

Application to licence a house in multiple occupation (HMO)

Please use the accompanying notes when 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.

If you are completing a paper copy of this form please use BLOCK CAPITALS and black ink.

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.

Before making an application you will need to make sure you have the following documentation:

For office use only

Date received

Date passed to officer

Reference number

Fees received

A current gas safety certificate (if there is gas in the property)	✓
A current electrical installation condition report	✓
A current test certificate for the automatic fire detection system (if there is one)	✓
A current test certificate for the emergency escape lighting system (if there is one)	✓
A written fire risk assessment (if you have one)	✓
A floor plan, showing the room sizes, the fire protection measures and the kitchen, toilet and bathroom facilities (see section 13)	
The appropriate fee	✓

Section 1:

1a. Type of application (please tick appropriate box):

New licence Renewal of licence

If renewal: existing licence number: _____ Expiry date: _____

1b. HMO to be licensed:

Property number or name _____

Street _____

Town _____

County _____ Postcode _____

Section 2:

Applicant details:

2a. First name _____

2b. Surname _____

2c. email _____

2d. Main telephone number _____

2e. Other telephone number _____

2f. Are you:

Applying as an individual (fill in your address below, 2g)

OR

Applying as a business or organisation, including as a sole trader (go to 2h)

2g. Your address (if applying as an individual):

Property number or name _____

Street _____

Town _____

County _____ Postcode _____

Country _____ (go to section 3)

Applicant business (if applying as a business or organisation)

2h. Is your business registered in the UK with Companies House?

Yes No

2i. Is your business registered outside the UK?

Yes No

2j. Business name (if your business is registered, use its registered name):

2k. Legal status (select one):

Private limited company

Partnership

Sole trader

Public limited company

Charity public body

2l. Your position in the business: _____

2m. Home country (where headquarters of your business is located): _____

2n. **Business address:**

Property number or name _____

Street _____

Town _____

County _____ Postcode _____

Country _____

2o. email _____

2p. Main telephone number _____

Complete Section 3 if you are an individual. Go to Section 4 if you are a business or organisation. Please note the details you provide in these sections will appear on the public register.

Section 3:

Proposed licence holder: Each individual licence holder will be legally responsible for the operation of the HMO to be licensed and must have the power to:

- let to and evict tenants;
- access all parts of the premises to the same extent as the owner; and
- authorise any expenditure necessary to ensure the health and safety of the tenants and others

The proposed licence holder should normally be the 'person having control' of the property (the person legally entitled to receive the rental income from the property), usually the owner of the property. However, there may be a good reason why this should not be the case (eg if the owner is ill or lives abroad). The 'person having control' may be the leaseholder rather than freeholder. The local authority has a duty to award the licence to the most appropriate person.

3a. Are you the proposed licence holder?

Yes (go to section 5) No

Provide the following additional details about yourself.

3b. Your interest in the property (eg owner, leaseholder) _____

3c. Name of proposed licence holder _____

3d. Address. Is this address the same as the address given in Section 2?

Yes (go to section 3e) No (fill in details below)

Property number or name _____

Street _____

Town _____

County _____ Postcode _____

Country _____

3e. email _____

3f. Main telephone number _____

Section 4:

Proposed licence holder: businesses and organisations (this address will appear on the register)

4a. Legal status of the proposed licence holder:

Individual or sole trader (go to section 5)

Company (fill in details below)

Partnership (fill in details below)

Charity or trust (fill in details below)

Other _____ (fill in details below)

Company, partnership, charity or trust

4b. Business/organisation name (if your business is registered, use its registered name):

4c. Registration number (if applicable): _____

4d. Business/organisation address

Property number or name _____

Street _____

Town _____

County _____ Postcode _____

Country _____

4e. email _____

4f. Main telephone number _____

- 4g.** Please provide details of all **Company Directors** and the **Secretary** (if the proposed licence holder is a company), all **Partners** (if it is a partnership), and all **Trustees** (if it is a charity or trust). Continue on a separate sheet if required

Section 5:

Ownership and control of the property (HMO) to be licensed.

- 5a.** Is the proposed licence holder the owner of the property?

Yes No

- 5b.** Does anybody else have a legal interest in the property (eg as freeholder, leaseholder, mortgage provider)?

Yes No

- 5c.** Has anybody else agreed to be bound by the conditions of the licence, if it is granted?

Yes (fill in details below) No (go to section 6)

Provide details about the owner(s) of the property, anyone else who has a legal interest in the property and/or anybody who has agreed to be bound by the conditions of the licence (if it is granted). Please continue on a separate sheet if necessary.

- 5d.** Interest in the property (eg owner, leaseholder, mortgage provider) _____

- 5e.** First name _____

- 5f.** Family name _____

- 5g.** Organisation (if applicable) _____

- 5h. Address (if an organisation, provide the registered office address or other official address)**

Property number or name _____

Street _____

Town _____

County _____ Postcode _____

Country _____

- 5i.** email _____

- 5j.** Main telephone number _____

Section 6:

Proposed manager of the HMO.

6a. Will the proposed licence holder be the manager of the HMO?

- Yes (go to section 7) No (fill in details below)

Provide details about the manager.

6b. First name _____

6c. Surname _____

6d. Organisation (if applicable) _____

6e. Address (if an organisation, provide the registered office address or other official address)

Property number or name _____

Street _____

Town _____

County _____ Postcode _____

Country _____

6f. email _____

6g. Main telephone number _____

Section 7:

There is no requirement to provide this information for a renewal application unless the information you have provided with previous applications is no longer correct.

Details of the HMO to be licensed.

7a. Type of HMO (select one):

- Flat in multiple occupation House converted into self contained flats
 House Other _____

7b. How many storeys does the whole building have? (Including ground floor, below ground and above ground.) _____

7c. How many storeys does the HMO have? (Include the ground floor, basements, attics and mezzanines) _____

7d. Which levels are these HMOs located on? (Give the levels the HMO is on, in relation to ground level.) _____

7e. What type of building is it?

- Detached house Semi-detached house
 Terrace house End terrace house
 Back-to-back house Residential block
 Mixed use block Grouped structure
 Town house Other _____

7f. Are any parts of the building used for non-residential purposes?

Yes (fill in details below) No (go to section 7g)

Describe which parts and how they are used (eg ground floor used for storage)

7g. When was the building originally built?:

Before 1919

1919 to 1945

1946 to 1964

1965 to 1980

After 1980

7h. Was the HMO to be licensed:

Purpose built with its present design

Converted from a previous residential dwelling, date of conversion _____

Converted from a non-residential structure, date of conversion _____

Section 8:

There is no requirement to provide this information for a renewal application unless the information you have provided with previous applications is no longer correct.

Occupation of the HMO to be licensed.

8a. Give the number of households and occupants in the property (A household consists of family members or a cohabiting couple. A group of four friends counts as four separate households. Include any children, and the landlord and family, if applicable):

	At the time of application	Proposed maximum
Separate households		
Occupants		

8b. If any of the current occupants are children, please state the current age of each child:

8c. Is there a resident landlord?

Yes (fill in details below) No (go to section 8d)

Which parts of the property does the landlord's household occupy?

Section 9:

There is no requirement to provide this information for a renewal application unless the information you have provided with previous applications is no longer correct.

Accommodation details.

9a. Number of separate letting units in the property (Rooms or units let on separate tenancy contracts or to separate households.) _____

9b. Of these, the number which are:

- self contained letting units (exclusive use of kitchen, bath/shower and toilet) _____
- non-self-contained units (share use of kitchen, bath/shower and/or toilet) _____
- units with dormitories (share use of facilities including sleeping space) _____

Number of rooms and facilities in the property

9c. Give the number of each of the following in the property:

	Total in property	Use exclusive to one letting unit	Use shared between letting units
Bedrooms (exclude bedsits)			
Bedsits (combined living/bedrooms)			
Living/dining rooms (exclude kitchen-dining rooms and bedsits)			
Kitchens (include kitchen-dining rooms)			
Sinks (exclude wash hand basins)			
Shower/bathrooms			
Toilets in shower/bathrooms			
Separate toilets with wash hand basins (exclude external toilets)			
Separate toilets without wash hand basins (exclude external toilets)			
Wash hand basins (include all wash hand basins)			

9d. Do all baths, showers, sinks and wash hand basins have a constant supply of hot and cold water?

- Yes No

9e. Are all kitchens equipped with the following:

- | | | Number of |
|---------------------------------|--|-----------|
| • a sink with draining board | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| • dishwasher | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| • gas/electric cooker | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| • combination microwave | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| • electrical sockets | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| • worktops for food preparation | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| • storage cupboards | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| • combined fridge/freezer | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| • separate refrigerator | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| • separate freezer | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| • refuse storage facilities | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

Section 10:

There is no requirement to provide this information for a renewal application unless the information you have provided with previous applications is no longer correct.

Heating and energy efficiency

Heating

10a. What type of heating does the property have?

- Gas central heating Electrical central heating / night storage heaters
 Fixed gas heaters/fires Fixed electrical heaters/fires
 Solid fuel fires Other, please specify _____

10b. Do all the rooms in the property have a source of heat (eg radiator or fire)?

- Yes No

10c. Do all bathrooms and kitchens have a means of natural or mechanical ventilation?

- Yes No

Energy efficiency

10d. Are the windows double glazed?

- All Some None

10e. Is the roof space insulated?

- All Some None N/A

10f. Provide details _____

Include the thickness of insulation in mm.

10g. Are cavity walls insulated?

- All Some None N/A

10h. Are hot water tanks lagged?

- All Some None N/A

10i. Is there an Energy Performance Certificate for the property?

- Yes No

Section 11:

There is no requirement to provide this information for a renewal application unless the information you have provided with previous applications is no longer correct.

Gas and electricity

11a. Does the property have a gas supply?

- Yes No

Provide the following details about the last inspection of the gas installation and appliances. The inspection should have been completed within the last 12 months by a Gas Safe Registered Engineer. You are required to submit the Gas Safe Certificate with this application.

11b. Name of inspector/company _____

11c. Engineer registration number _____

11d. Date of last inspection _____

11e. Certificate number _____

Electrical installation and fixed appliances

11f. Have the electrical installation and fixed electrical appliances been tested within the last five years?

Yes No

Provide the following details about the last inspection of the electrical installation and fixed appliances. You are required to submit the Electrical Installation Condition Report and certificate with this application.

11g. Name of inspector/company _____

11h. Date of last inspection

11i. Certificate number _____

Section 12:

There is no requirement to provide this information for a renewal application unless the information you have provided with previous applications is no longer correct.

Fire precautions

Fire risk assessment

12a. Has a fire safety risk assessment been undertaken?

Yes, please provide a copy with the application
 No

Smoke and heat alarms

12b. Are smoke and/or heat alarms (or detectors) provided in the property?

Yes No

12c. Type of alarms or detectors:

Battery operated Mains electricity - standalone
 Mains electricity - interlinked Mains electricity - panel controlled

12d. How many altogether? _____

12e. Give the location of each smoke alarm (eg ground floor hall, first floor kitchen):

Other fire equipment and precautions

12f. Is the following fire equipment provided in the property?

- | | |
|---|---|
| <input type="checkbox"/> Fire extinguishers | <input type="checkbox"/> Fire blankets in every kitchen |
| <input type="checkbox"/> Emergency lighting in common areas | <input type="checkbox"/> Fire doors |
| <input type="checkbox"/> None of the above | |

12g. Do all the fire doors have the following?

- | | |
|---|---|
| <input type="checkbox"/> Self closing devices | <input type="checkbox"/> Intumescent strips |
| <input type="checkbox"/> Cold smoke seals | <input type="checkbox"/> None of the above |

12h. Provide details of the fire escape routes from the property and how you ensure they are kept clear:

12i. Provide details of any fire safety information or training provided to the occupiers of the property:

12j. Do all furniture and soft furnishings provided at the property comply with The Furniture and Furnishings (Fire) (Safety) Regulations 1988 (as amended)?

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> None provided |

Maintenance and inspections

12k. Is the fire precautions equipment serviced and inspected by a competent person at regular intervals?

- Yes No

Provide the following details about inspections. You will be required to submit inspection certificates with this application.

12l. Type of equipment (emergency lighting, fire alarm system, fire extinguishers.)

12m. Name of inspector/company

12n. Date of last inspection:

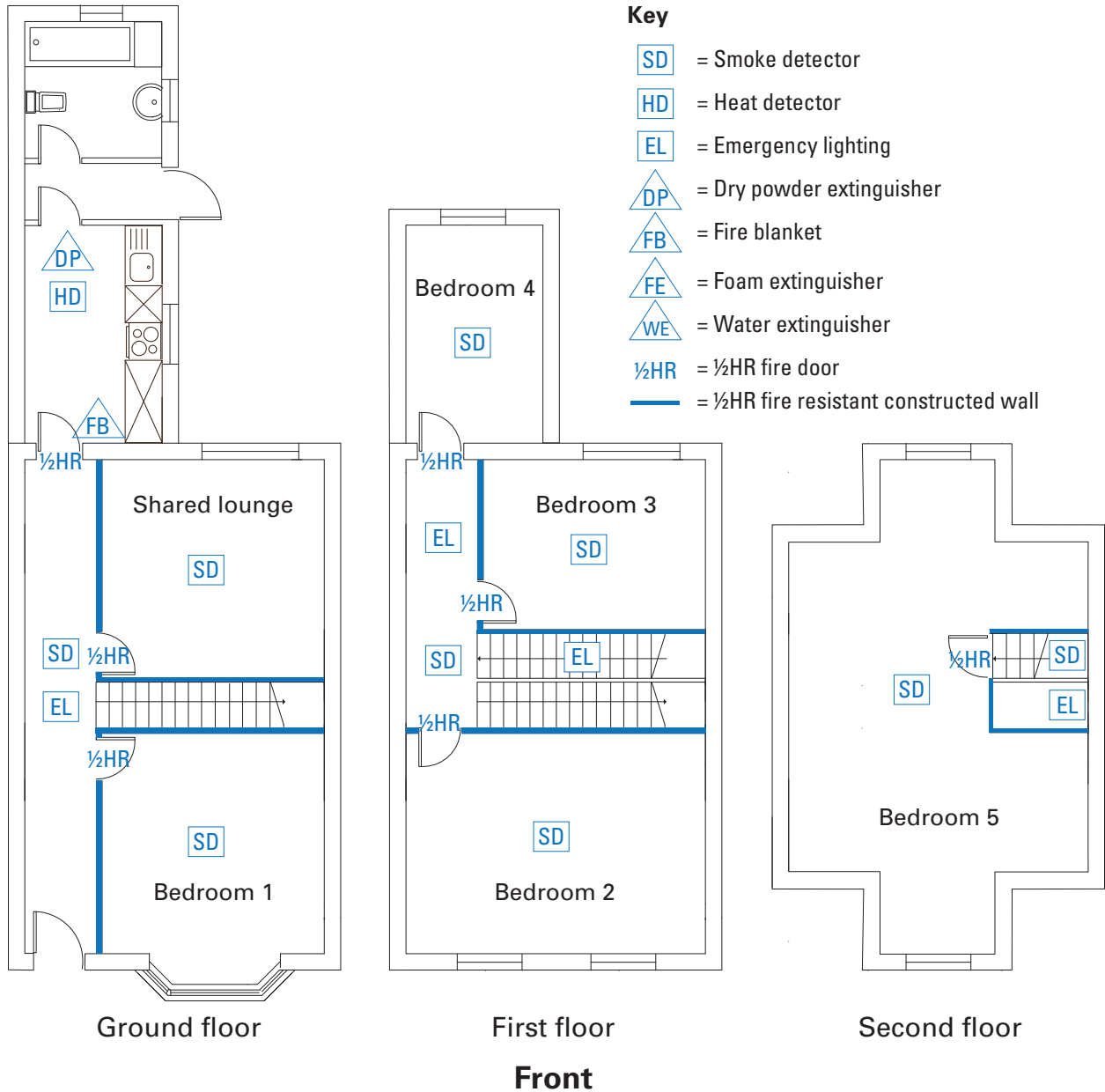
12o. Certificate number

Section 13:

There is no requirement to provide this information for a renewal application unless the information you have provided with previous applications is no longer correct.

Layout plans

Layout plans for each storey of the building, showing the location and dimensions of all rooms within the property is required with your application. Please see guidance for full requirements of your plan. **Layout plan example:**



Room	Dimensions	Floor area
Shared lounge, ground floor rear right	4 x 4m	16m ²
Shared kitchen, ground floor back addition	4 x 2.5m	10m ²
Shared bathroom, ground floor back addition	2.5 x 2.5m	6.25m ²
Bedroom 1, ground floor front right	4 x 4m	16m ²
Bedroom 2, first floor front	4 x 5.5m	22m ²
Bedroom 3, first floor rear right	4 x 3m	12m ²
Bedroom 4, first floor back addition	4 x 2.5m	10m ²
Bedroom 5, second floor	5.5 x 6m	33m ²

Section 14:

There is no requirement to provide this information for a renewal application unless the information you have provided with previous applications is no longer correct.

Management of HMO to be licensed

14a. Are occupants given a tenancy agreement (or other written statement of terms of occupancy)?

Yes No

14b. Does the written statement of terms include any clauses relating to antisocial behaviour?

Yes No

14c. Does the written statement of terms include guidelines on procedures for tenants to report necessary repairs and make complaints about the property?

Yes No

Deposit

14d. Is a deposit required at the start of a new tenancy?

Yes No (go to section 14g)

14e. Are the terms of the tenancy deposit clearly set out in writing?

Yes No

14f. Is the proposed licence holder or manager a member of any government authorised scheme that protects tenants' deposits?

Yes, scheme provider and landlord reference number _____

No

Rent and receipts

14g. Are tenants given a rent book?

Yes No

14h. Are tenants given receipts for rent payments?

Yes No

Outline any procedures/arrangements you have to:

14i. Vet prospective tenants (eg use of a vetting service or accreditation scheme, take up references, etc)

14j. Ensure the property is clean, safe and fit to live in, before each new tenancy

- 14k.** Agree an inventory with each tenant, detailing the furniture and appliances supplied, including the condition of individual items
- 14l.** Review the general condition of the property (internal, external, garden etc) sufficiently regularly to ensure it is maintained in good and safe repair
- 14m.** Deal with repairs and complaints which have been reported within a reasonable time
- 14n.** Cover the cost of major emergency repair work or improvements to the property
- 14o.** Receive and respond to complaints of antisocial behaviour involving or affecting the tenants and/or their children or visitors.

Section 15:

Fit and proper person test

Has the proposed licence holder, the manager and/or any person associated with either of them:

- 15a.** Committed any offence involving fraud or other dishonesty (including benefit fraud), violence, drugs, or any offence listed in Schedule 3 to the Sexual Offences Act 2003 (subject to the Rehabilitation of Offenders Act 1974)?
 Yes No
- 15b.** Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with, any business?
 Yes No

- 15c.** Contravened any legislation relating to housing, public health, environmental health or landlord and tenant law?
 Yes No
- 15d.** Been refused a licence under Part 2 or 3 of the Housing Act 2004?
 Yes No
- 15e.** Had a licence revoked for breach of any conditions under Parts 2 or 3 of the Housing Act 2004?
 Yes No
- 15f.** Contravened any Code of Practice relating to the management of HMOs?
 Yes No
- 15g.** Been subject to a Control Order under the Housing Act 1985 (in the past five years)?
 Yes No
- 15h.** Been subject to a Management Order under the Housing Act 2004?
 Yes No
- 15i.** Failed to comply with a Housing Notice (requiring works etc.) served by a local authority?
 Yes No
- 15j.** Been subject to complaints from tenants or other sources, regarding serious or repeated breaches of the conditions of a licence under the Housing Act 2004?
 Yes No

Section 16:

Accreditation and qualifications

- 16a.** Has the proposed licence holder and/or the manager become accredited with a landlords' accreditation scheme?
 Yes (fill in details below) No

Name of person involved _____

Organisation/scheme _____

Membership/Associate number _____

Continue on a separate sheet if required.

- 16b.** Is the proposed licence holder and/or the manager a member of a professional landlords' association?
 Yes (fill in details below) No

Name of person involved _____

Organisation/scheme _____

Membership number _____

Continue on a separate sheet if required.

16c. Is the proposed licence holder and/or the manager a member of a professional body relevant to the ownership and management of residential property?

Yes (fill in details below) No

Name of person involved _____

Organisation/scheme _____

Membership number _____

Continue on a separate sheet if required.

16d. Have the proposed licence holder and/or the manager any relevant qualifications or undertaken any training courses relevant to the ownership and management of residential property?

Yes (fill in details below) No

Name of person involved _____

Provider/awarding body _____

Course qualification _____

Date of course/award _____

Continue on a separate sheet if required.

Section 17:

Other properties licensed under the Housing Act

17a. Does the proposed licence holder and/or manager own or manage other properties which require a licence under the Housing Act 2004?

Yes (fill in details below) No

Total number of properties? _____

Section 18:

Notifying people about the licence application

You must let certain people know in writing that you have made this application.

The people who need to know about it are:

- any owner of the property to which the application relates (if that is not you) ie the freeholder and any leaseholders who are known to you
- any mortgage provider for the property to be licensed
- 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

18a. Does anybody (other than you) own the property (eg as freeholder, leaseholder, joint owner)?

Yes (provide details below of notifying these people about the licence application)

No

Name of person notified _____

Address _____

Interest in the property or application (eg freeholder) _____

Date notified _____

Continue on a separate sheet if required.

18b. Is there a mortgage on the property?

Yes (provide details below of notifying these people about the licence application)

No

Name of person notified _____

Address _____

Interest in the property or application (eg freeholder) _____

Date notified _____

Continue on a separate sheet if required.

18c. Does the property have any tenant or leaseholder with more than three years remaining on the tenancy or lease?

Yes (provide details below of notifying these people about the licence application)

No

Name of person notified _____

Address _____

Interest in the property or application (eg freeholder) _____

Date notified _____

Continue on a separate sheet if required.

18d. Is the proposed licence holder somebody other than you?

Yes (provide details below of notifying these people about the licence application)

No

Name of person notified _____

Address _____

Interest in the property or application (eg freeholder) _____

Date notified _____

Continue on a separate sheet if required.

18e. Is the proposed manager somebody other than you?

- Yes (provide details below of notifying these people about the licence application)
 No

Name of person notified _____

Address _____

Interest in the property or application (eg freeholder) _____

Date notified _____

Continue on a separate sheet if required.

18f. Has anybody else agreed to be bound by the conditions of the licence, if it is granted?

- Yes (provide details below of notifying these people about the licence application)
 No

Name of person notified _____

Address _____

Interest in the property or application (eg freeholder) _____

Date notified _____

Continue on a separate sheet if required.

You must tell each of these people (or organisations):

- your name, address, telephone number and email address or fax number (if any)
- the name, address, telephone number and email address of the proposed licence holder (if it will not be you)
- this is an application 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 Runnymede Borough Council to which the application will be made
- the date the application will be submitted

Section 19:

Additional details

Provide any additional information which is required or relevant to your application. Continue on a separate sheet if required.

Section 20:

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.

I/we declare that I/we have served a notice of this application on the persons detailed in Section 18 of this application who are the only persons known to me/us that are required to be informed that I/we have made this application.

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

This section should be completed by the person who completes this form.

Full name _____

Status _____

Signed _____ Date _____

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

Full name _____

Status _____

Signed _____ Date _____

The HMO application form and supporting documents can be uploaded via the online portal on the Runnymede website. You will need to go to the relevant page on the website and create an account, which will enable you to upload and save your application for our officer to review. Payment of the licence fee can also be made via our website, and the private sector housing team will be notified once payment is made.

Extra Information: