



<i>For Official Use Only</i>	
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**HOUSING ACT 2004, PART 2 SECTION 55
LICENSING OF HOUSES IN MULTIPLE OCCUPATION (HMO) – APPLICATION**

Use this form if you want to apply for a Licence for a House in Multiple Occupation (HMO).

Please return the completed form to:

**Private Sector Housing Team,
East Riding of Yorkshire Council,
Town Hall,
Quay Road,
Bridlington
YO16 4 LP
e-mail: housing.renewal@eastriding.gov.uk**

If you are uncertain how to answer any of the questions or have any queries about the process or HMOs in general we would encourage you to seek advice and guidance by contacting the Housing Renewal Team at the above address or call us on (01482) 396280.

Please tick the appropriate box

Application for Licence

Application for a Variation of existing Licence

Application for Renewal of Licence Expiry Date of Licence

If you have more than one property in multiple occupation which require a licence you will need to complete the property application for each (parts 4-9).

IMPORTANT

Please answer all questions unless directed. Please read the notes (set out at the end of the form before answering the questions to which they relate).

IT IS A CRIMINAL OFFENCE TO MAKE A FALSE STATEMENT IN AN APPLICATION FOR AN HMO LICENCE OR FAIL TO COMPLY WITH ANY CONDITION OF THE LICENCE.

Please attach all relevant certificates of installation, inspection or maintenance. The declaration at the end of the application must be signed and dated before submitting.

Office use only:

Part 1. Proposed Licence- holder details	
1.1	<p>To be completed if applicant is an individual (and then move on to 1.3)</p> <p>Name: _____</p> <p>Maiden Name (if applicable) _____</p> <p>Address: _____ _____ _____</p> <p style="text-align: right;">Postcode: _____</p> <p>Tel. No: _____ Mobile: _____</p> <p>E-mail: _____</p> <p>Date of Birth: _____ National Insurance No. _____</p> <p>Are you responsible for the day-to-day repairs, maintenance and tenant management of the premises to be licensed? <i>(Please tick appropriate box)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If not, please note that part 3 will also need to be completed</p>
1.2	<p>To be completed if applicant is a Company/ Partnership or Charity</p> <p>Full Name of Company / Partnership or Charity (refer to note 1.2)</p> <p>Address of Principal or Registered Office</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Telephone Number: _____</p> <hr/> <p>Names and Addresses of all Directors/Partners/Trustees <i>(please use separate sheet of paper if necessary)</i></p> <hr/> <p>Is the company/ charity responsible for the day-to-day repairs, maintenance and tenant management of the premises to be licensed <i>(please tick appropriate box)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If not, please note that part 3 will need to be completed</p>

1.3	<p>Details of any other person(s) who has agreed to be bound by a condition contained in the licence: (please use additional sheet if required)</p> <p>Full Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Postcode: _____ Tel.No: _____</p> <p>E-mail: _____</p>
1.4	<p>Are you the landlord of any other Licensable HMO's in the Council's area? <i>(Please tick appropriate box)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, have you made an application in respect of any other property? <i>(Please tick appropriate box)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please give full address of each property or licence number <i>(continue on an additional sheet if necessary)</i></p>
1.5	<p>Are you the landlord of any other Licensable properties in another local authority area? <i>(please tick appropriate box)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give full address of each property and the local authority to which you have applied for a licence. <i>(continue on an additional sheet if necessary)</i></p>
1.6	<p>Have you had any application for a HMO/Property licence refused or revoked in this or another local authority's area? <i>(Please tick appropriate box)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide details and dates</p>

Part 2.

Licence- holder test of fitness and compliance with management conditions

If you answer yes to any of the following questions in this section, please give details including dates below. Continue on a separate sheet where necessary.

Please Note: The Council may carry out the necessary legal checks on all applicants

2.1	Have you been convicted of, or formally cautioned for any offences relating to fraud, dishonesty, violence or drugs or sexual offences as set out in Schedule 3, Sexual Offences Act 2003? (Spent convictions are not, in this context, taken into account) <i>(Please tick appropriate box)</i> (Refer to notes Part 2 and 2.1) Yes <input type="checkbox"/> No <input type="checkbox"/>
2.2	Have you had a finding against you by a court or tribunal that you have practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with, the carrying on of any business? <i>(please tick appropriate box)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
2.3	Have you been convicted or formally cautioned for failing to comply with a Housing Act Notice in the past 5 years, in any local authority? <i>(Please tick appropriate box)</i> (Refer to note 2.3) Yes <input type="checkbox"/> No <input type="checkbox"/>
2.4	Have you been convicted or formally cautioned for any charges relating to harassment and illegal eviction in the past 5 years? <i>(Please tick appropriate box)</i> (Refer to note 2.4) Yes <input type="checkbox"/> No <input type="checkbox"/>
2.5	Have you been in control of a property subject to a HMO Control Order, an Interim Management Order, a Final Management Order or 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? (Refer to note 2.5) <i>(Please tick appropriate box)</i> If yes please give details Yes <input type="checkbox"/> No <input type="checkbox"/>
2.6	Have you been convicted of any offence, formally cautioned or subject to any other proceedings brought by any local Authority or other Regulatory Body (for example breaches of the Environmental Protection Act, planning control or fire safety requirements)? <i>(Please tick appropriate box)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
2.7	Have you been declared bankrupt? <i>(Please tick appropriate box)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

I declare that to the best of my knowledge and belief all the information in this application is true.

Signature: Date:

Print Full Name:

Position (if acting on behalf of a company):

Data Protection Statement

We need your personal data to **enable this Council to issue a HMO licence**. We may also use it for prevention and detection of fraud. We may share it with local or national organisations such as **other Council Departments, other Local Housing Authorities, the Police, Fire Service and the Office of the Deputy Prime Minister (ODPM)** as part of our joint approach to **ensuring that only fit and proper people are licensed to own or manage Houses in Multiple Occupation**. Elected members of the Council may have access when considering the application.

Data held by this Local Housing Authority in respect of the licensing of HMOs shall be kept in a Register as required by Section 232 of the Housing Act 2004. The information in this Register (with the exception of any convictions) shall be available, upon request, to public inspection.

We will keep your personal data safe and secure and will not disclose it to anyone else without your consent, unless we are required by law to do so.

Part 3. (only use if manager is not licence holder)

Manager test of fitness and compliance with management conditions

If you answer yes to any of the following questions in this section, please give details including dates below. Continue on a separate sheet where necessary.

Please Note: The Council may carry out the necessary legal checks on all applicants

3.1

Full name (block letters) : _____

Address: _____ Telephone numbers
Home: _____

Postcode _____ Work/Mobile: _____

E-mail Address: _____

Date of Birth: National Insurance No:

3.2

Have you been convicted of, or formally cautioned for any offences relating to fraud, dishonesty, violence or drugs or sexual offences as set out in Schedule 3, Sexual Offences Act 2003? (Spent convictions are not, in this context, taken into account) (Please tick appropriate box) (Refer to notes Part 2 and 2.1)

Yes No

3.3

Have you had a finding against you by a court or tribunal that you have practised unlawful

	<p>discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with, the carrying on of any business? <i>(please tick appropriate box)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3.4	<p>Have you been convicted or formally cautioned for failing to comply with a Housing Act Notice in the past 5 years, in any local authority? <i>(Please tick appropriate box)</i> (Refer to note 2.3)</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3.5	<p>Have you been convicted of any charges relating to harassment and illegal eviction in the past 5 years? (Refer to note 2.4) <i>(Please tick appropriate box)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3.6	<p>Have you been in control of a property subject to a HMO Control Order, an Interim Management Order, a Final Management Order or 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? (Refer to note 2.5) <i>(Please tick appropriate box)</i></p> <p>If yes please give details: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3.7	<p>Have you been convicted of any offence or subject to any other proceedings brought by any local Authority or other Regulatory Body (for example breaches of the Environmental Protection Act, planning control or fire safety requirements)? <i>(Please tick appropriate box)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>

I declare that to the best of my knowledge and belief all the information in this application is true.

Signature: Date:

Print Full Name:

Position (if acting on behalf of a company):

PROPERTY DETAILS

Part 4.

Information about your interest in the property

Please answer each question in turn unless otherwise directed.

4.1	Full address of the property to which the licence application appliesPostcode
	Is this a: House? Yes <input type="checkbox"/> No <input type="checkbox"/> Flat? Yes <input type="checkbox"/> No <input type="checkbox"/>
4.2	Are you the owner? (refer to note 4.2) (Please tick appropriate box) Yes <input type="checkbox"/> No <input type="checkbox"/>
4.3	Do you (alone or jointly with others), own the freehold of the property or hold a lease/tenancy of it with at least 5 years still to run? If No, go to 4.5 (Please tick appropriate box) Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please indicate which interest you own: Freehold <input type="checkbox"/> Lease/Tenancy with at least 5 years still to run <input type="checkbox"/>
4.4	If you own the interest jointly with other people, please give the names and addresses of your co-owners: (please continue on separate sheet if necessary)
4.5	Name and address of the mortgage provider (if any) of the property or any part of it (please say "none" if the property does not have an outstanding mortgage) Name:..... Address:..... Telephone number:.....

Part 5.
Information about the property
 please answer each question unless otherwise directed.

5.1	Has planning permission been granted for use as a house in multiple occupation? (refer to note 5.1) (please tick appropriate box) Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
	If 'Yes' please give date and reference number of your application: Date: Reference number:

5.2	Was the property built, or provided by conversion, before 1991? (refer to note 5.2) (Please tick appropriate box) Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
	Please give date if known:

5.3	When the property was converted or flats created was (refer to note 5.2): (please tick appropriate box)
	Planning permission given? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
	Building Notice given? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
	Was the work carried out in accordance with the above? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>

5.4	Are any of the flats or rooms occupied by the owner or freeholder (including their family)? (Refer to note 5.4) (Please tick appropriate box)
	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please specify

Description of Property

5.5	Please tick all the floors the premises has residential accommodation on:
	Basement <input type="checkbox"/> Ground Floor <input type="checkbox"/> First Floor <input type="checkbox"/> Second Floor <input type="checkbox"/>
	Third Floor <input type="checkbox"/> Fourth Floor <input type="checkbox"/> Fifth Floor <input type="checkbox"/> Sixth Floor and above <input type="checkbox"/>
	Total number of storey's <input style="width: 60px; height: 20px;" type="text"/>

5.6	Type of Property (please tick appropriate box)
	Detached House <input type="checkbox"/> Semi-detached <input type="checkbox"/> Terraced <input type="checkbox"/> Converted Flat <input type="checkbox"/>

5.7 Category of property *(please tick appropriate box)*

House in single occupation House in multiple Occupation Flat in single occupation Flat in multiple occupation

A house converted into and comprising only of self contained flats A purpose built block of flats A house in a building used for both residential and business purposes

Other e.g. "Corridor flat" - please specify

5.8 Approximate Date of construction: *(please tick appropriate box)*

Pre-1919 1919-1945 1946- 1964 1965-1980

Post 1980

5.9 When was the last time you carried out any works of repair or improvement? *(Please tick appropriate box)*

Less than 1 year ago Between 1 and 3 years More than 3 years ago

Please state description works and date carried out:

Has the Council served any notices upon you? Yes No

If the answer is YES, have the notices been complied with? Yes No

5.10 How would you best describe the property *(for definition refer to point 5.10)*

Bed-sits Shared house Hostel type accommodation (short term) Hostel type accommodation (long term)

Other: e.g. "Corridor flat"

Amenity Details

5.11 How many separate letting units are there in the building?

5.12 How many bedroom/living rooms in the property? (Include all rooms normally used as bedrooms or living rooms) *(Enter total number in box)* **Total**

5.13	How many rooms exclusively used as: (a) Kitchen or cooking facilities (state location) (example second floor front room) <i>(enter total number in box)</i> (b) Bathroom or Shower room with toilets (state location) <i>(enter total number in box)</i> (c) Bathroom or Shower room without toilets (state location) <i>(enter total number in box)</i> (d) Number of toilets (state location)(do not include those at (b) above) <i>(enter total number in box)</i>	Total <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sharing of Facilities		
5.14	(a) How many shared kitchens or cooking facilities in the property? <i>(Enter total number in box)</i> (b) How many shared baths/showers in the property? <i>(Enter total number in box)</i> (c) How many shared toilets in the property? <i>(Enter total number in box)</i>	<input type="text"/> <input type="text"/> <input type="text"/>
Non Self-contained Accommodation		
5.15	(a) How many of the units have one or more of their exclusive amenities located outside the unit? (Refer to note 5.10 (d))	<input type="text"/>

Part 6 Information about occupants		
6.1	How many people currently live in the property? Please specify number including children <input type="text"/> How many could it accommodate? <input type="text"/>	
6.2	How many Individuals? <i>(Enter total number in appropriate box)</i> <input type="text"/>	How many households? <i>(Enter total number in appropriate box)</i> <input type="text"/>
6.3	How many occupants do you wish the licence to be for? <i>(Enter total number in appropriate box)</i>	
Do you provide tenants with a written statement/ tenancy agreement		

7.5	<p>Are there any notices displayed in the property instructing the occupants what to do in the event of a fire? <i>(Please tick appropriate box)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes how many?..... and where located</p>
7.6	<p>Do you provide upholstered furniture? <i>(Please tick appropriate box)</i> (Refer to note 7.6)</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, does it all comply with the Furnishings (Fire Safety) Amendment Regulations 1993?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<p>Part 8. Gas and electrical equipment</p>	
8.1	<p>Does the property have any gas installations/appliances? <i>(Please tick appropriate box)</i> (Refer to note 8.1)</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, a copy of the annual gas safety certificate must be provided.</p>
8.2	<p>Has the property had an electrical safety inspection in the last 5 years? <i>(Please tick appropriate box)</i> (Refer to note 8.2)</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give date and attach report if available:</p> <p>If no, please provide report confirming the current condition of the installation.</p>
8.3	<p>Are the electrical appliances (e.g. kettles, vacuum cleaners) provided subject to portable appliance testing?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>A valid copy of the electrical safety inspection certificate for all appliances must be provided</p>

Part 9.

Other relevant persons who need to be informed

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 enclosed form. The persons who need to know about it are:

- Any mortgagee of the property
- Any owner of the property to which the application relates (if it is not you) i.e. the freeholder and any head lessees 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 it is not you)
- The proposed managing agent (if it is not you)
- Any person who has agreed that he will be bound by any condition or 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 (if any)
- The name, address, telephone number and e-mail address or fax (if any) of the proposed licence holder (if it is not you)
- That this is an application made under Part 2 of the Housing Act 2004
- The address of the property to which this 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.

Continue on separate sheet if necessary

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

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DECLARATION

WARNING: IF YOU KNOWINGLY MAKE A FALSE STATEMENT OR FAIL TO COMPLY WITH ANY CONDITION OF THE LICENCE YOU MAY BE LIABLE TO PROSECUTION

In considering whether the required standards and or conditions have been met the Local Authority may take into account other evidence available to it in addition to this declaration. An officer may also need to visit the property to check the situation and the accuracy of the declaration. If we need to visit we will contact you to arrange a suitable time.

Note: Your application will NOT be valid unless you complete all the relevant parts of this form, provide all necessary documents and pay the required fee.

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 I/we are reckless as to whether it is false or misleading.

Signature: Date:

Print Full Name:

Position (if acting on behalf of a company):

Signature: Date:

Print Full Name:

Position (if acting on behalf of a company):

Signature: Date:

Print Full Name:

Position (if acting on behalf of a company):

Enclosures		Tick items enclosed
A	Annual maintenance record for automatic fire detection system (if applicable)	<input type="checkbox"/>
B	CORGI registered Commissioning and annual Gas Safety Inspection certificates	<input type="checkbox"/>
C	Cheque for licensing fee	<input type="checkbox"/>
D	Completed Fire Risk Assessment for property	<input type="checkbox"/>
E	Evidence of current Public Liability Insurance	<input type="checkbox"/>



EQUALITIES MONITORING FORM

In order to understand better how we are serving different types of people we need to know some things about you:-

Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Age	Under 14 <input type="checkbox"/>	25 – 34 <input type="checkbox"/>	55 – 64 <input type="checkbox"/>
	14 – 17 <input type="checkbox"/>	35 – 44 <input type="checkbox"/>	65 – 74 <input type="checkbox"/>
	18 – 24 <input type="checkbox"/>	45 – 54 <input type="checkbox"/>	75 or over <input type="checkbox"/>
Ethnicity	White: British <input type="checkbox"/>	Mixed: White and Black Caribbean <input type="checkbox"/>	
	White: Irish <input type="checkbox"/>	Mixed: White and Black African <input type="checkbox"/>	
	Any other white background (please specify).....	Mixed: White and Asian <input type="checkbox"/>	
		Any other mixed background (please specify).....	
	Asian or Asian British: Indian <input type="checkbox"/>		
	Asian or Asian British: Pakistani <input type="checkbox"/>		
	Asian or Asian British: Bangladeshi <input type="checkbox"/>		
	Any other Asian background (please specify).....		
	Black or Black British: Caribbean <input type="checkbox"/>		
	Black or Black British: African <input type="checkbox"/>		
	Any other Black background (please specify).....		
	Chinese or other ethnic group: Chinese <input type="checkbox"/>		
	Chinese or other ethnic group: Other (please specify).....		
	Gypsy/Traveller <input type="checkbox"/>		
Disability	Disabled <input type="checkbox"/>	Not disabled <input type="checkbox"/>	
<p><i>The Disability Discrimination Act 1995 (as amended by the Disability Discrimination Act 2005) defines disability as a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities</i></p>			

Religion	No religion <input type="checkbox"/>	Hindu <input type="checkbox"/>	Sikh <input type="checkbox"/>
	Buddhist <input type="checkbox"/>	Jewish <input type="checkbox"/>	Other.....
	Christian <input type="checkbox"/>	Muslim <input type="checkbox"/>	(please specify)
Sexuality	Hetrosexual <input type="checkbox"/>		
	Lesbian/Gay <input type="checkbox"/>		
	Bisexual <input type="checkbox"/>		

Thank you for taking the time to complete this questionnaire. Please be assured that the information you have provided will be treated in the strictest confidence.

Please note that the completing of the equalities monitoring form is optional and is not a requirement of licensing.



GUIDANCE NOTES

Before completing and submitting an application for a licence for a House in Multiple Occupation (HMO), please ensure that you have read the following guidance notes. If you require any further advice regarding the Licensing Scheme or the relevant standards, please contact the Housing Renewal Team (01482) 396319.

In these notes, “the Act” means the Housing Act 2004 and unless otherwise stated, all references to sections etc are to sections in the Act. Part 2 of the Act introduces a mandatory scheme to licence HMOs of a description contained in regulations. It is intended initially to apply to larger, higher risk HMOs of 3 or more storeys occupied by 5 or more people who form 2 or more single households.

Meaning of "HMO"

The definition of a **House in Multiple Occupation (HMO)** is set out in sections 254 to 259 of the Housing Act 2004 and means a building, or part of a building, such as a flat, that:

- Is occupied by more than one household and where more than one household shares, or lacks, an amenity such as a bathroom, toilet or cooking facilities; or
- Is occupied by more than one household and is a converted building which does not entirely comprise of self-contained flats (whether or not some amenities are shared or lacking) “Corridor flats” where one or more of the amenities provided for the exclusive use of a unit are located outside of that unit e.g. along a corridor or landing are not self-contained and as such fall under the definition of a HMO; or
- Is comprised entirely of converted self-contained flats but does not meet as a minimum, the requirements of the Building Regulations 1991, and that at least one third of the flats are occupied under short term tenancies.

Part 1. Licence - holder details

1.2 If the applicant is a company or similar body, give the official (registered) address.

Part 2 Licence holder test of fitness and compliance with management conditions

The local authority must be satisfied that the person applying for an HMO licence is a “fit and proper person” to hold a licence. The same test applies to any person managing the premises and any director or partner in a company or organisation, which owns or manages the HMO.

The local authority may check with the police whether the applicant has any relevant convictions and may approach other authorities and agencies such as the Fire Service, Office of Fair Trading, Citizens Advice Bureau, Health and Safety Executive and any internal department of the Council.

Not all convictions would be relevant to a person's prospective role as an operator of an HMO, for example motoring offences would not be relevant but a conviction for fraud or theft could be since the licence holder/ manager would be in a position of trust.

- 2.1 If you do have any convictions you are required to declare, these should not be sent with the application for licence but should be sent under separate confidential cover. Unspent convictions may be convictions for which the rehabilitation period has not been completed, or convictions, which are excluded from the Act (i.e. never spent). If you are unsure about any matter, please contact us.
- 2.3 A notice under section 189 of the Housing Act 1985 is a repair notice for premises which are unfit for human habitation. A notice under section 190 of the 1985 Act is a repair notice for premises which, although fit for human habitation, require substantial repair. A section 189 or 190 notice specifying works to the common parts of a building may be served on a person who is an owner of that part of the building (or the building as a whole) who, in the opinion of the Council serving the notice, ought to carry out the works. Part 1 of the Housing Act 2004 replaces the existing housing fitness standard contained in the Housing Act 1985 with the Housing Health and Safety Rating System.
- 2.4 Contravened any provision of any enactment relating to housing or of landlord and tenant law; including any civil proceedings in which judgement was made against the proposed licence holder or manager.
- 2.5 The proposed licence holder or manager owned or has owned a property which has been subject to a control order under section 379 of the Housing Act 1985(a) in the last 5 years, been subject to an interim management order or final management order or a special interim management order under the Housing Act 2004.

Part 4. Information about the interest in the property

- 4.1 A flat is a dwelling, which is a separate set of premises, whether or not on the same floor, divided horizontally from some other part of the building.
- 4.2 "Owner" or "person having control" is the person who receives (directly or as an agency or trustee) the market rents from the tenants for a given premises or is otherwise entitled to receive the rents if the premises were let. The owner is also entitled to dispose of the fee simple of the premises.

Part 5. Information about the property

- 5.1 Planning permission may or may not be required in relation to your HMO. If you are not sure whether permission or approval is required for the property for which you are seeking a licence, contact the Council's Development Control Section. Where permission or approval has already been obtained, please enclose a copy with your application.
- 5.2 If the property was built or was provided by conversion after 1991 you may not require a licence if the works were carried out in accordance the relevant Building Regulations. If you are unsure about any matter, please contact us.

- 5.4 A person is a member of the same family as another person if, those persons are married to each other or live together as husband and wife (or in an equivalent relationship in the case of persons of the same sex); one of them is a relative of the other. "Relative" means parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew or niece.
- 5.10 a) Bed-sits are defined as being houses occupied as individual rooms where there is some exclusive occupation (usually bedroom/living room) and some sharing of amenities (bathroom and/or toilet and/or kitchen). Each occupant lives otherwise independently of all others,
- b) Shared houses are defined as houses occupied by members of a defined group eg students or a group of young single adults. The occupiers each enjoy exclusive use of a bedroom but would share other facilities including a communal living space.
- c) Hostels (guesthouses and bed and breakfast hotels) are defined as houses that provide accommodation for people with no other permanent place of residence as distinct from hotels, which provide accommodation for temporary visitors to an area. This category would include establishments used by local authorities to house homeless families pending permanent placement and similar establishments which provide accommodation for people who would otherwise be homeless. It would also include bona fide hotels used for such purposes, even on a casual basis, and hotels housing a mixture of homeless households and visitors.
- d) "Corridor flats" are units of accommodation within a converted building where one or more of the amenities provided for the exclusive use of that accommodation are located outside its front door and access to such amenities e.g. bathroom, toilet or kitchen, is via a common landing or area.

Part 7. Arrangements for fire safety

Every HMO must have adequate fire precautions including provisions for

- a) Detection and giving warning in case of fire;
- b) Escape from the building;
- c) Fighting fire.

A risk assessment should be carried out by or on behalf of the applicant to establish both the risk of fire occurring and the risk to people in the event of fire. This would apply to everyone who may be in the HMO (residents, staff and visitors) and should take adequate account of any one with special needs. This assessment will show whether the existing fire precautions are adequate and what changes need to be made. **The Fire Risk Assessment form (Appendix 2) enclosed with the Application Pack, should be completed and returned with your application and other documents.**

- 7.1 If your house has been fitted with a mains interlinked smoke alarm system, single point smoke detectors or battery operated smoke detectors, the system should be checked and serviced at least once every year by either a specialist contractor or a competent electrician as detailed in appendix 1.

- 7.2 Doors should be fully self-closing and all latches should connect without resistance
- 7.3 The walls surrounding a protected escape route, a protected lobby or lift well must be constructed of materials of at least a half hour fire resistance. Materials enclosing meters, pipes etc. in the common exit route should be undamaged and have a half hours fire resistance.
- 7.6 All upholstered furniture provided with rented accommodation must comply with the Furniture and Furnishings (Fire Safety) (Amendment) Regulations 1993. This means that all materials must have passed cigarette and match ignition tests and the filling materials must have passed flammability test. If your furniture complies it should have a label attached permanently with the lining giving details as appropriate

Part 8. Arrangements for gas and electrical safety

- 8.1 Under the Gas Safety (Installation and Use) Regulations 1998 the Landlord must have an annual gas safety check on all gas appliances by a CORGI registered gas installer.
- 8.2 A regular and appropriate inspection of the electrical wiring installation is required at intervals of no more than 5 years to ensure to that the health and safety of your tenants is not compromised. The landlord is required to declare that the electrical system and any appliances provided by the landlord are safe. This should be done by a competent electrician qualified to undertake such inspection and testing. **See appendix 1 for who is a competent electrician.**

Appendix 1

When is an Electrician Competent?

This is for the purposes of checking whether the Domestic Electrical Installation Periodic Inspection Reports, submitted for the purposes of Licensing, have been completed by a competent electrician.

The electrician will be classed as a competent person if:

1. They are a member of a recognised electrical institution, such as:

NICEIC - The electrician will be called an *Approved Contractor*.

ECA - The electrician will be called a *Registered Member*.

NAPIT - The electrician will be called an *Approved Electrical Inspector*.

2. Under Approved Document P of the Building Regulations 2000, they are a member of a competent persons self-certification scheme, covering electrical installation work in dwellings, such as:

BRE Certification Limited

This scheme, operated with the support of the Electrical Contractors Association and the Institution of Electrical Engineers, is primarily designed for those whose main business is electrical contracting and those who wish to be able to self-certify all types of electrical work in dwellings. For more information on this scheme see www.partp.co.uk

British Standards Institution

This scheme, which will be known as the Kitemark Scheme for electrical installation work, is primarily designed for those whose main business is electrical contracting and those who wish to be able to self-certify all types of electrical work in dwellings. For more information on this scheme see www.kitemarktoday.com

ELECSA Limited

This scheme, operated with the support of the British Board of Agreement, is primarily designed for those whose main business is electrical contracting and those who wish to be able to self-certify all types of electrical work in dwellings. For more information on this scheme see www.elecsa.org.uk

NAPIT Certification Limited

This scheme is designed primarily for those whose main business is electrical contracting and will allow its members to self-certify all types of electrical installation work in dwellings. For more information on this scheme see www.napit.org.uk

NICEIC Certification Services Limited

This scheme, which is known as the Domestic Installer Scheme, is designed for those who wish to be able to self-certify all types of electrical work in dwellings either as an electrical contractor or as part of an ancillary trade activity. For more information on this scheme see www.niceic.org.uk

3. They can produce a copy of their original qualifications and evidence of their experience, such as:

- (a) City & Guilds 2360 Part 1 and 2 plus an NVQ level 3.
- (b) City & Guilds 2360 Part 1 and 2 and have been working in industry for the last 5 years.
- (c) City & Guilds 2381. (This was set up as a “refresher” course to inform electricians who completed 2360 Part 1 and 2 some time ago, of the changes to BS 7671. Possession of this alone does not imply competence.)
- (d) City & Guilds 2351, combined with NVQ level 3 will imply competence. (This qualification is no longer on the teaching syllabus.)
- (e) City & Guilds 2330. This is a level 2 and 3 qualification. When combined with a NVQ level 3 will imply competence. (This qualification will replace City & Guilds 2360 and 2351 and the first candidates will not graduate until 2008.)
- (f) City & Guilds 2391 combined with 5 years practical experience will imply competence, with the inspection and testing process.

It should be noted that Regulation 16 of the Electricity at Work Regulations 1989 requires that a competent person should possess both technical knowledge and experience. It is the person who is at work who is responsible in law, and as such any possession of certificates only point towards possible/probable competence. Should anything go wrong in an electrical system it will not be the inspecting body that will be prosecuted (NICEIC/NAPIT etc) but rather the person and/or company working on the electrical system that will have to justify the decisions that they have made.



FIRE SAFETY IN HOUSES IN MULTIPLE OCCUPATION

FIRE RISK ASSESSMENT FOR:

To ensure the adequacy of existing fire precautions within a house in multiple occupation, a risk assessment should be carried out by or on behalf of the licensee/prospective licensee to establish both the risk of fire occurring and the risk to people in the event of fire. This checklist, or similar, is required to be submitted to the Council as part of the application before a licence can be issued. The landlord should retain a copy and the building checked on a regular basis using the checklist.

The answer to all questions should be **YES** or **NOT APPLICABLE (N/A)**. If the answer to any question is **NO**, steps should immediately be taken to rectify the deficiencies or review the fire risk assessment.

	General	YES	NO	N/A	COMMENTS
1	Have flammable and combustible materials been identified and minimised where possible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Is the system of controlling the amount of flammable substances and combustible materials operating effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Are all flammable substances and combustible materials stored safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Are heating appliances fixed in position at a safe distance from any combustible materials and suitably guarded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Are all items of electrical equipment fitted with fuses of the correct rating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Have fire prevention measures been brought to the attention of residents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Are lengths of flexible cable and multi-point adapters kept to a minimum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Are cables run only where damage is unlikely and not under floor coverings or through doorways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- | | | | | |
|----|---|--------------------------|--------------------------|--------------------------|
| 9 | Is the furniture upholstery made of fire resistant material? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Are the premises free of accumulation of rubbish, waste paper or other materials that could catch fire or be set alight? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Are there suitable facilities for the disposal of smoking materials? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Have measures been taken to reduce the risk of arson? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | Are there suitable management procedures in place to ensure fire safety standards are maintained in the event of outside contractors working on the premises? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | Is there vehicular access to the premises for fire service appliances? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Means of Escape

- | | | | | |
|----|--|--------------------------|--------------------------|--------------------------|
| 15 | Are there sufficient exits for the number of people present? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | Do exits lead to a place of safety? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | Are all gangways and escape routes free from obstruction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | Are all internal fire doors clearly labelled? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | Can all fire safety signs and fire exit notices be clearly seen? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | Are self-closing devices on fire doors in working order? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | Are exits clearly indicated where necessary and are all escape routes adequately lit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | Where appropriate, do doors used for means of escape open in the direction of travel? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 | Are there suitable procedures in place for the evacuation of disabled persons? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 | Are all doors used for means of escape purposes available for use and can doors be easily and immediately opened without the use of a key? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 | Are the floor surfaces on escape routes free from tripping and slipping hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 | Are all vents and service ducts etc suitably protected, where | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

appropriate, to prevent the spread of fire, heat or smoke?

		YES	NO	N/A	COMMENTS
Lighting					
27	Has the need for Emergency Escape Lighting been considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28	Are the premises occupied within normal daylight hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29	Do members of the public regularly visit or have access to the premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	Is the emergency escape lighting, in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Fighting					
31	Is there sufficient fire fighting equipment of the correct type?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32	Are portable fire extinguishers, fire blankets, etc, suitably located and available for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33	Have the portable fire extinguishers been serviced within the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34	Is the fixed fire fighting installation in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Alarm					
35	Is the fire alarm system in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36	Is the fire alarm tested weekly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37	Can the alarm be raised without anyone being placed at risk from fire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38	Are the fire alarm call points unobstructed and clearly visible or suitably indicated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39	Is the automatic fire detection system in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Instructions/Emergency Plan					
40	Are fire instructions clearly displayed through the premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41	Have you recorded the findings of the fire risk assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42	Have steps been taken to plan what actions everyone should	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

take if a fire starts?

Signature Date
.....

Print Name

Licence Holder/ Manager.