

# Application form

to licence a House in Multiple Occupation (HMO)

## Housing Act 2004 Part 2

**Please read the guidance notes carefully prior to completing this form.**

If you have more than one house in multiple occupation you will need to complete a separate application form for each property.

Please fill in the form using BLOCK CAPITALS in black or blue ink only.

If you require more space to answer any question, please use additional sheets, specifying which question your answer relates to, and attach the sheets to the application form.

**Please tick** in the **appropriate box** or complete the answer. Please enter N/A to any questions that are not applicable to your application.

**Note:** Your application will **NOT** be valid until you have completed all the relevant parts of this form, provided all necessary documents and have paid the required fees.

### Type of Application

New Licence                       Renewal of Licence                       Variation of existing Licence

Previous Licence No.

Address of property to be licensed (a separate application must be completed for each property)

Postcode

Is the applicant the proposed licence holder?                       Yes                       No

If **yes**, please go straight to Part 2 of the form. If **no**, please complete Part 1 of the form.

### For office use only

Date received

Date received

Fees received

Date passed to officer

## Part 1: Applicant Details

Title

 Mr Mrs Miss Ms Dr Rev

Surname

First name(s)

Date of Birth

Address

 Postcode

Telephone numbers: Home

Work

Mobile

Fax number

Email address

What is your relationship to the proposed licence holder?

 Friend Relative Agent Solicitor Other (please specify)

What is your interest in the property?

**Please go to Part 2**

## Part 2: Proposed Licence Holder Details

Is the proposed licence holder?

Individual

Company

Partnership

Trustee

Charity

Other (please specify)

Name of proposed licence holder (if a company, please give full company name)

Date of Birth

Address (if a company, please give registered office address)

Postcode

Telephone numbers: Home

Work

Mobile

Fax number

Email address

Companies House Registration Number (if applicable)

Name of Company Secretary (if applicable)

Name of Director(s) / trustee(s) (if applicable)

Please indicate your interest  
in the property:

Freeholder

Leaseholder

Neither (please explain)

**Please go to Part 3**

## Part 3: Manager Details

Has an agent or individual been employed to manage the property?

**Yes** - please go to 3.2

**No** - please go to 3.1

**3.1** If **no**, please provide the name, address and telephone number of the person who is responsible for the management of the property.

Name

Telephone number

Address

Postcode

**3.2** If **yes**, is the manager

Individual

Company

Partnership

Trustee

Other (please specify)

Name of manager (if a company, please give full company name)

Date of Birth

Address (if a company, please give registered office address)

Postcode

Telephone numbers: Home

Work

Mobile

Fax number

Email address

Is the manager a member of a regulatory body?

Yes

No

If **yes**, please state which regulatory body?

**Please go to Part 4**

## Part 4: Ownership Details of the Property to be Licensed

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

### 4.1 Name of freeholder(s)

Surname of freeholder 1

First name(s)

Address of freeholder 1

Postcode

Email address

Telephone number

Surname of freeholder 2

First name(s)

Address of freeholder 2

Postcode

Email address

Telephone number

### 4.2 Name of leaseholder(s) (if none, state none)

Surname of leaseholder 1

First name(s)

Address of leaseholder 1

Postcode

Email address

Telephone number

Surname of leaseholder 2

First name(s)

Address of leaseholder 2

Postcode

Email address

Telephone number

## Part 4: Ownership Details of the Property to be Licensed

Surname of leaseholder 3

First name(s)

Address of leaseholder 3

Postcode

Email address

Telephone number

**4.3** Name of mortgagee, e.g. bank, building society or other who has a loan secured against the property  
(please state none if the property does not have an outstanding mortgage)

Address

Postcode

Email address

Telephone number

Mortgage account number

**4.4** Name of person who collects the rent

Surname

First name(s)

Address

Postcode

Email address

Telephone number

**4.5** Name of person who receives the rent

Surname

First name(s)

Address

Postcode

Email address

Telephone number

**Please go to Part 5**

## Part 4: Ownership Details of the Property to be Licensed

**4.6** Name of any other person who may be bound by a condition of the proposed licence and who is not referred to in Parts 1, 2 and 3 of the form:

Surname

First name(s)

Address

Postcode

Email address

Telephone number

## Part 5: Property Information

**5.1** When was the property built?

Pre 1919

1919 to 1944

1945 to 1964

1965 to 1980

Post 1980

**5.2** Description of the property

Detached

Semi-detached

Terraced

End of Terrace

House converted into self-contained flats

Mixed residential and commercial

Other (please specify)

**5.3** Description of occupation

Shared house

Studios

Shared flat

Bedsits with shared facilities

Hostel

Mix of self-contained units and shared accommodation

Self-contained single household unit

Other (please specify)

**5.4** How many storeys does the property have?  
(include attics and basements with living accommodation)

**5.5** Please tick all the floors the property has

Basement storage

Basement residential

Basement commercial

Ground floor

Ground commercial

First floor

Second floor

Third floor

Fourth floor

Attic or loft space

Other (please specify)

## Part 5: Property Information

### 5.6 Planning & Building Regulation

5.6.1 Approximately when did the building first become a House in Multiple Occupation?

5.6.2 Has any approval under Building Regulations ever been obtained for the building?

Yes  No  N/A

If **yes**, please state briefly what work this was for and the date completed (if known). Enclose a copy of any approval document and/or completion certificate if you have one.

5.6.3 Has any Planning Consent ever been obtained for the building?

Yes  No  N/A

If **yes**, please state and enclose a copy of the consent letter with any planning conditions if you have this.

## Part 6: Occupier Information

Please include all occupiers, including children and babies occupying the lettings

6.1 How many individuals currently live at the property?

Adults

Children aged 10-17

Children under 10

6.1 How many households currently live at the property?

6.3 Do any of the people currently living in the property have a disability?

Yes

No

6.4 How many separate lettings are available in the property?

6.5 Are any of the people listed in the Parts 1, 2, 3 and 4 of this form living in the property?

Yes

No

If **yes**, please state their names and the parts of the property they occupy

6.6 Please list every habitable room on every floor of the house

- Start from the bottom of the property and work upwards and include all occupiers, including children and babies
- Location of rooms to be taken from left to right and front to rear as when looking at the property from the front at street level



## Part 6: Occupier Information

- Indicate rooms that are currently vacant
- Please ensure that the details you provide in this section match those in your sketch plan
- Please continue on a separate sheet, if necessary

Location of room (e.g. basement rear, ground floor right, first floor middle, second floor front)	No. of occupiers	Name of occupiers	Tenancy start date	Tenancy end date

Please go to Part 7

## Part 7: Accommodation & Amenities Details

7.1 How many rooms in the premises provide sleeping accommodation?

How many rooms in the premises provide living accommodation?

7.2 Is the property divided into flats?  Yes  No

If **yes**, please state;

Number of flats which are self-contained

Number of flats which are not self-contained

7.3 Please indicate which of the following amenities are provided. Give the total number in the HMO and then indicate how many are shared between two or more households

7.3.1 **Kitchen facilities**

	Number shared	Exclusive use	Total number
Kitchen			
Sink with hot and cold water supply			
Cooker			
Fridge without freezer			
Fridge freezer			
Microwave oven			
Electrical sockets in kitchen			
Number of food storage cupboards			

## Part 7: Accommodation & Amenities Details

7.3.2 Is the kitchen provided with ventilation?  Yes  No

Indicate by which means ventilation is provided for each kitchen

Openable window  Extract fan  Other

### 7.3.3 Personal Washing and Sanitary Accommodation

	Number shared	Exclusive use	Total number
Bathroom or shower rooms with toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathroom or shower rooms without toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Separate toilet compartments with hot and cold water supply at basin	<input type="text"/>	<input type="text"/>	<input type="text"/>
Separate toilet compartments without hot and cold water supply at basin	<input type="text"/>	<input type="text"/>	<input type="text"/>

7.3.4 Is the bathroom/shower room(s) provided with ventilation?  Yes  No

Indicate by which means ventilation is provided for each bathroom/shower room(s)

Openable window  Extract fan  Other

7.3.5 Is the bathroom/shower room(s) provided with suitable fixed heating?  Yes  No

## 7.4 Provisions for Heating and Insulation

7.4.1 What form of heating does the property have?

Gas fired central heating  Yes  No

Oil fired central heating  Yes  No

Off-peak night storage heaters  Yes  No

Individual wall-mounted gas fires  Yes  No

Individual wall-mounted electric heaters  Yes  No

Plug-in electric heaters (portable)  Yes  No

Other (please specify)

Please give approximate age of installation

7.4.2 Is the loft insulation up to current standards?  Yes  No

Please give approximate age of installation

## Part 7: Accommodation & Amenities Details

7.4.3 If there are cavity walls, do they have cavity wall insulation?  Yes  No

7.4.4 What type of windows are fitted in the property?

Single glazed with timber frames

Single glazed with metal frames

Single glazed with secondary glazing

Double glazed with any frame

A combination of the above

### 7.5 Gas and Electrical Equipment

7.5.1 Does the property have a gas supply?  Yes  No

Has the landlords 'Gas Safety Record' been issued within the last 12 months? (a copy of the 'Landlords Gas Safety Record' **must** be provided with the application)

Yes  No

7.5.2 Are the tenants supplied with portable electrical appliances (i.e. kettles, microwave ovens, televisions, table lamps etc.)  Yes  No

If **yes**, have all the portable appliances been tested by a competent electrician within the last 12 months?

Yes  No

If **no**, you are advised to have the appliances tested (a copy of the Portable Appliance Testing certificate **must** be provided with the application)

7.5.3 Has the electrical installation to the property (i.e. the electrical power and lighting circuits etc.) been inspected by a competent electrician within the last five years?  Yes  No

If **no**, you are advised to have the installation inspected (a copy of the Electrical Installation certificate **must** be provided with the application)

**Please go to Part 8**

## Part 8: Fire Safety

Please refer to the guidance notes before completing this section.

8.1 Has a fire safety risk assessment been carried out?  Yes  No

Date of risk assessment  
(please enclose the fire risk assessment with your application)

8.2 Does the property have an automatic fire detection system?  Yes  No

If **yes**, please provide details of the type of system

Date installed

# Part 8: Fire Safety

Please state name and address of the installer

Date last checked/inspected by a competent contractor

Person responsible for maintaining the alarm system

- 8.2.1 Are any measures in place to eliminate false alarms?  Yes  No
- 8.2.2 Do you have any hush buttons fitted?  Yes  No
- 8.2.3 Do doors to all risk rooms and stairwells have?
  - Automatic closers  Yes  No  Not sure
  - 30-minute fire resistance  Yes  No  Not sure
- 8.2.4 Has the property been fitted with an emergency lighting system?  Yes  No

If **yes**, please provide details of the type of system

Date installed

Date last checked/inspected by a competent contractor

- 8.2.5 Is the stairwell and escape route protected in the event of a fire?  Yes  No

- 8.2.6 Do you have the following safety equipment?  Yes  No
- (a) Fire blankets

If **yes**, then how many?

Where are they located?

(b) Fire extinguishers

- Yes  No

If **yes**, then how many?

Type

(e.g. water, dry powder etc.)

Where are they located?

Date last checked/inspected by a competent contractor

## Part 8: Fire Safety

- 8.3 Does each tenant have clear written instructions on what to do in the event of a fire?  Yes  No
- 8.4 Are the tenants provided with upholstered furniture?  Yes  No
- Does all the upholstered furniture you provide comply with the Furniture & Furnishings (Fire) (Safety) Regulations 1988 (as amended in 1989 and 1993)?  Yes  No

Please go to Part 9

## Part 9: Property Management

- 9.1 Is there, displayed in a suitable position within the property, a notice giving the name, address and telephone number of the manager?  Yes  No
- 9.2 Is there a programme in place for general maintenance of the property?  Yes  No
- If **yes**, does this include:
- Structural repair  Yes  No
  - Amenities  Yes  No
  - Portable electrical appliances  Yes  No
  - Furniture  Yes  No
- 9.3 Are there adequate financial arrangements in place to allow for repair works to be carried out at the property?  Yes  No
- 9.4 Are the resident's living accommodation and areas in common use in a good state of repair?  Yes  No
- 9.5 Has the property been inspected for the presence of asbestos?  Yes  No
- If **yes**, please provide certification
- 9.6 How often is the property inspected?  Weekly  Monthly  Annually
- 9.7 Is the property free from all pests and vermin?  Yes  No
- If **no**, please provide the details of the type(s) of infestation and the pest control contractor responsible for treating it.
- 
- 9.8 Is the front entrance door well fitted and provided with a secure lock?  Yes  No
- 9.9 Is the back door well fitted and provided with a secure lock?  Yes  No

## Part 9: Property Management

**9.10** Have window locks been fitted?  Yes  No

If **yes**, please state below which windows have been fitted (i.e. ground floor, first floor etc.)

**9.11** Has the property been fitted with an intruder alarm?  Yes  No

If **yes**, please provide name and contact telephone number for the key holder.

**9.12** Is there a current and valid buildings insurance policy for the property?  Yes  No

**Please go to Part 10**

## Part 10: Tenancy Management

**10.1** Are the tenants provided with written details of the terms of of their tenancy, including sanctions for anti-social behaviour?  Yes  No

**10.2** Is an inventory prepared at commencement of occupancy?  Yes  No

**10.3** Are rent books provided?  Yes  No

If rent books are **not** provided, are the tenants given receipts/rent statements?  Yes  No

**10.4** Are the tenants provided with a complaints procedure?  Yes  No

**10.5** Is there an emergency 24-hour contact telephone number that can be used by the tenants in relation to the property?  Yes  No

If **yes**, please provide the number

**10.6** Please give us details of the repairs procedure your tenants must follow (including response times) in the event of:

- An emergency e.g. no flush to wc, no heating and hot water
- A non-emergency repair e.g. dripping tap

**Please go to Part 11**

## Part 11: Fit and Proper Person Details

Under the Housing Act 2004, licence holders and managers of Houses in Multiple Occupation must be fit and proper persons to undertake the responsibilities of running them. In order to assist the Council in making proper assessment of suitability, details about previous convictions for criminal offences must be disclosed.

**11.1** Subject to the provisions of the Rehabilitation of Offenders Act 1974, please state the particulars of any **relevant issues** (see below) recorded against any person named in Parts 1, 2, 3 and/or 4 or any person associated or formerly associated on a personal or work basis with those named in Parts 1, 2, 3 and/or 4. (Continue on a separate sheet if necessary)

Name	Date	Court	Offence	Sentence

### Relevant issues include:-

- i) Criminal offences involving: Fraud, Dishonesty, Violence, Drugs, Schedule 3 of the Sexual Offences Act 2003.
- ii) Practiced unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in connection with a business.
- iii) Contravention of any provision of housing and/or landlord and tenant law. These include, but are not limited, to:-
  - a) A Control Order under the Housing Act 1985
  - b) Proceedings by a local authority
  - c) The local authority carrying out Works in Default
  - d) A Management Order under the Housing Act 2004
  - e) Harassment or illegal eviction
- iv) Contravention of any Approved Code of Practice (ACoP).
- v) Any criminal offence or subject to any other proceedings brought by a local authority or other Regulatory Body (for example breaches of the Environmental Protection Act 1990, planning control or compulsory purchase proceedings or fire safety requirements)?

**11.2** Has any person named in Parts 1, 2, 3 and/or 4 been declared bankrupt or in arrears with mortgage?  Yes  No

## Part 11: Fit and Proper Person Details

**11.3** Has any person named in Parts 1, 2, 3 and/or 4 of this form previously held or currently hold a licence for another House in Multiple Occupation?  Yes  No

If **yes**, please provide the addresses of these properties, along with details of the authorities that issued the licence. (Use a separate sheet if required).

Address

Name of Authority

Address

Name of Authority

**11.4** Has any person named in Parts 1, 2, 3 and/or 4 of this form ever applied for and been refused a House in Multiple Occupation licence?  Yes  No

If **yes**, which authority refused the licence?

When was it refused?

**11.5** Has any person named in Parts 1, 2, 3 and/or 4 of this form ever breached any condition of a licence issued under Parts 2 and 3 of the Housing Act 2004?  Yes  No

If **yes**, please provide details of the licence condition(s) breached and the local authority in which they were breached.

### Additional Information

**11.6** Is the proposed licence holder a member of any landlords' association or other professional body?  Yes  No

If **yes**, please indicate which?

**11.7** Is the proposed licence holder an accredited landlord?  Yes  No

If **yes**, please indicate which accrediting body?



## Part 11: Fit and Proper Person Details

**11.8** Please list in the space below any training courses undertaken or conferences attended by the proposed licence holder/manager, in the last three years, to support this application.

**Please go to Part 12**

## Part 12: Plan of Property

In order to licence a House in Multiple Occupation, the Council has to obtain certain information about the property so that it can assess the type of property it is, and what amenities and installations there are. It is very difficult to form a correct impression of an HMO using words alone. For this reason the Council requires you to provide a plan of the property with your application.

You should be able to get any architect or plan drawer to do this job for you. You may already have some plans of the property drawn for some other purpose. It is perfectly acceptable to use these so long as they show all the information the Council requires.

If you are having difficulty drawing the plans an Environmental Health Officer can assist. Details on the fees may be found in HMO Licensing Fees and Charges.

Please tick the boxes below to confirm all features are included in the plan.

- |  |                          |
|--|--------------------------|
| Address of the property  | <input type="checkbox"/> |
| Date plan was drawn  | <input type="checkbox"/> |
| Scale used (e.g. 1cm = 1 metre)<br>or an indication that your plan<br>is not drawn accurately to scale | <input type="checkbox"/> |
| Clear indication of which floor<br>is which (i.e. ground, first etc.)                                  | <input type="checkbox"/> |
| Location of all smoke detectors<br>and heat detectors  | <input type="checkbox"/> |
| Location of all fire doors   | <input type="checkbox"/> |
| Location of all extinguishers  | <input type="checkbox"/> |
| Location of all emergency<br>lighting units  | <input type="checkbox"/> |

**See guidance notes for further details**

## Part 13: Advising Others of your Application

As the applicant, you must let certain persons know, in writing, that you have made this application or have given 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 application is 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/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

**Please go to Part 14**

## Part 14: Checklist of Enclosures for Submitting an Application

I enclose the following documents (all original forms will be returned to you)

	Documents enclosed	Documents to follow	For office use (doc received)
Fire Safety Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Fire Detection System Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Lighting Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Gas Safety Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Installation Safety Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable Electrical Appliance Test Certificate (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A sketch plan for the property detailing the layout and position of each room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A copy of any relevant planning consent, Building Regulations approval or completion certificate (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual Buildings Insurance Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A copy of tenancy agreement or written terms of tenancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Title (Land Registry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charity registration certificate (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**We will invoice for fees so no cheques should be sent with your application.**

**Please send completed application form and any necessary documentation to:**

Property Standards and Enforcement Services  
 Lambeth Council  
 PO Box 734  
 Winchester  
 SO23 5DG

Or you can email your completed form and documents to [hmolicensing@lambeth.gov.uk](mailto:hmolicensing@lambeth.gov.uk).

**Note: Your application will NOT be valid until you have completed all the relevant parts of this form, provided all necessary documents and have paid the required fees.**

## Part 14: Checklist of Enclosures for Submitting an Application

### **Note to applicants**

**It is a criminal offence to knowingly supply information which is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application with regard to the property, may be required at a later date.**

**We may approach other local authorities; liaise with the police, fire service and tenants for additional information and verification. Signing of this application will be taken as your agreement to any such action.**

**If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled or further action taken. Operating an HMO that should be licensed without a licence is an offence liable to an unlimited fine. In addition a First-Tier Property Tribunal may make a Rent Repayment Order requiring you to repay any rents due during the period for which the property was unlicensed.**

# Declaration

I/we declare that the information contained in this application is correct to the best of my/our knowledge.

I/we understand that I/we commit an offence if I/we supply any information to a local housing authority in connection with any of their functions under any of Parts 1 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.

Name of applicant

Signature

Date

Name of proposed licence holder (if different to applicant)

Signature

Date

Name of manager (if different to applicant)

Signature

Date

Name (if different to applicant)

Signature

Date

Name (if different to applicant)

Signature

Date

## Equal Opportunities Monitoring

**Lambeth Council is committed to making real improvements in all of our services regardless of race, colour and ethnicity, disability, age, gender, sexuality or faith and belief. Therefore we are asking for this monitoring information to ensure we are offering services to all sectors of the community in an open and accessible manner.**

All the questions in this section are voluntary, and any information you provide will remain completely confidential.

1. Which gender are you?

 Male Female

2. What age group do you fall into?

 24 and under 45 to 64 25 to 44 65 and over

3. Do you have a disability?

 Yes No

4. To which of these ethnic groups do you consider you belong?

 White - British Asian or Asian British - Pakistani White - Irish Asian or Asian British - Bangladeshi White - other White background Asian or Asian British - other Asian background Mixed - White & Black Caribbean Black or Black British - Caribbean Mixed - White & Black African Black or Black British - African Mixed - White and Asian Black or Black British - other Black background Mixed - other Mixed background Chinese Asian or Asian British - Indian Other ethnic group

**Thank you for taking the time to complete this questionnaire**

## Further Information

Please use this space if you need more room for any of your answers or for any additional information you think may be relevant to the application.

