Business address: (if applicable)						
	Proof of address: (see note 4)	Postcode:					
		Utility bill <input type="checkbox"/>	Business rates <input type="checkbox"/>	Tax correspondence <input type="checkbox"/>			
	Home tel no:				Mobile tel no:		
	Work tel no:						
e-mail address:							
Date of birth:							
Interest in property:	Owner <input type="checkbox"/>	Manager <input type="checkbox"/>	Leaseholder <input type="checkbox"/>	Other			

2.2	If <u>not</u> part of a company, partnership, charity or trust, please go question 2.5. If the proposed licence holder <u>is</u> part of a company, partnership, charity or trust, please indicate which and provide contact details of <u>all</u> directors / partners / trustees – please use additional sheet(s) if more than two.					
	Limited Company <input type="checkbox"/>		Partnership <input type="checkbox"/>		Charity <input type="checkbox"/>	
	Trust <input type="checkbox"/>					
	Limited Company/partnership/charity/trust name:					
	Registered Company/Charity No:					
	Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/>			Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/>		
	Full name:			Full name:		
	Registered address:			Registered address:		
	Postcode:			Postcode:		
	Telephone no:			Telephone no:		
e-mail address:			e-mail address:			
Date of birth:			Date of birth:			

2.3	Please provide details of the Company Secretary/Senior Partner/Trust Secretary:	
	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
	Full Name:	
	Company Secretary address:	
		Postcode:
	Telephone no:	
	e-mail address:	

2.4	Please provide an address where all official correspondence should be sent. All Partners/Trustees should sign their agreement to this address. This will be the address used on the public register – (see note 4)	
	Name of person/company:	
	Correspondence address:	
		Postcode:
	Telephone no:	
	e-mail address:	

I, as a Partner/Trustee hereby give agreement to the above address being used for all official correspondence and on the public register provided by Boston Borough Council.	
Full Name:	Capacity:
Full Name:	Capacity:
Full Name:	Capacity:

2.5	Is the proposed licence holder a member of any landlords association or other professional body? Please indicate which.	
	Organisation	Since
2.6	Is the proposed licence holder an accredited landlord in this or another authority? Please indicate and provide details of the accreditation scheme operator.	
	Authority	Scheme operator
		Since
2.7	Please list training courses/conferences attended – relevant to property management – by the proposed licence holder.	
	Training course	Date

Fit and Proper Person (see note 6)

The local authority must consider evidence whether the **proposed licence holder**, and any person **associated or formerly associated with them**, whether on a personal, work or other basis, is a fit and proper person.

2.8	Has the proposed licence holder , or anyone associated with the proposed licence holder, ever accepted a simple caution, previously known as a formal caution, from the Police or been convicted of an offence being subject to the Rehabilitation of Offenders Act 1974 involving any of the following?					
			Proposed Licence Holder		Associate	
			Yes	No	Yes	No
	Fraud		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dishonesty		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Drugs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Offences Act schedule 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If you have ticked 'yes' to any of the above offences, please provide details below of the date heard and the Court or Police Force involved. Please use extra sheets of paper if necessary.						
Date of offence		Date Heard		Court/Police Force		

2.9	Has the proposed licence holder , or anyone associated with the proposed licence holder, ever been subject to unlawful discrimination proceedings relating to their business, being subject to the Rehabilitation of Offenders Act 1974 involving the following?					
			Proposed Licence Holder		Associate	
			Yes	No	Yes	No
	Sex		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Colour		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Race		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ethnic or national origin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If you have ticked 'yes' to any of the above offences, please provide details below of the date heard and the Court or Police Force involved. Please use extra sheets of paper if necessary.						
Date of Offence		Date Heard		Court/Police Force		

2.10	Has the proposed licence holder , or anyone associated with the proposed licence holder, ever been served with Enforcement Notices within the past five years, convicted for non-compliance of a Statutory Notice, accepted a simple caution or been convicted of an offence under any of the following laws:				
		Proposed Licence Holder		Associate	
		Yes	No	Yes	No
	Any Housing Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Housing and Planning Act 2016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Landlord and Tenant Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Environmental Protection Act 1990	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Public Health Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Health and Safety Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Building Regulation or Planning Laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have ticked 'yes' to any of the above, please provide details below of the date heard and the Local Authority involved. Please use extra sheets of paper if necessary.					
	Date	Details of Notice / Offence		Local Authority involved	

2.11	Has the proposed licence holder , or anyone associated with the proposed licence holder, been in control of a property:				
		Proposed Licence Holder		Associate	
		Yes	No	Yes	No
	Subject to a Control Order or Management Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Where works have been carried out in default (e.g. the Council carrying out improvements when a Notice wasn't complied with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Been refused a licence or registration certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Breached conditions of a licence or registration certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If 'yes', provide details below. Please use extra sheets of paper if necessary.					
	Details (e.g. address, reasons for action etc)	Date	Local authority involved		

2.12	A licence holder must have the financial arrangement necessary to ensure that the property is properly managed and maintained. Please answer the following questions:		
		Proposed Licence Holder	
		Yes	No
	Are there any outstanding County Court judgements against you or any company of which you are director or secretary?	<input type="checkbox"/>	<input type="checkbox"/>
	Are you an undischarged bankrupt?	<input type="checkbox"/>	<input type="checkbox"/>

2.13	Do you have the authority to repair and maintain the property and have the financial arrangements necessary to repair the property?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If an associate of the proposed licence holder has answered 'yes' to any of the above questions, please provide details below:

Personal Details of associate of Proposed Licence Holder			
2.14	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 50px;" type="text"/>	
	Full name:	<input style="width: 100%;" type="text"/>	
	Residential address: <i>(see note 4)</i>	<input style="width: 100%;" type="text"/>	
		<input style="width: 100%;" type="text"/>	
		Postcode: <input style="width: 100%;" type="text"/>	
	Business address: <i>(if applicable)</i>	<input style="width: 100%;" type="text"/>	
		<input style="width: 100%;" type="text"/>	
		Postcode: <input style="width: 100%;" type="text"/>	
	Home tel no:	<input style="width: 50%;" type="text"/>	Mobile tel no: <input style="width: 50%;" type="text"/>
	Work tel no:	<input style="width: 100%;" type="text"/>	
	e-mail address:	<input style="width: 100%;" type="text"/>	
	Date of birth:	<input style="width: 100%;" type="text"/>	
Interest in property:	Owner <input type="checkbox"/>	Manager <input type="checkbox"/>	
	Leaseholder <input type="checkbox"/>		
	Other		

Please use a separate sheet(s) of paper for any additional associates of the proposed licence holder and attach to this form.

In addition to the above and in **all** cases, the applicant **must** apply for a Basic Disclosure check. and enclose a copy of the results of the check with this application when returning to the address on page 1.

In addition, if it is found that any **associate** has answered 'yes' to questions 2.8 or 2.9, then (but only then) must **they** complete a Basic Disclosure check.

The Basic Disclosure will be issued to individuals on request, subject to confirmation of identity. The Basic Disclosure will contain details of convictions held in central police records which are unspent according to the

Rehabilitation of Offenders Act 1974 or will state if there are no such convictions. Registration applications forms and further information or assistance can be obtained by any of the following methods:

A Basic Disclosure application can also be completed online. Further information and the online application form can be found at www.gov.uk/request-copy-criminal-record. In order to make an online application for a Basic Disclosure, your current address must be in the United Kingdom and you must have been resident at this address for more than 12 months. If your current address does not satisfy these criteria, or if you have opted not to be included on the published electoral role, then please apply using the paper application form. This is a requirement for identity verification procedures.

Telephone Helpline*: 03000 200 190	Email: customerservices@dbs.gsi.gov.uk
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*Calls charged at national rates and may be recorded or monitored for training and quality purposes. The Helpline is available during the following hours:- Monday to Friday - 8:00am to 6:00pm

STATUTORY DECLARATION FOR RELEASE OF INFORMATION

To be completed by Proposed Licence Holder:

As part of our duty under the Housing Act 2004 we may have to share and/or check your information with other agencies including the Police, Fire & Rescue Service, Office of Fair Trading, other local authorities and other relevant departments within this Council, for example Council Tax, Revenues and Benefits and Debtors.

Please complete and date the declaration below in order for us to progress your application.

I, as the proposed licence holder, hereby authorise any statutory body holding information about me, which falls to the Agencies above, to provide this information on request by the Council.

Full Name:

Date:

SECTION 3: DETAILS OF MANAGER/MANAGING AGENT IF DIFFERENT FROM PROPOSED LICENCE HOLDER

The proposed licence holder must be a named individual (see note 3)

3.1	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 50px;" type="text"/>	
	Full name:		
	Residential address: <i>(see note 4)</i>		
		Postcode:	
	Proof of address: <i>(see note 4)</i>	Driving licence <input type="checkbox"/> Bank statement <input type="checkbox"/> Utility Bill <input type="checkbox"/> Other	
	Business address: <i>(if applicable)</i>		
	Proof of address: <i>(see note 4)</i>	Utility bill <input type="checkbox"/> Business rates <input type="checkbox"/> Tax correspondence <input type="checkbox"/>	
	Home telephone no:	Mobile tel no:	
	Work telephone no:		
	e-mail address:		
	Date of birth:		
	Interest in property:	Owner <input type="checkbox"/> Manager <input type="checkbox"/> Leaseholder <input type="checkbox"/> Other	

3.2	If the manager/managing agent is part of a company, partnership, charity or trust, please indicate which and provide contact details of all directors/partners/trustees – please use separate sheet if more than two. If not part of a company, partnership etc. please go to question 3.5.		
	Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Charity <input type="checkbox"/> Trust <input type="checkbox"/>		
	Limited Company/Partnership/Charity/Trust Name:		
	Registered Company/Charity No:		
	Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/>		Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/>
	Full name:	Full name:	
	Registered address:	Registered address:	
	Postcode:	Postcode:	
	Telephone no:	Telephone no:	
	e-mail address:	e-mail address:	
	Date of birth:	Date of birth:	

3.3	Please provide details of the Company Secretary/Senior Partner/Trust Secretary:	
	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
	Full Name:	
	Company Secretary address:	
		Postcode:
	Telephone no:	
e-mail address:		

3.4	Please provide an address where all official correspondence should be sent. All Partners/Trustees should sign their agreement to this address. This will be the address used on the public register (see note 4)	
	Name of Person/Company:	
	Correspondence address:	
		Postcode:
	Telephone no:	
e-mail address:		

I, as a Partner/Trustee, hereby give agreement to the above address being used for all official correspondence and on the public register provided by Boston Borough Council.			
Full Name:		Capacity:	
Full Name:		Capacity:	
Full Name:		Capacity:	

3.5	Is the manager/managing agent a member of any landlords association or other professional body? Please indicate which.	
	Organisation	Since

3.6	Is the manager/managing agent an accredited landlord in this or another authority? Please indicate and provide details of the accreditation scheme operator.		
	Authority	Scheme Operator	Since

3.7	Please list training courses/conferences attended – relevant to property management – by the manager/managing agent.	
	Training course	Date

Fit and Proper Person – (see note 6)

The local authority must consider evidence whether the **manager/managing agent** is a fit and proper person.

3.8	Has the manager/managing agent , ever accepted a simple caution, previously known as a formal caution, from the Police or been convicted of an offence, being subject to the Rehabilitation of Offenders Act 1974, involving any of the following?		
			Manager/Agent
			Yes
			No
	Fraud	<input type="checkbox"/>	<input type="checkbox"/>
	Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>
	Violence	<input type="checkbox"/>	<input type="checkbox"/>
	Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Offences Act schedule 3		<input type="checkbox"/>	<input type="checkbox"/>
If you have ticked 'yes' to any of the above offences, please provide details below of the date heard and the Court or Police Force involved. Please use extra sheets of paper if necessary.			
Date of offence		Date Heard	Court/Police Force

3.9	Has the manager/managing agent , ever been subject to unlawful discrimination proceedings relating to their business, being subject to the Rehabilitation of Offenders Act 1974, involving the following?		
			Manager/Agent
			Yes
			No
	Sex	<input type="checkbox"/>	<input type="checkbox"/>
	Colour	<input type="checkbox"/>	<input type="checkbox"/>
	Race	<input type="checkbox"/>	<input type="checkbox"/>
	Ethnic or national origin	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	
If you have ticked 'yes' to any of the above offences, please provide details below of the date heard and the Court or Police Force involved. Please use extra sheets of paper if necessary.			
Date of offence		Date Heard	Court/Police Force

3.10	Has the manager/managing agent , ever been served with Enforcement Notices within the past five years, convicted for non-compliance of a Statutory Notice, accepted a simple caution or been convicted of an offence under any of the following laws:			
			Manager/Agent	
			Yes	No
	Any Housing Act		<input type="checkbox"/>	<input type="checkbox"/>
	Housing and Planning Act 2016		<input type="checkbox"/>	<input type="checkbox"/>
	Landlord and Tenant Law		<input type="checkbox"/>	<input type="checkbox"/>
	Environmental Protection Act 1990		<input type="checkbox"/>	<input type="checkbox"/>
	Public Health Law		<input type="checkbox"/>	<input type="checkbox"/>
	Health and Safety Law		<input type="checkbox"/>	<input type="checkbox"/>
	Building Regulation or Planning Laws		<input type="checkbox"/>	<input type="checkbox"/>
If you have ticked 'yes' to any of the above, please provide details below of the date heard and the Local Authority involved. Please use extra sheets of paper if necessary.				
Date		Details of Notice / Offence	Local Authority involved	

3.11	Has the manager/managing agent , ever managed a property:			
			Yes	No
	Subject to a Control Order or Management Order		<input type="checkbox"/>	<input type="checkbox"/>
	Where works have been carried out in default following service of a notice (e.g. the Council carrying out improvements when a Notice wasn't complied with)		<input type="checkbox"/>	<input type="checkbox"/>
	Where a licence or registration certificate has been refused		<input type="checkbox"/>	<input type="checkbox"/>
	Where a licence or registration conditions have been breached		<input type="checkbox"/>	<input type="checkbox"/>
If 'yes', provide details below. Please use extra sheets of paper if necessary.				
Details (e.g. address, reasons for action etc)		Date	Local authority involved	

3.12	If you do not hold a freehold interest or long lease with full repairing obligations, please answer the following questions:			
			Manager/Agent	
			Yes	No
	Do you have the authority to carry out any works required to the property		<input type="checkbox"/>	<input type="checkbox"/>
	Is there any financial limitation on the amount of work you can carry out?		<input type="checkbox"/>	<input type="checkbox"/>
Please detail below the value of work you can carry out without further authorisation and the procedure which you must follow if works exceed this limit:				

In addition to the above and in **all** cases, the manager/managing agent **must** apply for a Basic Disclosure check and enclose a copy of the results of the check with this application when returning to the address on page 1.

The Basic Disclosure will be issued to individuals on request, subject to confirmation of identity. The Basic Disclosure will contain details of convictions held in central police records which are unspent according to the Rehabilitation of Offenders Act 1974 or will state if there are no such convictions. Registration applications forms and further information or assistance can be obtained by any of the following methods:

A Basic Disclosure application can also be completed online. Further information and the online application form can be found at www.gov.uk/request-copy-criminal-record. In order to make an online application for a Basic Disclosure, your current address must be in the United Kingdom and you must have been resident at this address for more than 12 months. If your current address does not satisfy these criteria, or if you have opted not to be included on the published electoral role, then please apply using the paper application form. This is a requirement for identity verification procedures.

Telephone Helpline*: 03000 200 190	Email: customerservices@dbs.gsi.gov.uk
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*Calls charged at national rates and may be recorded or monitored for training and quality purposes. The Helpline is available during the following hours:- Monday to Friday - 8:00am to 6:00pm

STATUTORY DECLARATION FOR RELEASE OF INFORMATION
To be completed by Manager/Managing Agent: As part of our duty under the Housing Act 2004 we may have to share and/or check your information with other agencies including the Police, Fire & Rescue Service, Office of Fair Trading, other local authorities and other relevant departments within this Council, for example Council Tax, Revenues and Benefits and Debtors. Please complete and date the declaration below in order for us to progress your application.

I, as the Manager/Managing Agent, hereby authorise any statutory body holding information about me, which falls to the Agencies above, to provide this information on request by the Council.	
Full Name:	
Date:	

SECTION 4: DETAILS OF PERSON/ORGANISATION HAVING CONTROL OF PROPERTY

The person in control must be a named individual (see note 5)

4.1	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 50px;" type="text"/>
	Full name:	<input style="width: 90%;" type="text"/>
	Residential address: <i>(see note 4)</i>	<input style="width: 90%;" type="text"/>
		<input style="width: 90%;" type="text"/>
		Postcode: <input style="width: 80%;" type="text"/>
	Proof of address <i>(see note 4)</i>	Passport <input type="checkbox"/> Driving licence <input type="checkbox"/> Bank statement <input type="checkbox"/> Other <input type="checkbox"/>
	Contact name:	<input style="width: 90%;" type="text"/>
	Business address <i>(if applicable)</i>	<input style="width: 90%;" type="text"/>
		<input style="width: 90%;" type="text"/>
		Postcode: <input style="width: 80%;" type="text"/>
	Proof of address <i>(see note 4)</i>	Utility bill <input type="checkbox"/> Business rates <input type="checkbox"/>
	Home tel no:	<input style="width: 50%;" type="text"/> Mobile tel no: <input style="width: 30%;" type="text"/>
	Work tel no:	<input style="width: 90%;" type="text"/>
	e-mail address:	<input style="width: 90%;" type="text"/>
	Date of birth:	<input style="width: 90%;" type="text"/>
	Interest in property:	Owner <input type="checkbox"/> Manager <input type="checkbox"/> Leaseholder <input type="checkbox"/> Other

4.2	Are you the Freeholder or the Leaseholder?
	Freeholder <input type="checkbox"/> Leaseholder <input type="checkbox"/> Neither <input type="checkbox"/>

PART TWO – PROPERTY DETAILS

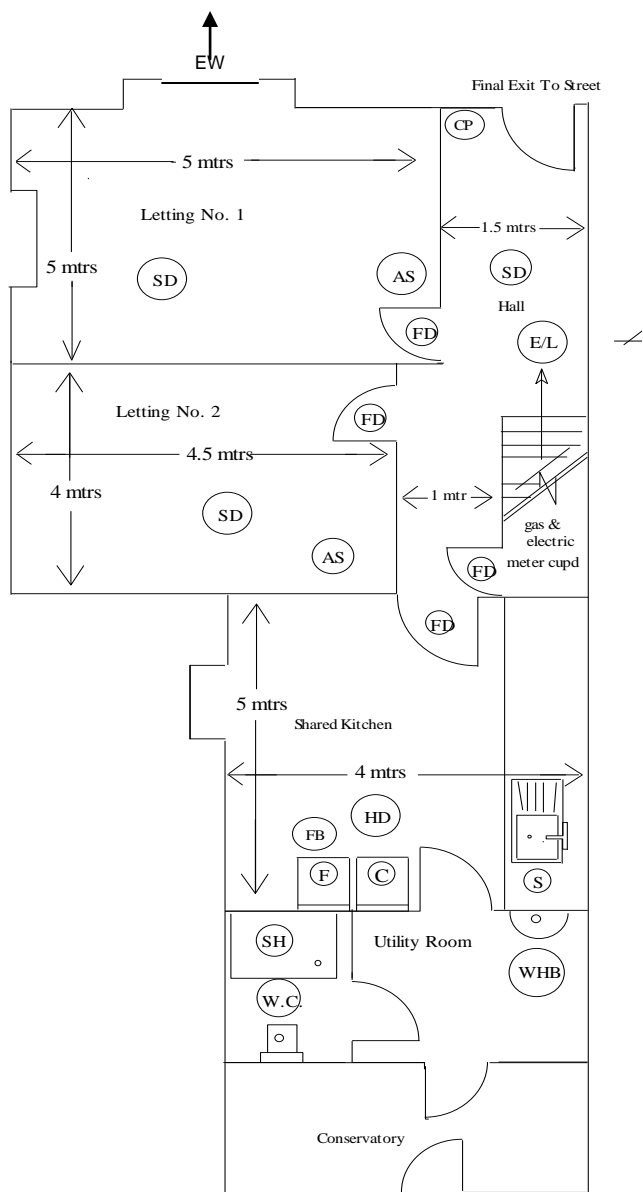
SECTION 1: DETAILS OF PROPERTY TO BE LICENSED

To be completed for all properties requiring a licence

- 1.1 Please provide an up to date 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 use additional sheets for these plans and upload them separately, or alternatively if you already have up to date plans of the property you may instead submit them.

Key of symbols to be used on plan

FD	Fire door
EW	Escape window
EL	Emergency lighting
CP	Manual fire alarm call point
FAP	Fire alarm control panel
SD	Smoke detector linked to whole house system
HD	Heat detector linked to whole house system
AS	Alarm sounder linked to whole house system
SA	Combined smoke detector/alarm, maybe linked or stand-alone
HA	Combined heat detector/alarm, maybe linked or stand-alone
FB	Fire blanket
WE	Water extinguisher
FE	Foam extinguisher
DP	Dry powder extinguisher
SH	Shower
B	Bath
WC	Toilet
WHB	Wash-hand basin
C	Cooker
S	Sink
F	Fridge



EXAMPLE GROUND FLOOR PLAN

NOTE: All fastenings to doors required for escape purposes must be thumb-turn type locks, easily openable from the inside without the use of a key. For other housing standards including fire standards, please refer to the Council's website.

1.2	Please indicate the type of property to be licensed.	
	Detached <input type="checkbox"/>	Terrace <input type="checkbox"/>
	Semi-detached <input type="checkbox"/>	End terrace <input type="checkbox"/>
	Other <input type="checkbox"/> please indicate:	
1.3	Please give approximate date of construction of the property:	
	Pre 1919 <input type="checkbox"/>	1945 – 1964 <input type="checkbox"/> After 1980 <input type="checkbox"/>
	1919 – 1944 <input type="checkbox"/>	1965 – 1980 <input type="checkbox"/>
1.4	If the whole or part of the property has been converted, for example, into self-contained flats, what was the approximate date of conversion?	
	Date:	
1.5	Please provide details of any building works carried out to the property. Please include copies of planning consents, building regulations approval or certificates issued on completion of works.	
	Description of works	Date of completion
1.6	Is any part of the property used for separate commercial activity?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.7	If yes, please give details and location of the commercial activity below:	
1.8	How many separate letting units (e.g. self contained flats/bedrooms) are there in the property?	
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> other <input type="text"/>	
1.9	How many households occupy the property at present? <i>(see note 7 for 'household' definition)</i>	
	Households	
1.10	What is the maximum number of households that could occupy the property?	
	Households:	Don't know <input type="checkbox"/>

1.11	Please indicate the number of households you would like the licence for	
	Households	
1.12	How many individual people occupy the property at present?	
	Individuals	
1.13	What is the maximum number of people who could occupy the property?	
	Individuals:	Don't know
1.14	Please indicate the number of occupants you would like the licence for	
	Individuals:	
1.15	Is there a resident landlord?	
	Yes <input type="checkbox"/>	No* <input type="checkbox"/> <i>*If 'no', please go to question 2.1</i>
1.16	Is the proposed licence holder the resident landlord?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.17	How many people are resident in the landlord's household, excluding the landlord?	
	Individuals:	
1.18	Which rooms in the property are occupied by resident landlord's household?	
	Rooms:	

2.1	What form of heating is there in the bathroom/s? (for shared properties only)		
		Yes	No
	Radiator/s as part of the gas/oil fired central heating system	<input type="checkbox"/>	<input type="checkbox"/>
	Individual wall-mounted electric heater/s	<input type="checkbox"/>	<input type="checkbox"/>
	Electric storage heater/s	<input type="checkbox"/>	<input type="checkbox"/>
	Other, please state:		
2.2	What form of heating is there in the kitchen/s? (for shared properties only)		
		Yes	No
	Radiator/s as part of the gas/oil fired central heating system	<input type="checkbox"/>	<input type="checkbox"/>
	Individual wall-mounted electric heater/s	<input type="checkbox"/>	<input type="checkbox"/>
	Electric storage heater/s	<input type="checkbox"/>	<input type="checkbox"/>
	Other, please state:		
2.3	What form of heating is there in the common parts such as hallways and stairwells?		
		Yes	No
	Radiator/s as part of the gas/oil fired central heating system	<input type="checkbox"/>	<input type="checkbox"/>
	Individual wall-mounted electric heater/s	<input type="checkbox"/>	<input type="checkbox"/>
	Electric storage heater/s	<input type="checkbox"/>	<input type="checkbox"/>
	Other, please state:		
2.4	Are there any gas appliances in the property?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If yes, please provide copies of valid gas safety certificates</i>

Please complete the following table indicating the facilities that are provided within the whole dwelling by ticking or numbering the relevant boxes to indicate the facilities that each individual letting unit has use of within the property. (see note 8)

FACILITIES	LETTING UNIT										
	1	2	3	4	5	6	7	8	9	10	TOTAL
Number of people sharing unit											
Number of bedrooms											
Shared living room											
Exclusive living room											
Dining room											
Shared kitchen/s											
Exclusive kitchen											
4 hob cooker, oven and grill											
Microwave											
Dedicated cooker point											
Sink with drainer and base unit											
Refrigerator/s with freezer compartments											
Freezer											
Stand alone wash hand basin (WHB)											
Shared bathroom/s with WC & WHB											
Shared shower room – separate											
Shared stand-alone WC / WHB											
Exclusive bathroom with WC & WHB											
Fixed heating such as gas central heating											
Electric storage heating											
Other (non portable) heating <i>please specify below:</i>											

SECTION 2: DETAILS OF FACILITIES AND MANAGEMENT

To be completed for all properties requiring a licence

3.1	Is there a system of fire detection incorporating:		
		YES	NO
	▪ a fire alarm panel	<input type="checkbox"/>	<input type="checkbox"/>
	▪ sounders/alarms on all levels	<input type="checkbox"/>	<input type="checkbox"/>
	▪ emergency lighting in the common hallways	<input type="checkbox"/>	<input type="checkbox"/>
	▪ mains powered smoke/heat alarms in kitchen/common rooms and hallways	<input type="checkbox"/>	<input type="checkbox"/>
	▪ battery operated smoke alarms	<input type="checkbox"/>	<input type="checkbox"/>

3.2	Is there a current fire alarm test certificate?
	Yes* <input type="checkbox"/> No <input type="checkbox"/> *If yes, please provide a copy

3.3	Is a contractor employed to inspect and maintain the fire alarm system?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please state who: _____ (Please provide a copy of the service contract)

3.4	Is there a current emergency lighting test certificate?
	Yes* <input type="checkbox"/> No <input type="checkbox"/> *If yes, please provide a copy

3.5	Is/are the kitchen(s) / kitchen area(s) protected by fire doors ?
	Yes* <input type="checkbox"/> No <input type="checkbox"/> *If yes, are they fitted with:
	self closers <input type="checkbox"/>
	smoke seals <input type="checkbox"/>
	intumescent strips <input type="checkbox"/>

3.6	Are all the doors opening onto the main escape route 30 minute fire resistant doors that incorporate self closers, smoke seals and intumescent strips ?
	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, which doors are not:

3.7	Are fire blankets provided in the kitchen/s?
	Yes <input type="checkbox"/> No <input type="checkbox"/>

3.8	Is the escape route kept clear of flammable material and other obstructions?
	Yes <input type="checkbox"/> No <input type="checkbox"/>

3.9	Is the main exit door openable from the inside without the use of a key?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.10	Does the property incorporate a sprinkler system?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.11	Has a fire safety risk assessment been undertaken at the dwelling?	
	Yes* <input type="checkbox"/>	No <input type="checkbox"/> *If yes, please provide a copy
3.12	Are fire extinguishers provided and tested annually ?	
	Yes* <input type="checkbox"/> No <input type="checkbox"/> *If yes, please state type and location below:	
	Type of extinguisher	Location of extinguisher
3.13	Do <u>you</u> provide upholstered furniture within the property?.	
	Yes* <input type="checkbox"/> No <input type="checkbox"/> *If yes, please give details and locations below. (see note 9)	
I confirm that the above furniture provided under the terms of any tenancy or licence meets all safety requirements contained in any enactment. Yes <input type="checkbox"/> No <input type="checkbox"/>		
3.14	Do you provide electrical appliances within the property? (see note 9)	
	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide Portable Appliance Test (PAT) certificates.	
3.15	Is there suitable storage facilities for refuse and recycling both in and outside the house. The number and type must be adequate for the requirements of each household pending disposal of the waste?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

PART THREE – DECLARATIONS

DECLARATION OF APPLICANT AND PROPOSED LICENCE HOLDER *(see note 10)*

Please note that it is a criminal offence to knowingly supply information that is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application may be required at a later date. If we subsequently discover something that is relevant and that you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled or other action taken. Operating an HMO that should be licensed without a licence is an offence liable to an unlimited fine upon conviction. In addition, a Residential Property Tribunal may make a rent repayment order requiring you to repay any rents due during the period for which the property was unlicensed. The information supplied in this application does not necessarily infer compliance with appropriate legislation, standards, codes of practice etc.

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

Ticking this box indicates you have read and understood the above declaration

(NOTE: If you are the applicant AND the proposed licence holder/manager you must complete all relevant sections below)

Applicant	Full Name:
	Date:
Proposed Licence Holder	Full Name:
	Date:
Manager/Managing Agent	Full Name:
	Date:
Person having control of property	Full Name:
	Date:

Tick to confirm enclosures (do not staple the following enclosures to the application)

a.	Evidence of residential addresses of individuals named in Part 1, Sections 1 to 4	<input type="checkbox"/>
b.	Building Regulations completion certificate and planning consents, if applicable	<input type="checkbox"/>
c.	Current fire alarm test certificate	<input type="checkbox"/>
d.	Current emergency lighting system test certificate	<input type="checkbox"/>
e.	Service contract for alarm and fire systems	<input type="checkbox"/>
f.	Current landlord's Gas Safety Certificate	<input type="checkbox"/>
g.	Most recent periodic test certificate for the electrical installation	<input type="checkbox"/>
h.	Most recent Portable Appliance Test (PAT) certificate – if applicable <i>(see note 9)</i>	<input type="checkbox"/>
i.	Fire safety risk assessment, if applicable	<input type="checkbox"/>
j.	Basic Disclosure results certificate	<input type="checkbox"/>

DECLARATION OF APPLICANT AND PROPOSED LICENCE HOLDER

You must let certain people 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-

- any mortgagee of the property to be licensed
- any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessors who are known to you
- any other person who is a tenant or long leaseholder of the property or any part of it (including any flat) who is known to you other than a statutory tenant or other tenant whose lease or tenancy is for less than three years (including a periodic tenancy)
- the proposed licence holder (if that is not you)
- the proposed managing agent (if any) (if that is not you)
- any person who has agreed that he will be bound by any conditions in a licence if it is granted.

You must tell each of these persons-

- your name, address, telephone number and e-mail address or fax number (if any)
- the name, address, telephone number and e-mail address or fax number (if any) of the proposed licence holder (if it will not be you)
- whether this is an application for an HMO licence under Part 2 or for a house licence under Part 3 of the Housing Act 2004
- the address of the property to which the application relates
- the name and address of the local housing authority to which the application will be made
- the date the application will be submitted.

I declare that I have served a notice of this application on the following persons who are the only persons known to me that are required to be informed that I have made this application.

Full Name:

Date:

Person 1
Name:
Address:
Postcode:
E-mail address:
Interest in the property or the application:
Date of service of Notice:

Person 2
Name:
Address:
Postcode:
E-mail address:
Interest in the property or the application:
Date of service of Notice:

Person 3
Name:
Address:
Postcode:
E-mail address:
Interest in the property or the application:
Date of service of Notice:

Person 4
Name:
Address:
Postcode:
E-mail address:
Interest in the property or the application:
Date of service of Notice:

Person 5
Name:
Address:
Postcode:
E-mail address:
Interest in the property or the application:
Date of service of Notice:

Continued (tick box and continue on a separate sheet if necessary and attach to this form)

PRIVACY STATEMENT

We are required by law to protect your privacy and inform you how your information may be used. The Housing Team collect your personal information to process and manage your licence application under Part 2 of the Housing Act 2004.

Some of your information may be made available publicly on registers required to be kept by relevant legislation.

The information provided by you may also be used for legitimate reasons by other departments of Boston Borough Council and other lawful agencies. These reasons may include but are not limited to: prevention of crime, detection of fraud and public safety.

In some cases information relating to your application may be requested under the Freedom of Information Act; this Council will review these requests to consider if it is lawful to comply.

After the end of the licence term we will store your application record for 6 years. If the licence is cancelled, refused, revoked, varied or the application is not progressed we will retain your application record for 6 years from the relevant date.

The Council takes your privacy seriously. The Council is the Data Controller for the purposes of the Data Protection Act 2018. If you want to know more about the information we have about you, or the way we use your information please see www.boston.gov.uk/dataprotection.

END

Please ensure:

- You have answered all the questions;
- You have attached all the additional answer sheets (if applicable).

If not, your application may be rejected.

HOW TO FILL IN AN APPLICATION FOR A HOUSE IN MULTIPLE OCCUPATION LICENCE

If you make any mistakes, or do not complete all the relevant sections, it may delay the processing of the application form and incur further charges. 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 guidance notes carefully to assist you in:

- deciding if the property requires a licence
- applying for the correct licence
- completing the form correctly
- enclosing all the relevant documents

Anyone who owns or manages a House in Multiple Occupation (HMO) that must be licensed will have to apply for a Licence from the Local Housing Authority (LHA) in which the property is situated. An application for a HMO Licence has to be made under Part 2 of the Housing Act 2004 and The Licensing of Housing Multiple Occupation (Prescribed Description) (England) Order 2018 which has made it compulsory for local authorities to licence larger, high risk HMOs. Properties that are operating without a licence will be subject to an offence that is liable to an unlimited fine.

The Act defines a HMO as a building or part of a building such as a flat that is:

1. occupied by more than one household and where more than one household shares - or lacks – an amenity, such as bathroom, toilet or cooking facilities, or
2. a converted building - but not entirely self-contained flats - whether or not some amenities are shared, or
3. converted self-contained flats, that do not meet the 1991 Building Regulations, and at least one third of the flats are occupied under short tenancies

Please note that there are two definitions concerning HMOs. The definition above is a general HMO definition and is separate from the definition below which is used to determine if a HMO requires a licence. If a HMO meets both definitions, please complete a HMO licensing application form. If a HMO only meets the above definition, the HMO will not need a licence but will still be subject to The Housing (Management of Houses in Multiple Occupation) Regulations 1990 and may also require a Health and Safety Risk Assessment.

To make sure that the most vulnerable tenants living in the highest risk properties are protected, the following definition as set out in The Housing Act 2004 makes it compulsory for some HMOs (other than certain converted blocks of flats) to be licensed, if:

1. it is occupied by five or more persons comprising more than one household; and

2. the tenants are living in the dwelling as their main or only residence.

A **single household** refers to persons who are all members of the same family. See note 9 for further information.

Living accommodation occupied by persons as their main or only residence includes persons undertaking a full-time course of further or higher education, migrant and/or seasonal workers and asylum seekers or his/her dependents, who have been provided with accommodation under section 95 of the Immigration and Asylum Act 1999(a) and the accommodation is provided under contract to, or on behalf of, the National Asylum Support Service. It also includes HMOs that are operated as a refuge.

If the property falls into all of the above categories, it is a HMO that will require licensing under the national, mandatory HMO Licensing Scheme, introduced by the Housing Act 2004. There are different types of licensing schemes that local authorities may operate in the area where your HMO is situated. However, the application form relating to these guidance notes is for the mandatory scheme. Please make sure that you are completing the correct application form.

NOTE 1

TYPE OF HOUSE FOR WHICH THE APPLICATION IS BEING MADE

House in multiple occupation - The whole property is operating as a HMO either offering shared facilities or bed-sit type accommodation (see note 2 for definition) or as a combination of self-contained flats and bed-sits.

Flat in multiple occupation - Part of the building is operating as a HMO either offering shared facilities or bed-sit type accommodation (see note 2 for definition) or as a combination of self-contained flats and bed-sits.

House converted and comprising only of self contained flats - A self-contained flat refers to a dwelling where access is via a single front door from any common area. Such dwellings would contain all the standard amenities with no sharing of amenities with the occupiers of neighbouring dwellings.

NOTE 2

HOW IS THE HMO OPERATING

Bed-sits - A term used to describe sleeping/living arrangements that are not self-contained and where there is shared use of some facilities such as a bath or shower room, sanitary accommodation or kitchen with the other occupiers of the HMO.

Shared facilities - Where the cooking and washing/toilet facilities are shared between all members of the HMO but each household has their own sleeping facilities.

Household with lodgers - A resident landlord rents out rooms within the property. For this type of property to be a HMO, there must be 3 or more lodgers able to reside at the property at any one time.

Hostel, B & B, care home - Accommodation for people with no other permanent place of residence who would otherwise be homeless or dwellings that require registration under the Registered Homes Act 1984 as amended.

Supported lodgings - Accommodation for young people who live independently but have the assistance of a carer whilst at the property.

NOTE 3

DETAILS OF APPLICANT

The applicant must be a named individual

The applicant/proposed licence holder must be a named individual and not a company. If a company applies to be licence holder, they must nominate an appropriate person to hold the licence within that company. The Council has a duty to award the licence to the person it thinks is the most appropriate person to be the licence holder. In normal circumstances, the Council would expect the applicant to be the owner/landlord of the dwelling and apply to be the proposed licence holder. The proposed licence holder must have the power to:

- collect rental income
- let and terminate tenancies
- access all parts of the dwelling
- authorise repairs and maintenance to the property.

If this is the case, please complete all of section one, following the instructions given within the section. If the owner/landlord has nominated a manager or managing agent to be the proposed licence holder, they must have the power to undertake the listed conditions such as collect rental income and authorise repairs, in order for the Council to assume that they are the most appropriate person to hold the licence.

NOTE 4

RESIDENTIAL/BUSINESS ADDRESS

Please provide details of permanent residential or business address of the applicant and/or proposed licence holder and/or the manager/managing agent - not the address of the HMO to be licensed.

The full permanent residential address is required together with the necessary supporting documents to confirm the address. Evidence that will be accepted by the Council as proof of address will include one of the following:

- current driver's licence
- recent bank or building society statement - from the last three months
- recent utility bill - from the last three 3 months
- recent tax correspondence

The supporting documents to confirm the business address will include one of the following:

- recent utility bill (from the last three 3 months)
- business rates
- recent tax correspondences

The Council has a duty to maintain a public register and make sure that the contents of the register are available at the authority's head office for inspection by members of the public at all reasonable times. The permanent residential/ business address will be the address used on the public register. If you would prefer an alternative address to be used on the public register, please complete section 2.4 and/or section 3.4 in full in addition to providing residential/business address.

NOTE 5

CONTROL OF THE PROPERTY

A person having control of the property in normal circumstances is the legal owner/freeholder of the property. In circumstances where the owner/ freeholder has leased the property to another person or company, the leaseholder will become the person having control of the property.

NOTE 6

FIT AND PROPER PERSON

In deciding whether an application should be granted, the Council must have regard to evidence, which shows that the proposed licence holder and/or manager and any other person **associated** or **formerly associated** with them on a personal, work or other basis is a fit and proper person (e.g. spouse or business partner).

To make sure that the Council can adequately assess whether a licence holder is a fit and proper person a series of questions have been devised. You must answer 'yes' or 'no' to all of the questions in this section. If you answer 'yes' to any of the questions, it will be necessary for the Council to undertake a further assessment. You **must** contact the Council to request the additional fit and proper person check. In accordance with the Rehabilitation of Offenders Act 1974, you are not required to provide details about previous convictions that are 'spent'

A conviction becomes 'spent' after a certain length of time, which changes depending on the sentence and your age at the time of the conviction. The periods are halved if the conviction took place when you were aged 17 or less. If a person is sentenced to more than two and a half years in prison, his/her conviction can never become 'spent'. Therefore, all unspent convictions must

be declared. The following table indicates the period required for the conviction to become spent:

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

To enable the Council to be satisfied that the information given is correct, please sign the declarations as requested. This also ensures that in certain cases other authorities such as the Police Authority can be consulted during the licensing process. If the declaration is not signed, the application cannot be processed.

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, the Citizens' Advice Bureau, or a Solicitor.

You only need submit one 'Disclosure' report for all the applications you submit within a 1 month period.

NOTE 7

HOUSEHOLDS

A **single household** refers to persons who are all members of the same family such as, married and co-habiting couples of the opposite and same sex, and other relationships. A 'relationship' means parent, grandparent, child, stepchild, grandchild, brother, sister, uncle, aunt, nephew, niece, cousin and relationship of the half-blood. Additionally, a person living with his/her employers family or in accommodation supplied by his/her employer is classed as living in the same household, such as, au pair, carer, gardener or personal assistant etc

A person is treated as occupying a house in multiple occupation if they are a migrant worker, student, asylum seeker or occupant of a refuge.

NOTE 8

FACILITIES AVAILABLE FOR EACH INDIVIDUAL LETTING

The table for facilities in Part 2 has been designed to allow information to be given for shared and self-contained properties. It is a 'tick box' table to make sure that for each individual letting they have access to

certain facilities. If any of the listed facilities are not contained within the property, please leave the box blank. Using the example opposite, please complete the table in Part 2.

FACILITIES	LETTING UNIT						TOTAL
	1	2	3	4	5	6	
Number of people sharing unit	1	1	1	1	1		5
Number of bedrooms	1	1	1	1	1		5
Wash basin in property - if shared property	0	0	1	0	1		2
Shared living room	✓	✓	✓	✓	✓		1
Exclusive living room							
Dining room							
Shared kitchen/s	✓	✓	✓	✓	✓		1
Exclusive kitchen							
4-hob cooker, oven and grill		✓		✓	✓		1
Microwave	✓	✓	✓	✓	✓		1
Dedicated cooker point	✓	✓	✓	✓	✓		1
Sink with drainer and base unit	✓	✓	✓	✓	✓		1
Refrigerator/s with freezer compartments	✓	✓	✓	✓	✓		1
Freezer	✓	✓	✓	✓	✓		1
Shared bathroom/s with WC and WHB	✓	✓	✓	✓	✓		1
Shared shower room – separate							
Exclusive bathroom with WC and WHB							
Fixed heating such as gas central heating	✓	✓	✓	✓	✓		
Electric storage heating							
Other heating, non-portable - please specify							

NOTE 9

FURNITURE AND ELECTRICAL APPLIANCES

Upholstered furniture is any furniture with soft fillings/stuffing and fabric covers, such as sofas/sofa beds, armchairs, futons, beds, mattresses, etc. New upholstered furniture supplied with the tenancy should have a permanent label to show that it meets with the

Furniture and Furnishings (Fire) (Safety) Regulations 1988 (amended 1989 & 1993). Beds or mattresses won't have this label, but should have one which states compliance with BS 7177.

For portable electrical equipment (ie any appliance plugged into an electrical socket) supplied with the tenancy, such as portable heaters & fires, washing machines, fridges, cookers, TV's etc, there should be a record to show that a qualified electrician has inspected them (PAT test). The Electrical Equipment (Safety) Regulations 1994 requires that all mains electrical equipment, new or second-hand, supplied with the accommodation must be safe.

NOTE 10

DECLARATION OF APPLICANT AND PROPOSED LICENCE HOLDER

Please complete all the necessary declarations at the end of each relevant section. The final declaration indicating that all the information contained within the application form is true and correct requires signatures by all persons who have completed Part 1. If the applicant is **also** the proposed licence holder, please sign both the applicant **and** proposed licence holder sections as indicated in Part 3.

It is a criminal offence to **knowingly** supply information that is false or misleading for the purposes of obtaining a licence. Under Section 238 of the Housing Act 2004, a person who commits an offence is liable on summary conviction to a fine that is unlimited.