

PART 1: PERSONAL DETAILS**Part 1 Section 1: Applicant**

If you are the person filling in this application form then you are the '**applicant**'. As the applicant you are required to complete every part of the application form and sign the declaration at the end of the form, confirming that the information that you have provided is correct to the best of your knowledge.

The applicant must be a named individual – see guidance note 1

Is the applicant the proposed licence holder? **Yes** **No**

If **yes**, please go to section 2. If **No**, please complete section 1 of the form.

1.1.1 Details of Applicant:

Title:	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other- please state:		
Name (in full):			
Address:			
		Post code:	
Daytime Phone No:		Mobile phone No:	
E-Mail address:			

1.1.2 What is your relationship to proposed licence holder:

Friend Relative Agent Solicitor Other (please specify) _____

1.1.3 What is your interest in the property?

Part 1: Section 2: Proposed Licence Holder**The proposed licence holder must be a named individual – see guidance note 1****1.2.1 Details of proposed Licence Holder:**This section should be completed by the person who proposes to hold the HMO licence.

Title:	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other- please state:		
Name (in full):			
Company Name: (if applicable)			
Business Address: (registered address if a company) <i>See guidance note 2</i>			
		Post code:	
Home Address:			
		Post code:	
Daytime Phone No:		Mobile phone No:	
E-Mail address:			
Proof of Address (<i>guidance note 2</i>):	Utility bill <input type="checkbox"/> Driving licence <input type="checkbox"/> Bank statement <input type="checkbox"/> Other <input type="checkbox"/> <i>please specify</i> _____		
Date of Birth			
Companies House Registration number (if representing a company)			
Position in company:			
Interest in Property:	Own <input type="checkbox"/> Part-own <input type="checkbox"/> Do not own <input type="checkbox"/>		
Will you be Managing the Property?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Contact details of company secretaries/directors/partners/trustees (if applicable):			
Full Name:		Position (e.g. <i>Director</i>)	
Company/ partnership/ charity/trust registered address:			
Phone number		E-mail address	
Full Name:		Position (e.g. <i>Director</i>)	
Company/ partnership/ charity/trust registered address:			
Phone number		E-mail address	

Full Name:		Position (e.g. <i>Director</i>)	
Company/ partnership/ charity/trust registered address:			
Phone number		E-mail address	
1.2.2 Are you a member of any landlords association or other professional body? Please indicate which.			
Organisation			Since
1.2.3 Are you an accredited landlord in this or another authority? Please indicate and provide details of the scheme operator.			
Authority	Organisation		Since
1.2.4 Please list training courses attended which are relevant to your responsibilities as the proposed licence holder.			
Training Course			Date

Part 1: Section 3: Manager (person having control of the property) - see Note 3

This part of the form only needs to be completed if the proposed licence holder intends to appoint someone else to take on responsibility for the management of the property. If the proposed licence holder also intends to manage the property, please leave this section blank and proceed to section 4.

1.3.1 Details of Manager:

Title:	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other- please state:		
Name (in full):			
Company Name: (if applicable)			
Address: (registered address if a company) <i>See guidance note 2</i>			
		Post code:	
Daytime Phone No:		Mobile phone No:	
E-Mail address:			
Proof of Address (note 2):	Utility bill <input type="checkbox"/> Driving licence <input type="checkbox"/> Bank statement <input type="checkbox"/> Other <input type="checkbox"/>		
Date of Birth of named manager:			
Companies House registration number (if representing a company)			

1.3.2 Is the property manager a member of any landlords association or other professional body? Please indicate which.

Organisation	Since

1.3.3 Is the property manager an accredited landlord in this or another authority?

Please indicate and provide details of the scheme operator.

Authority	Organisation	Since

1.3.4 Please give details of training courses attended which are relevant to the responsibilities of the property manager.

Training Course	Date

Part 1: Section 4: Fit and Proper Person Details - see Note 4

The Council must satisfy itself that the proposed licence holder (PLH) and the manager (if they are different people) are fit and proper persons to hold a licence or to manage a House in Multiple Occupation – see Note 4. To enable us to satisfy this legal requirement, please answer the following questions. You do not have to disclose convictions that are ‘spent’ under the Rehabilitation of Offenders Act 1974.

	PLH	Manager
1.4.1 Has the proposed licence holder, or the manager (if applicable) ever accepted a simple caution by the Police or been convicted of an offence involving any of the following?:		
a) Fraud	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Violence	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Drugs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Matters listed in Schedule 3 to the Sexual Offences Act 2003	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.4.2 Has there been any finding by a court or tribunal against the proposed licence holder or manager that they have practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability in, or in connection with, the carrying on of any business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.4.3 Has there been any contravention on the part of the proposed licence holder or manager of any provision of any enactment relating to housing, public health, environmental health or landlord and tenant law (including Part 3 of Immigration Act 2014) which led to civil or acted otherwise than in accordance with any applicable code of practice approved under section 233 of the Housing Act 2004?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.4.4 Has the proposed licence holder or manager been subject to an HMO Control Order or Management Order in England or Wales in the five years preceding the date of this application?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.4.5 Has any local authority carried out work in default to premises of which you have been the owner or manager in the past 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.4.6 Has the proposed licence holder or manager been declared bankrupt?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.4.7 Has the licence holder or manager breached the conditions of an HMO Licence in England or Wales?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.4.8 Has the proposed licence holder or manager ever had any application for a Mandatory HMO licence refused or revoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.4.9 To the best of your knowledge, has any person associated or formerly associated with the proposed licence holder or manager (whether on a personal, work or other basis) done any of the things set out in 1.4.1 to 1.4.8 above?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

1.4.10 To the best of your knowledge, has any person proposed to be involved with the management of the property (except the manager) done any of the things set out in 1.4.1 to 1.4.8 above?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.4.11 If you answered "Yes" to any of the above questions please give full details below – continue on a separate sheet if necessary.			
NAME	DATE	OFFENCE	SENTENCE

It is an offence if you supply information to the Council that is false or misleading or that you know is false or misleading, or you are reckless as to whether it is false or misleading. A person who supplies you with information which they know will be used in this application may commit an offence if they know it is false or misleading or they are reckless as to whether it is false or misleading.

This may result in legal action being taken against you or that other person and your licence being revoked. If you are convicted of such an offence, you will be liable to a fine.

Fit and Proper Person Declaration

I declare to the best of my knowledge and belief that I have answered all questions in Part 1: Section 4: Fit and Proper Person truthfully and that this statement is valid on the date of application.

PROPOSED LICENCE HOLDER	MANAGER
Signature:	Signature:
Print name:	Print name:
Company name (if applicable):	Company name (if applicable):
Date:	Date:

Part 2 : PROPERTY DETAILS**Part 2: Section 1: Ownership Details**

Please provide the details of ownership, if applicable and all others with a legal interest in the property to be licensed. If you require more space, please continue on a separate sheet

Freeholder(s) Details**2.1.1 Freeholder 1: (if applicable)**

Name (in full):			
Address:			
		Post code:	
Daytime Phone No:		Fax:	
E-Mail:			

2.1.2 Freeholder 2: (if applicable)

Name (in full):			
Address:			
		Post code:	
Daytime Phone No:		Fax:	
E-Mail:			

2.1.3 Name of Mortgagee: e.g. bank, building society or other who has a loan secured on the property (if applicable)

Name (in full):			
Address:			
		Post code:	
Daytime Phone No:		Fax:	
E-Mail:			

2.1.4 Leaseholder(s) Details: Leaseholder 1: (if applicable)

Name (in full):			
Address:			
		Post code:	
Daytime Phone No:		Fax:	
E-Mail:			

2.1.5 Leaseholder 2: (if applicable)			
Name (in full):			
Address:			Post code:
Daytime Phone No:		Fax:	
E-Mail:			
2.1.6 Name of person who collects the rent			
Name (in full):			
Address:			Post code:
Daytime Phone No:		Fax:	
E-Mail:			
2.1.7 Person who receives the rent			
Name (in full):			
Address:			Post code:
Daytime Phone No:		Fax:	
E-Mail:			
2.1.8 If the proposed licence holder is not the property owner, state the reasons why. Describe the relationship between the owner and the proposed licence holder.			
2.1.9 Name of any other person(s) who may be bound by a condition of the proposed licence (if applicable)			
Name (in full):			
Address:			Post code:
Daytime Phone No:		Fax:	
E-Mail:			
2.1.10 Does the property have buildings insurance?			
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Part 2: Section 2 Description of the Property to be Licensed

2.2.1 When was the property built? (Please tick box below)

Pre-1919 1919 – 45 1946 – 64 1965 – 80 Post 1980

2.2.2 Description of the property (please tick appropriate box)

Detached Semi-detached Terraced End of Terrace
 Other -*please specify*

2.2.3 Description of occupancy (please tick appropriate box)

House in multiple occupation Flat in multiple occupation
 A house converted and comprising only of self-contained flats

2.2.4 Description of accommodation (please tick appropriate box)

Traditional HMOs - Bedsits HMO with shared facilities
 Household with lodgers A hostel, B&B, care home
 Supported lodgings Other (please specify below)

2.2.5 How many storeys does the property have? Include basement and attics (see guidance note 5)

1 2 3 4 5 If more state how many

2.2.6 If the HMO does not take up all the floors (storeys) of the building, please state which floors comprise the HMO, for example "1st and 2nd" or 2nd and 3rd" etc.

2.2.7 Are any parts of the building used for non-residential purposes such as an office, shop, warehouse etc? If yes please specify: Yes No

Part 2: Section 3 Occupation Details

2.3.1 How many separate letting units – self-contained flats/bedrooms are there in the property?

2.3.2 How many households occupy the property at present? See note 6

2.3.3 What is the maximum number of households that could occupy the property?

2.3.4 How many individual people occupy the property at present?

2.3.5 What is the maximum number of individual people that could occupy the property?

2.3.6 Is there a resident landlord? *If no please go to question 2.3.10* Yes No

2.3.7 Is the proposed licence holder the resident landlord? Yes No

2.3.8 Number of people resident in landlord's household, excluding landlord

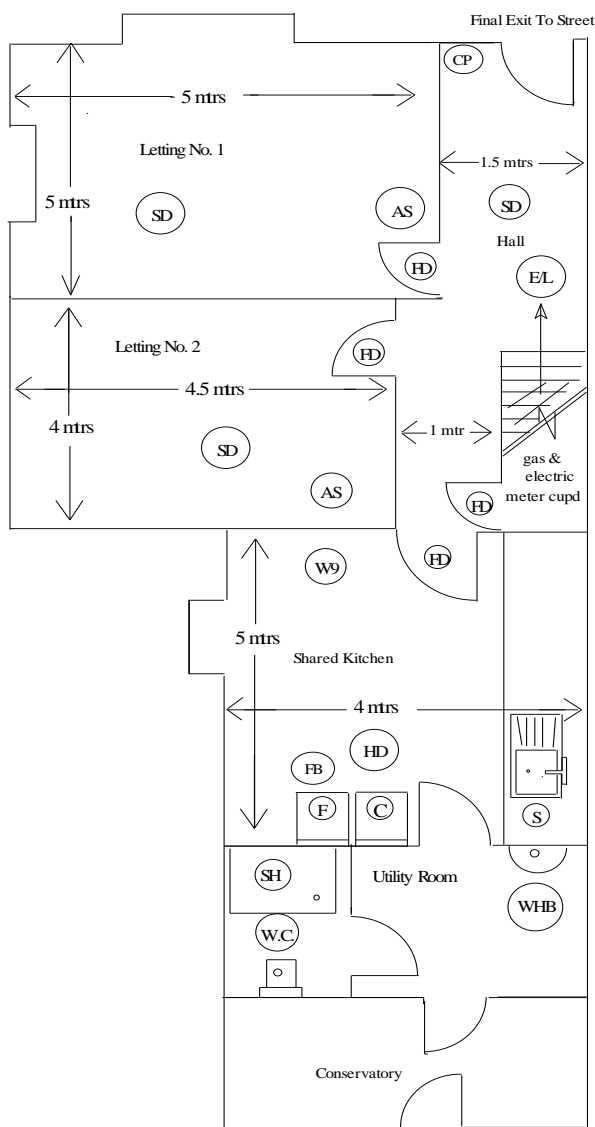
2.3.9	Which rooms in the property are occupied by the resident landlord?	
2.3.10	Please indicate the number of households you would like the licence for:	
2.3.11	Please indicate the number of occupants you would like the licence for:	
Part 2: Section 4 Planning and Building Regulations		
2.4.1	Has any planning consent ever been obtained for the building?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.4.2	If yes, please state the date and enclose a copy of the consent letter together with any planning conditions if you have this	Year:
2.4.3	If the property has more than 7 people planning permission is normally required. Have you checked with our planning department?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Was permission granted or refused? Granted <input type="checkbox"/> Refused <input type="checkbox"/>	
	If you have not applied for planning permission we strongly advise that you seek advice from Daventry District Council's Planning department on 01327 871100	
Part 2: Section 5 Provisions for Heating		
2.5.1	What provisions are there for heating the property?	
	Gas fired central heating	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Oil fired central heating	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Electric storage heaters	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Individual gas fires in rooms	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<i>Please specify</i>	
2.5.2	Is there a suitable fixed room heater within each bathroom?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.5.3	Does the property have cavity wall insulation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.5.4	Does the property have loft insulation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<i>If yes, what thickness is the insulation?</i>	
2.5.5	What type of window are fitted in the property?	
	Single glazed with timber frames	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Single glazed with metal frames	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Single glazed with secondary glazing	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Double glazed with any frame	Yes <input type="checkbox"/> No <input type="checkbox"/>
	A combination of the above	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part 2: Section 6 Details of the Property to be Licensed.

To be completed for all properties requiring a licence

2.6.1 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 add additional sheets if you require further space. If you already have plans of the property you may submit these separately.

KEY TO SYMBOLS TO BE USED ON PLAN

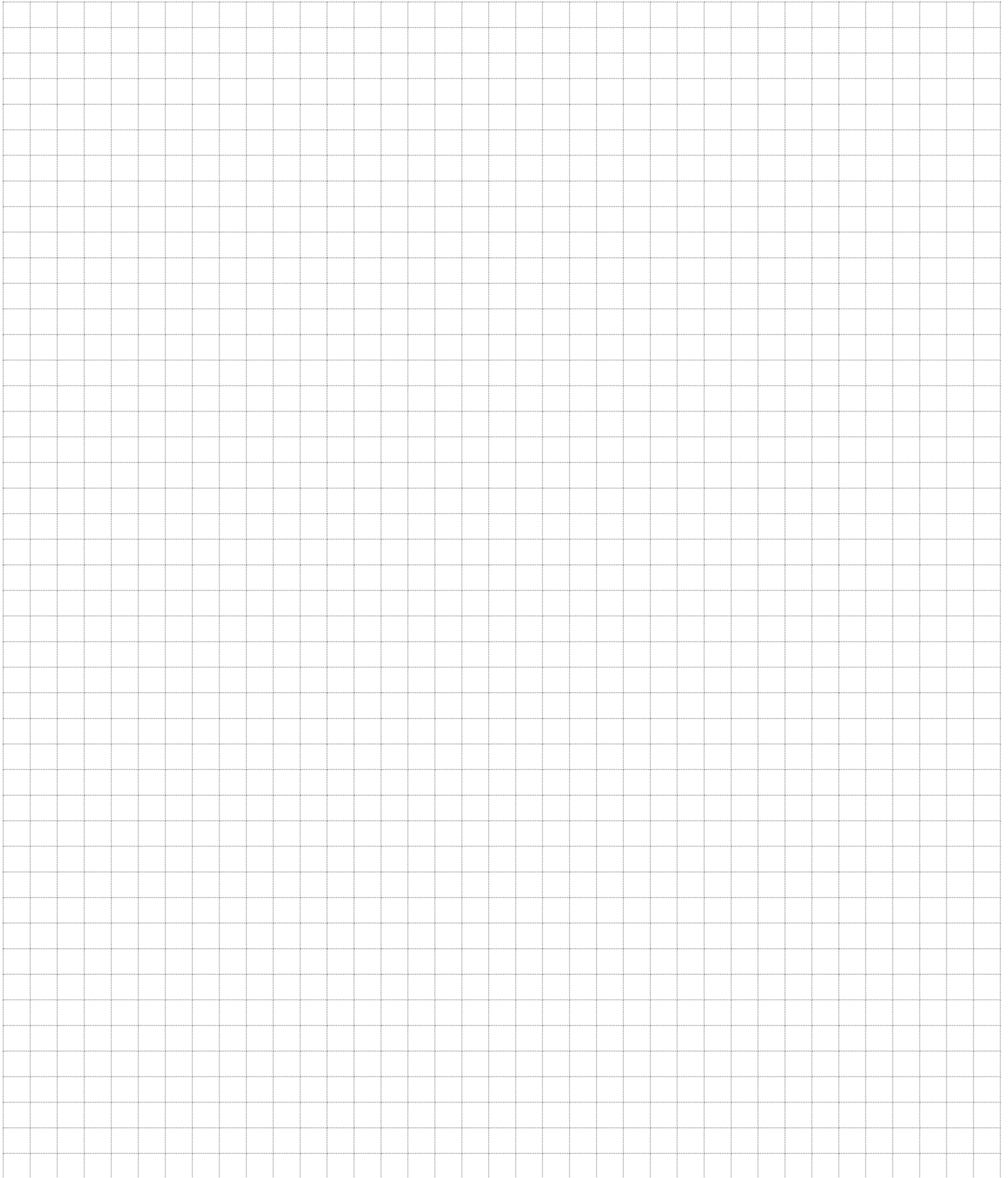


- | | |
|-------|--------------------|
| (FD) | FIRE DOOR |
| (EL) | EMERGENCY LIGHTING |
| (SD) | SMOKE DETECTOR |
| (HD) | HEAT DETECTOR |
| (AS) | ALARM SOUNDER |
| (CP) | CALL POINT |
| (FB) | FIRE BLANKET |
| (W9) | WATER EXTINGUISHER |
| (AAF) | FOAM EXTINGUISHER |
| (SH) | SHOWER |
| (WC) | WATER CLOSET |
| (C) | COOKER |
| (S) | SINK |
| (F) | FRIDGE |
| (B) | BATH |
| (WHB) | WASH HAND BASIN |
| [FAP] | FIRE ALARM PANEL |
- Either

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

Sketch pad (Please copy this for each floor)



PART 3: DETAILS OF FACILITIES AND MANAGEMENT (see Note 7)

Before issuing a licence, the council is required to be satisfied that the arrangements for managing the property are satisfactory. The following questions are designed to assess the procedures you have, or intend to have in place to ensure good management of the property.

Part 3: Section 1 Fire Safety

3.1.1 Does the property have a system of fire detection? Yes No

If **yes**, does the system include:

a) a fire alarm control panel? Yes No

b) heat detectors in the kitchens Yes No

c) mains powered smoke/ heat detectors in common parts on all levels (e.g. kitchen, hallways) Yes No

d) battery powered smoke detectors Yes No

e) sounders / alarms on all levels Yes No

f) call points in the communal areas on all levels Yes No

3.1.2 Is there a current fire alarm test certificate? Yes No

Please enclose the latest copy with your application

3.1.3 Is a contractor employed to inspect and maintain the fire alarm system? Yes No

If yes, please state who:

Please provide a copy of the service contract for the alarm and fire system.

3.1.4 Is there a log book of fire alarm inspection/ testing? Yes No

3.1.5 Does the property have an emergency lighting system? Yes No

If no please go to question 3.1.7

3.1.6 Is there a current emergency lighting test certificate? Yes No

If yes, please provide a copy

3.1.7 Are the doors that open on to the main escape route fire resistant to a minimum of 30 minutes? Yes No

If yes

a) are they fitted with self-closers? Yes No

b) are they fitted with smoke seals? Yes No

c) are they fitted with intumescent strips (min 10mm thick)? Yes No

d) are they fitted with at least 3 steel or brass 4" butt hinges? Yes No

3.1.8 Is the following fire safety equipment provided?

a) fire blankets in all kitchens Yes No

b) fire extinguishers Yes No

c) If present, have the fire extinguishers been serviced in the last 12 months? Yes No

Please indicate number and type of fire extinguishers and where they are located:

3.1.9	Is the escape route kept clear of flammable material and other obstructions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.1.10	Is the main exit door and are doors from individual rooms openable from the inside without the use of a key?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.1.11	Has a fire safety risk assessment been undertaken at the dwelling? <i>If yes, please provide a copy</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.1.12	Is there, displayed in a suitable position in the property clear written or illustrative instructions as to what to do in the event of a fire?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.1.13	At the start of each tenancy is a fire safety briefing carried out, detailing the fire escape route and use of any equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.1.14	Do you supply, as a part of any tenancy, any upholstered furniture to which the current Furniture and Furnishings (Fire) (Safety) Regulations apply?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.1.15	If yes, can you confirm that all such upholstered furniture complies with the relevant fire safety criteria?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Part 3: Section 2 Gas and Electrical Safety			
3.2.1	Does the property have a gas supply?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.2.2	If Yes, do you have a 'Landlord's Gas Safety Record' issued within the last 12 months? <i>Please enclose a copy of original document with your application</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.2.3	Have all electrical installations (electrical power and lighting circuits etc.) within the property been checked and reported on by a competent electrician within the last 5 years? <i>If yes, please enclose copy of the latest Inspection Certificate</i> <i>If no, an inspection will need to be carried out and the test report submitted as part of this application</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.2.4	Do you supply your tenants with portable electrical appliances (e.g. kettles, microwave ovens, televisions, table lamps etc.). <i>If yes please enclose a copy of original electrician's test certificate with your application.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Part 3: Section 3 Maintenance and Repairs			
3.3.1	Do you have a schedule for: (a) Planned maintenance (b) Inspection of furniture/ facilities/ equipment <i>please provide brief details</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.3.2	Are there arrangements in place to deal with repairs as they arise and emergencies at the property? If Yes, please briefly describe what these procedures are and how tenants know who to contact and how they can contact them:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3.3.3	Have you had your property inspected for the presence of asbestos? <i>If yes, please provide a copy.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.3.4	Are arrangements in place to ensure the gardens, yards and fencing are kept in good order? If yes, please briefly describe what these procedures are:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.3.5	What arrangements are in place for the storage of refuse before it is collected? How do you ensure refuse is efficiently collected?		
Part 3: Section 4 Tenancy Management			
3.4.1	<p>Please confirm whether you provide the following:</p> <p>Tenancy agreements/written details of terms of tenancy, including sanctions for anti-social behaviour <i>If yes, please provide a copy of the tenancy agreement</i> <i>If no, the tenancy agreement is a mandatory requirement of the licence and one will need to be submitted as part of this application.</i></p> <p>Please confirm that you have a signed and dated tenancy agreement with each of your occupants.</p> <p>Inventory and schedule of condition at commencement of occupancy</p> <p>Rent book/receipts</p> <p>Repairs contact/ procedure</p> <p>Complaints procedure</p>	<p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

PART 4: ADVISING OTHERS OF YOUR APPLICATION

Under section 2 contained in The *Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006* there is an obligation to advise other people that an application for an HMO licence is to be submitted.

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 (Part 4A).

The persons who need to know about it are:

- Any mortgagee of the property to be licensed;
- Any owner, freeholder or head lessor of the property (if that is not 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 agency (if any, if that is not you);
- Any other person who has agreed that they 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 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 not you);
- The application is for an HMO licence under Part 2 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 this application will be made;
- The date the application will be submitted.

To help you comply with the requirements of these regulations the Council has produced a form which is printed on the next page. Use Part 4A to supply the required information to the persons who are required to be notified by law as listed in the paragraph above.

Fill in the lower part of the form with your details, then photocopy it as many times as you need and fill in the name and address of the person you need to notify.

Complete the box at the top with the names and addresses of persons you need to notify about your application and deliver them individually.

When you have completed and given / sent copies to everyone that you need to, you must fill in Part 4B to confirm to the Council that you have notified everyone about your licence application.

Part 4A
Notification of intention to apply for a HMO Licence

To:

Name and address of the person you must notify:

This document is to inform you that:

I (<i>Your full name</i>):	
Of (<i>address</i>)	
My telephone number is:	
My email address is:	
My fax number is:	
Intend on (<i>intended date of application</i>):	
To apply under Part 2 of the Housing Act 2004 to (<i>name of authority</i>)	
The Licence holder will be (<i>Licence holder name</i>):	
Of (<i>Licence holder address</i>)	
Licence holder's telephone:	
Licence holder's email:	
Licence holder's fax:	

Part 4B

Confirmation that notification of intention to apply for a HMO Licence has been served on all relevant persons.

Please continue on a separate sheet if necessary.

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

Name	Address	Description of the person's interest in the property or the application	Date of Service

PART FIVE – OTHER HOUSES LICENSED TO PROPOSED LICENCE HOLDER

Under section 2 contained in *The Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006* there is a requirement that the proposed licence holder for a HMO licence must provide details of other HMOs or houses for which they hold a licence under Part 2 of the Housing Act 2004.

You must provide details of such HMOs both in the area of the Local Authority in which you are applying for a licence and those for which you have a licence in other local authorities.

5.1.1	If you have not been awarded a licence in respect of any houses other than the one for which you are now applying please tick the box here. If you tick this box please leave this section blank and proceed to the Declaration section.	<input type="checkbox"/>
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List all other HMOs or houses for which the licence holder also holds a licence under Part 2 or 3 of the Housing Act 2004. **Please photocopy this sheet as necessary if you hold more than 5.**

	Address of the property	Local Authority
1.	Post code:	
2.	Post code:	
3.	Post code:	
4.	Post code:	
5.	Post code:	

ENCLOSURES AND DECLARATIONS

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 which 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 a fine following prosecution. Alternative sanctions may include the issuing of a Civil Penalty Notice of up to £30,000. 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.

Enclosures to be submitted with the application		Hard copy included with application	Sent as file in email (clearly labelled)
A	Evidence of permanent residential address of proposed licence holder.	<input type="checkbox"/>	<input type="checkbox"/>
B	A clear copy of building regulations completion certificate and planning consents – if applicable	<input type="checkbox"/>	<input type="checkbox"/>
C	A clear copy of tenancy agreement (s) or written terms of tenancy, including sanctions for antisocial behaviour for all current tenants.	<input type="checkbox"/>	<input type="checkbox"/>
D	A clear copy of current fire alarm test certificate	<input type="checkbox"/>	<input type="checkbox"/>
E	A clear copy of recent fire risk assessment in respect of the property	<input type="checkbox"/>	<input type="checkbox"/>
F	A clear copy of current emergency lighting system test certificate	<input type="checkbox"/>	<input type="checkbox"/>
G	A clear copy of the service contract for alarm and fire systems	<input type="checkbox"/>	<input type="checkbox"/>
H	A clear copy of original certificate showing that gas installation and appliances have been inspected by a competent person (must be a GAS SAFE registered inspector) in the last 12 months. Provision on this certificate is obligatory if there is a gas supply.	<input type="checkbox"/>	<input type="checkbox"/>
I	A clear copy of original certificate of electrical inspection showing that the electrical installation has been inspected by a competent electrician in the last 5 years.	<input type="checkbox"/>	<input type="checkbox"/>
J	A clear copy of the Portable Appliance Testing (PAT) certificate.	<input type="checkbox"/>	<input type="checkbox"/>
K	A clear copy of the Energy Performance Certificate for the property.	<input type="checkbox"/>	<input type="checkbox"/>
L	A clear copy of photographic ID ie. Passport (front cover, back cover and inside photo page) or clear photocard driving licence.	<input type="checkbox"/>	<input type="checkbox"/>
M	Application fee – for fee and methods of payment please see note below	<input type="checkbox"/>	

We are happy to receive the application and enclosures electronically to environmentalimprovement@daventrydc.gov.uk.

Please ensure that you name your application file with the property address and name the enclosures to describe what they are and put your name and details of the property in the email to ensure that it is very clear what the files are and to which application they pertain. You may bring in the application and send other documents by email. Just ensure we know what you are sending and to which application it pertains.

Your application is not duly made unless it is accompanied by the correct fee. You may pay by cheque to accompany your application form. Please write your name and the address of the property the licence pertains to clearly on the back of the cheque and also label it "HMO Licence fee". If you do not do this there may be a chance the Council cannot connect it to its correct purpose.

The Fee (see fees and charges document)	Cheque enclosed	Please send cheque, payable to Daventry District Council, along with your application form.	Amount: £ <input type="text"/>
	Card payment	Please telephone 01327 871100 to make payment when you complete the form.	
<p>I/we declare that the information contained in this application (all forms) 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.</p> <p>I/We understand that the Council may need to carry out investigations to assess whether I/we am/are "fit and proper" person(s) for the purposes of Part 2 of the Housing Act 2004. I/We authorise the Council to make such enquiries and share information as it sees fit in connection with this application. Such enquiries may include liaison with the Police, Fire and Rescue Service, Immigration, Housing Benefit, Council Tax, other local authorities and tenants for additional information and verification.</p>			
Applicant to sign: <i>(if applicable)</i>			Date:
Print Applicant name			
Proposed Licence Holder to sign:			Date:
Print Proposed Licence Holder Name:			
Manager to sign: <i>(if applicable)</i>			Date:
Print Manager Name:			
Property Owner(s) to sign:			Date:
Print all Property Owner Names			

Privacy Notice

Your personal information – what we need and why

Daventry District Council collects your personal information from this form to process your application for a House in Multiple Occupation (HMO) Licence. We may also use this information for enforcement purposes under the Housing Act 2004.

We will not collect any personal information from you that we do not need.

How do we keep your information safe?

The information you provide will be held in our dedicated secure databases and is only accessed by authorised staff.

Who do we share your data with?

We need to share your personal information internally and we are also obliged by law to share your information with Northamptonshire Fire and Rescue Service and Northamptonshire Police, and any other local authority you have referenced in your application. We may also contact any third parties who you have told us have an interest in the property for verification purposes and, where appropriate, for investigation under any housing legislation. No other third parties will have access to your information unless the law expressly allows them to.

Your name, address and the licensed address will be placed on the public register which can be found on the Council's website for the duration of your licence, as is required by law.

How long do we keep your data?

We will keep your personal information for the licence period (5 years) and for a period of 7 years from the end of your licence under the Housing Act 2004. When we no longer need to hold your personal information it will be securely destroyed.

Your Data Rights and our Privacy Policy.

Please view the Environmental Health Privacy Policy for more details about how the Council looks after your personal information:

<https://www.daventrydc.gov.uk/business/freedom-of-information/how-to-make-a-request/privacy-policy-2018/environmental-health-privacy-policy/>