

licensing of houses in multiple occupation(hmos)

HOUSING ACT 2004

Application for a licence for a house in multiple occupation (hmo) HOUSING ACT 2004, PART 2

Address of the property to which this application applies

Address:

.....
.....
.....Post Code:

Name and Address of the Applicant (Please give address of principal/ registered office if a company or trust)

Full Name:.....

Address:.....

..... Post Code:

Tel:.....Fax:.....

E.mail :.....

This form is also available online at
www.kirklees.gov.uk/privatesectorhousing



For Official Use Only

Date Received:

Acknowledgement
sent:

Date to Officer:

Application for a licence for a house in mutiple occupation (hmo)

Important Notes

Use these forms if you want to apply for a Licence for a House(s) in Multiple Occupation (HMOs).

Please ensure all parts of the form are completed in **black** ink. (If you do not complete the form completely and correctly and the form has to be returned to you - an additional administrative fee may be charged.)

Before completing the application please refer to the application guidance notes. If you need any assistance completing the form, please consult a member of the Private Sector Housing Unit.

The Application comprises 3 main sections:

- Part 1. Licence Holder and Manager's details (pages 1-7)**
- Part 2. Information about interests in the property (pages 8- 9)**
- Part 3. Information about the Property & Declaration (pages 10–20)**

If you are applying for more than one property, provided that information supplied in Part 1 and 2 applies to all properties, you only need to complete part 1 and 2 once. If that is not the case then a separate application form should be completed for each additional property.

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

Please answer all questions unless otherwise directed.

All completed application forms should be sent to the following address.

South Kirklees

Private Sector Housing Unit, Civic Centre III,
Huddersfield HD1 2PR
Tel: 01484 221392/ 94
Fax: 01484 221398

or North Kirklees

Private Sector Housing Unit, Town Hall,
Dewsbury WF12 8DG
Tel: 01924 324311/ 31
Fax: 01924 324542

E-mail: private.sector@kirklees.gov.uk

Please note that 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.

PART 1. Licence Holder and Manager's Details.

1.1 To be completed if applicant is an individual (and then move on to 1.3)

(a) Full Name (block letters please)

Surname: _____ **First Name(s):** _____

(b) Business Address: _____

Postcode: _____ **Telephone Numbers**
Home: _____

Email: _____ Work/Mobile: _____

Fax No. _____

Preferred method of contact (please tick appropriate box)

Home Tel. Work Tel. /Mobile Email

(c) Date of Birth: _____ National Insurance No: _____

(d) Are you responsible for the day-to-day repairs, maintenance and tenant management of the premises to be licensed? (please tick appropriate box)

Yes No Please complete
Manager details at 1.7

1.2 To be completed if applicant is a Company or Partnership

(a) Full Name of Company or Partnership

(b) Address of Principal or Registered Office

Telephone Number: _____

Email _____ Fax No _____

1.3 (c) Full name, address and date of birth of Directors, Partners or other persons responsible for management of the business:

1.4 (d) Is the company responsible for the day-to-day repairs, maintenance and tenant management of the premises to be licensed? (please tick appropriate box)

Yes No

1.5 Are you the landlord of other Licensable/ Licensed properties under parts 2 or 3 of the Act within either Kirklees Metropolitan Council or any other Local Authority for which you are the Licence holder/ have applied to be the Licence holder/ proposed Licence holder:

Number in Kirklees

Number in other Local Authority area

Please give full address of each property (continue on an additional sheet if necessary)

No.	Street	Town/City	Postcode

1.6 Are you a landlord who has signed up to Kirklees Landlord and Accreditation Scheme? Yes No

Are you a member of any other Accreditation Scheme? Yes No
 If yes, provide details _____

Are you a member of any nationally recognised Landlords Association? Yes No
 If yes, provide details (date joined, membership number, etc.) _____

To be completed where the answer to 1.1 is NO

1.7 **Manager Details**

Full Name (block letters please)

Surname: _____ **First Name(s):** _____

Business Address: _____
 _____ Postcode: _____

Telephone Numbers

Home: _____ Work: _____

Mobile: _____ Mobile: _____

Fax _____ E.mail: _____

Date of Birth: _____ National Insurance No _____

1.8	<p>Test of fitness and Compliance with Management Conditions – (please tick the appropriate boxes) If you answer YES to any of the following questions in this section, please give details including dates in section 1.9 below. Continue on a separate sheet where necessary. Please note: The Council may carry out the necessary legal checks on all applicants.</p>					
a	<p>Do you have any unspent convictions that may be relevant to the proposed licence holder's fitness to hold a licence, or the proposed manager's fitness to manage the HMO or house, and, in particular, any such conviction in respect of any offence involving fraud or other dishonesty, or violence or drugs or any offence listed in Schedule 3 to the Sexual Offences Act 2003(a)?</p>	<table border="0"> <tr> <td style="text-align: center;">Licence Holder</td> <td style="text-align: center;">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder	Manager	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licence Holder	Manager					
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					
b	<p>Has there been any finding by a court or tribunal against the proposed licence holder or manager that they have practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability in, or in connection with, the carrying on of any business?</p>	<table border="0"> <tr> <td style="text-align: center;">Licence Holder</td> <td style="text-align: center;">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder	Manager	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licence Holder	Manager					
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					
c	<p>Has there been any contravention on the part of the proposed licence holder or manager of any provision of any enactment relating to housing, public health, environmental health or landlord and tenant law which led to civil or criminal proceedings resulting in a judgement being made against you?</p>	<table border="0"> <tr> <td style="text-align: center;">Licence Holder</td> <td style="text-align: center;">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder	Manager	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licence Holder	Manager					
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					
d	<p>Do you have any information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed which has been the subject of:-</p> <p style="margin-left: 20px;">i) a control order under Section 379 of the Housing Act 1985(a) in the five years preceding the date of the application; or</p> <p style="margin-left: 20px;">ii) any appropriate enforcement Act.?</p>	<table border="0"> <tr> <td style="text-align: center;">Licence Holder</td> <td style="text-align: center;">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder	Manager	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licence Holder	Manager					
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					
e	<p>Do you have any information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed for which a local housing authority has refused to grant a licence under Part 2 or 3 of the Act, or has revoked a licence in consequence of the licence holder breaching the conditions of his licence?</p>	<table border="0"> <tr> <td style="text-align: center;">Licence Holder</td> <td style="text-align: center;">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder	Manager	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licence Holder	Manager					
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					
f	<p>Do you have any information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed that has been the subject of an interim or final management order under the Act?</p>	<table border="0"> <tr> <td style="text-align: center;">Licence Holder</td> <td style="text-align: center;">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder	Manager	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licence Holder	Manager					
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					
g	<p>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</p>	<table border="0"> <tr> <td style="text-align: center;">Licence Holder</td> <td style="text-align: center;">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder	Manager	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licence Holder	Manager					
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					
h	<p>Has the licence holder or the manager been declared bankrupt?</p>	<table border="0"> <tr> <td style="text-align: center;">Licence Holder</td> <td style="text-align: center;">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder	Manager	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licence Holder	Manager					
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					
i	<p>Have you ever had any application for a HMO/Property licence refused, revoked or Management Orders imposed, in this or another local authorities area?</p>	<table border="0"> <tr> <td style="text-align: center;">Licence Holder</td> <td style="text-align: center;">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder	Manager	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licence Holder	Manager					
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					
<p>If the answer to any of the questions in 1.8 above is Yes, full details will be required in section 1.9 below</p>						

1.9 Please give details of any matters that had a **Yes** answer to item 1.8 above for the licensee. If none please write none

(If you do have any convictions you are required to declare, these should NOT be sent with the application form but should be sent to the HMO Licensing Manager under separate cover marked Private & Confidential.)

LICENSEE

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

Signature: _____ Print full name:

Position (if acting on behalf of a company): _____ Date

Please give details of any matters that had a **Yes** answer to item 1.8 above for the manager. If none please detail none

Manager

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

Signature: _____ Print full name:

Position (if acting on behalf of a company): _____

Date: _____

1.10

EQUALITY MONITORING

The Council monitors the following to improve services. Please help us by providing the information requested.

Applicant

GENDER: Please tick one of the boxes below

Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
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ETHNICITY: To which of these ethnic groups do you consider you belong? Please tick **one** of the boxes below

White		Mixed	
British	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
Any other mixed background	<input type="checkbox"/>		
Asian or Asian British		Black or Black British	
Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>		
Chinese		Any other ethnic group	
Chinese	<input type="checkbox"/>	Any other ethnic group (Please specify)	<input type="checkbox"/>
Age			
Please give your date of birth			
I do not wish to give any information		<input type="checkbox"/>	

Manager

GENDER: Please tick one of the boxes below

Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
--------	--------------------------	------	--------------------------

ETHNICITY: To which of these ethnic groups do you consider you belong? Please tick **one** of the boxes below

White		Mixed	
British	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
Any other mixed background	<input type="checkbox"/>		
Asian or Asian British		Black or Black British	
Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>		
Chinese		Any other ethnic group	
Chinese	<input type="checkbox"/>	Any other ethnic group (Please specify)	<input type="checkbox"/>
Age			
Please give your date of birth			
I do not wish to give any information		<input type="checkbox"/>	

2.4	<p>Name and address of the person having control if not the proposed licence holder</p> <p>Name:</p> <p>Address:</p> <p>.....</p> <p>Telephone Number: Fax No:</p> <p>E-mail Address.....</p>
2.5	<p>Name and address of any other person agreeing to be bound by the terms of the licence</p> <p>Name:</p> <p>Address:</p> <p>.....</p> <p>Telephone Number: Fax No:</p> <p>E-mail Address.....</p>
2.6	<p>Do you (alone or jointly with others) own the freehold of the property. If No go to 2.7 below, Yes go to 2.9</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.7	<p>Name and address of the Freeholder of the property</p> <p>Name:</p> <p>Address:</p> <p>.....</p> <p>Telephone Number..... Fax No:</p> <p>E-mail Address.....</p>
2.8	<p>If you do not hold the freehold of the property is there at least 5 years still to run on the lease?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.9(a)	<p>Name and address of the mortgage provider(s) (if any) of the property or any part of it. (please say none if the property does not have an outstanding mortgage)</p> <p>Name:</p> <p>Address:</p> <p>.....</p> <p>Telephone Number.....Fax No</p> <p>E-mail Address.....</p>

Part 3. Information about the Property

PREMISES DETAILS:

Postal Address of Property:.....

Postcode:.....

FOR OFFICIAL USE ONLY

Licence:.....
 Licence No:.....
 Issue Date:.....
 Expires:.....

Licence Application

Please indicate type of application (Please tick one box)

New licence application

Application for variation of existing licence

Application for licence renewal

Expiry date of existing licence

3.1 Is this a house or flat? House Flat

Detached / semi detached / terrace / end terrace / back to back terrace / grouped design?

Please state which: _____

3.2 Has Planning Permission been granted for use as a House in Multiple Occupation? (please tick appropriate box)

Yes No Don't Know

3.3 When the property was converted or flats created, was:-

Planning Permission given? Yes No Don't Know

Building Notice given? Yes No Don't Know

Was the work carried out in accordance with the above? Yes No Don't Know

3.4 Total number of flats which are self contained:

Total number of flats which are not self contained:

Are any of the flats HMOs Yes No No of HMOs

3.5 Are any of the flats or rooms occupied by the owner or freeholder (including their family)? (please tick appropriate box)

Yes No

3.6 Type of Property:

House in Multiple Occupation Flat in Multiple Occupation

House constructed into and comprising only self contained flats

Purpose built block of flats Other (please specify) _____

3.7	Was the property purpose built as a dwelling in its current design? <input type="checkbox"/> Converted from a previous residential dwelling or dwellings? <input type="checkbox"/> Converted from a non-residential structure? <input type="checkbox"/> Year of conversion to its current form _____	
3.8	Approximate age of the original construction of the HMO <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Before 1919 1919-1944 1945-1964 1965-1979 After 1980 </div>	
3.9	Details of storeys in property Number of storeys in the premises <input style="width: 50px;" type="text"/> Please indicate the floors the property has: Basement <input type="checkbox"/> Lower Ground floor <input type="checkbox"/> Ground floor <input type="checkbox"/> First Floor <input type="checkbox"/> Second floor <input type="checkbox"/> Third floor <input type="checkbox"/> Other <input type="checkbox"/> (specify)..... <i>Note: Mezzanine floors are counted as storeys</i>	
3.10	Please give a brief description of any commercial use of the premises (i.e. ground floor shop/ office, etc.) _____ _____	
3.11	Details of internal fixtures/ amenities in property: Total number of separate letting units: <input style="width: 50px;" type="text"/> Number of individual tenants at the time of application: <input style="width: 50px;" type="text"/> Indicate No. of persons you are applying for a licence to occupy the property <input style="width: 50px;" type="text"/> Number of people living in the property: <input style="width: 50px;" type="text"/> Total number of households occupying the property: <input style="width: 50px;" type="text"/> (a household includes single people, couples, families, same sex couples and other relationships, such as fostering, carers and domestic staff.) Number of children living in the property (age 11-17): <input style="width: 50px;" type="text"/> 10 years or under <input style="width: 50px;" type="text"/> Total number of habitable rooms (except kitchens & bathrooms) (<i>habitable rooms include lounges, dining rooms, dining kitchens & bedrooms</i>) <input style="width: 50px;" type="text"/> Total number of bedrooms: <input style="width: 50px;" type="text"/> Number with wash hand basins <input style="width: 50px;" type="text"/> Total number of living rooms: <input style="width: 50px;" type="text"/> Total number of bathrooms/ shower rooms: <input style="width: 50px;" type="text"/> No. shared: <input style="width: 50px;" type="text"/> Total number of toilets with bathrooms/ shower rooms: <input style="width: 50px;" type="text"/> No. shared: <input style="width: 50px;" type="text"/> Total number of separate toilets with wash hand basins: <input style="width: 50px;" type="text"/> No. shared: <input style="width: 50px;" type="text"/> Total number of toilets without wash hand basins: <input style="width: 50px;" type="text"/> No. shared: <input style="width: 50px;" type="text"/> Total number of kitchens: <input style="width: 50px;" type="text"/> No. shared: <input style="width: 50px;" type="text"/> Total number of sinks: <input style="width: 50px;" type="text"/> No. shared: <input style="width: 50px;" type="text"/>	

WASHING AND SANITARY FACILITIES

National minimum standards require the provision of at least one bathroom with fixed bath or shower for every 5 occupiers. Additionally there must be at least one separate toilet with wash hand basin separate from a shared bathroom for every 5 occupiers. Alternatively there may be one bathroom provided with a WC for every 4 occupiers. All bathrooms and toilets must be suitably located and bathrooms must be adequately heated.

KITCHEN FACILITIES

The national minimum HMO standards require kitchens to be provided with sinks with draining boards, a satisfactory supply of cold and constant hot water, cookers, electrical sockets, worktops, food storage cupboards, refrigerators and extract fans, refuse disposal facilities, fire blankets and fire doors.

Kitchens to be suitably located in relation to the living accommodation. Are dining facilities provided that are not more than one floor distant from the kitchen facilities. (NB dining facilities may include living rooms)

3.12 Fire Safety

Does the property have any of the following ways of detecting a fire? (please tick appropriate box)

a fire alarm panel? Yes / No

Interlinked detectors in all bedrooms, kitchens, living rooms, the staircase enclosure and the basement? Yes / No

sounder alarms? Yes / No

The above should be detailed on a plan .

date the system was installed if known?

date of last inspection if known? (certificate to be enclosed with application)

Please list type and detail locations of smoke/ heat detectors/ alarms.

If none, state NONE. If indicated on a plan submitted, please indicate here: Yes No

3.13 Main Escape Route

Is the main escape route:
- protected by self-closing fire resisting doors (Minimum 30 minutes)? Yes / No

- clear of flammable material and other obstructions? Yes / No

- Is there a log book of inspections / tests? Yes / No

Please detail any fire escape routes in the premises _____

-Are self closing fire resistant doors fitted to:
all bedrooms, bedsitting rooms, studios, Yes No
kitchens, Yes No
boiler rooms, laundry rooms, Yes No
Other (specify). Yes No

Please provide details of fire safety training to occupiers: _____

3.14 Is there an emergency lighting system installed in the common areas, staircase and landings?
Yes No

3.15 Do you have the following fire safety equipment? (please tick appropriate box)

(a) Fire blankets Yes No
If yes, how many and where located? _____

(b) Fire extinguishers Yes No
If yes, how many? and where located _____

3.16 Are there any notices displayed in the property instructing the occupants what to do in the event of a fire? (please tick appropriate box)
Yes No
If yes, how many? and where located _____

3.17 - A valid electrical safety inspection certificate eg NICEIC or ECAS (certificate to be enclosed with application)

Certificate Number	
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- Date of last inspection?

3.18 Portable Electrical Appliances eg kettle, vacuum cleaner

Do you provide portable electrical appliances to any part of the property? Yes / No

A valid electrical safety inspection certificate for all appliances (certificate to be enclosed with application)

Certificate Number	
--------------------	--

Date of last inspection? (certificate to be enclosed with application)

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3.19 Gas installation and appliances

Do you provide gas installations/appliances to any part of the property? Yes No

details of valid gas safety inspection certificate for all installations and appliances from a CORGI registered fitter

CORGI Registration Number	
---------------------------	--

Date of last inspection? (certificate to be enclosed with application)

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3.20 *Note: where available (and applicable) provide supporting documentation to show the furniture is in safe condition. Upholstered articles such as beds, sofas, armchairs etc must conform to current Fire Safety Regulations*

I declare that the furniture and furnishings in the HMO meet the safety requirements contained in any enactment:

Signed: _____ Date: _____

3.21 Tenancy Arrangements

Do you provide tenants with a written statement / tenancy agreement detailing the terms of their occupancy? Yes / No

You must submit these documents with your application in any event. The Council may require you to submit, or you may wish to submit, other documents e.g., copies of planning permissions, building regulations approvals, tenancy/licence agreements, certified accounts (or summaries) in support of your applications. The question and notes have drawn your attention to points on which supporting documentation may be required or helpful.

If you are in any doubt, the Council will be pleased to guide you.

Property information with floor plan.

Where a floor plan accompanies the application, the following information must be included on the plan.

- Type of room e.g. *kitchen, bedroom etc*
- Location of fittings e.g. *baths, washbasins, cookers, fire resisting doors (marked FD)*
- Smoke and heat detectors and sounders, marked SD, HD and <)) respectively
- Smoke and heat detectors with integral sounders *marked SD<)) and HD<))*
- Fire alarm panel
- Position of any break glass manual fire alarm point
- Fire blankets (*marked FB*)
- Floor area
- Direction of staircase ↑ gives upward direction

An example plan is attached at page 19.

3.22 **Means of space heating**

Indicate the heating provision in the property by ticking the relevant boxes

Gas fired central heating

Full

Partial

Oil fired central heating

Full

Partial

		<p style="text-align: right;">Off peak night storage heaters <input type="checkbox"/></p> <p style="text-align: right;">Full <input type="checkbox"/></p> <p style="text-align: right;">Partial <input type="checkbox"/></p> <p>Individual gas convector heaters <input type="checkbox"/></p> <p>Individual gas radiant heaters <input type="checkbox"/></p> <p>Individual electric wall mounted heaters <input type="checkbox"/></p> <p>Individual electric portable heaters <input type="checkbox"/></p> <p>If the property is provided with a combination of the above please tick for each provision. If other forms of heating are provided please specify:</p>	
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3.23	Means of Water Heating	<p>Combination boiler <input type="checkbox"/></p> <p>Gas fired boiler <input type="checkbox"/></p> <p>Immersion Heater <input type="checkbox"/></p> <p>Other (specify) <input type="checkbox"/> specify</p>	
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3.24	Energy Efficiency	<p>Insulation</p> <p>Does the property have cavity walls: Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes has cavity wall insulation being fitted Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Does the property have loft insulation Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Double Glazing</p> <p>If any windows are double glazed please indicate the approximate amount of windows that are double glazed:</p> <p style="margin-left: 40px;">No of windows <input style="width: 100px; height: 20px;" type="text"/></p> <p style="margin-left: 40px;">No of windows double glazed <input style="width: 100px; height: 20px;" type="text"/></p> <p>If there is any work that you intend to carry out at the property to improve or upgrade the current heating system or insulation of the property please give full details of the work and the date to be undertaken:</p>	
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3.25	Financial Arrangements for Repairs/ Improvements	<p>Are there adequate financial arrangements available to the proposed licence holder to enable essential repairs to be carried out to the property or to fund improvements to the property to meet the National Minimum Standards or undertake essential fire precaution work or other works detailed in this application</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
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3.26		<p>Does the proposed licence holder have the power to carry out any works required by the local authority</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
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3.28 Other 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. A specimen letter is included in the application guidance notes at appendix 3. The persons who need to know about the application for licence are:

- Any mortgagee of the property (the lender)
- 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 any) (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 number (if any)
- The name, address, telephone number and e-mail address or fax number (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 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 the 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.

Signed: Date:

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

Continue on separate sheet if necessary

3.29 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 until you complete all the relevant parts of this form, provide all necessary documents and paid the required fees.

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 knowingly 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. I understand and accept that if I withhold information or provide false or misleading information this may result in my application being rejected.

To be completed by all Applicants/ Managers

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):.....

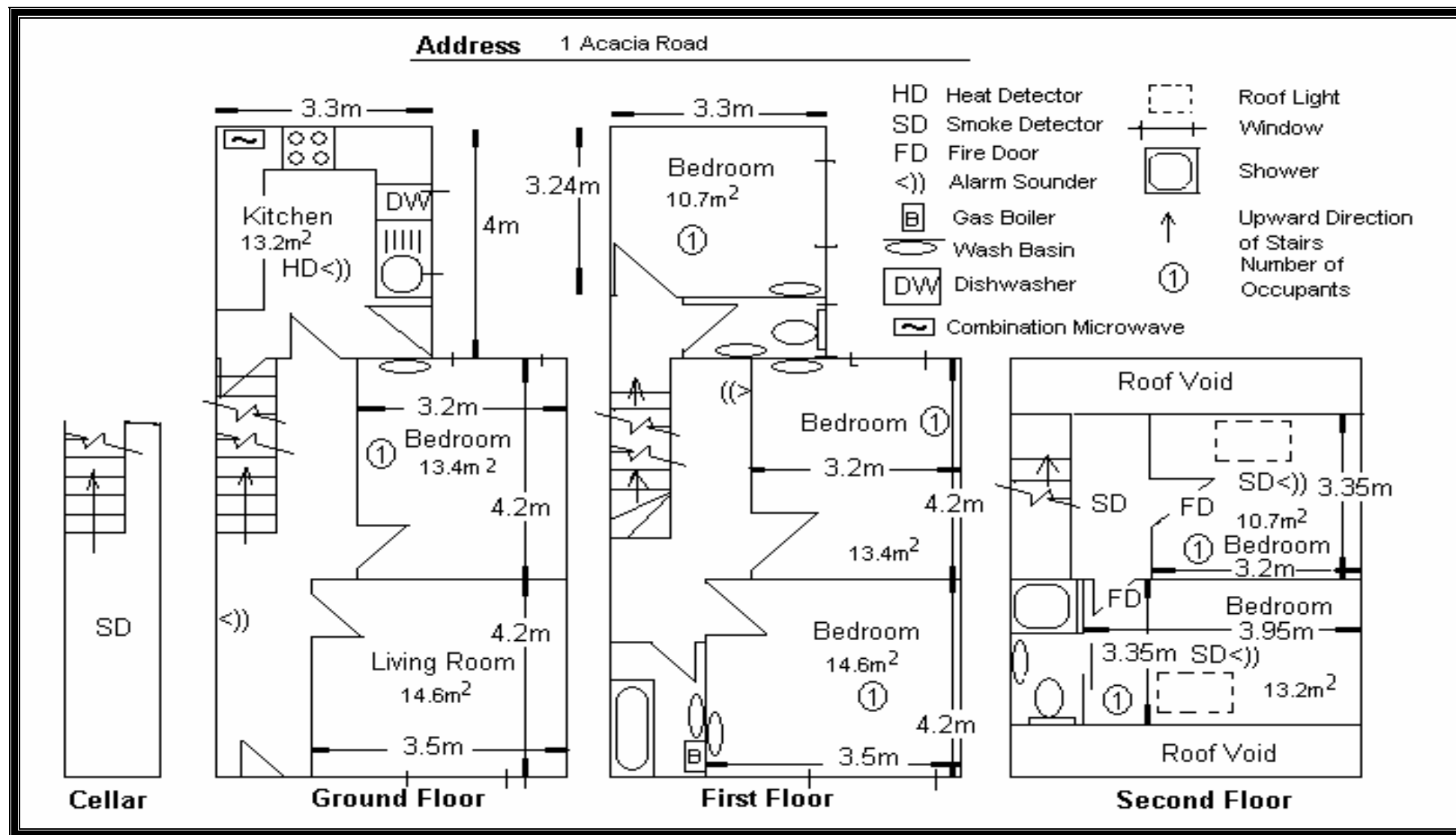
Signature: Date:

Print Full Name:

Position (if acting on behalf of a company):.....

Example Plan

This is an example plan that will be acceptable for HMO licence applications. It is to show existing facilities only. The plan may be hand drawn providing it is clear and roughly in proportion. This plan is not intended to show the fire standards that will apply to these properties.



The plan does not need to be professionally drawn. Hand drawn sketch with all details as shown above will be acceptable.

application for a licence for a house in multiple occupation (hmo)

HOUSING ACT 2004, PART 2

Enclosures		Tick items enclosed
A	Annual maintenance record for automatic fire detection system	<input type="checkbox"/>
B	Annual Gas Safety Inspection certificate	<input type="checkbox"/>
C	Electrical safety Certificate	<input type="checkbox"/>
D	Tenancy Agreement	<input type="checkbox"/>
E	Floor plan of the property*	<input type="checkbox"/>
F	Other (please state)	<input type="checkbox"/>
G		<input type="checkbox"/>

* Discount will be available for fully completed applications accompanied by detailed floor plans showing existing amenities and room sizes which comply with the required standards.

DATA PROTECTION ACT 1988 - YOUR PERSONAL DATA

Kirklees Council respects your personal information and undertakes to comply with the Data Protection Act 1988. The personal data you have provided will be used to process the application in terms of the Housing Act 2004. Your data may be disclosed to the Police, Fire Service and other Council Departments involved in the processing of the application and elected members when considering the application. The licence and property details will be kept in a register, which is open to the public inspection. Kirklees Council is the registered Data Controller.

Any queries regarding the processing of your personal data by the Kirklees Council should be directed to:-

The Information Access Officer, Room 108, High Street Buildings, Huddersfield HD1 2NQ

Tel: 01484 225985

E-mail: data.protection@kirklees.gov.uk

Kirklees Council's Data Protection Policy can be downloaded from Council's website: www.kirklees.gov.uk or you can write to the above address to request a copy.

If you need help in completing this form then please contact the Private Sector Housing Unit.
Tel. Dewsbury 01924 324311/ 31 or Tel. Huddersfield 01484 221392/ 94.

اگر آپ کو اس فارم کے پُر کرنے کے لئے مدد کی ضرورت ہو تو براہ مہربانی پرائیویٹ سیکٹر ہاؤسنگ یونٹ سے ڈیویز بری میں ٹیلی فون نمبر:
01924 324311/31 پر یا ہڈرز فیلڈ میں ٹیلی فون 01484 221392/94 پر رابطہ کریں۔

જો તમારે આ ફોર્મ ભરવામાં મદદની જરૂર હોય તો મહેરબાની કરી પ્રાઇવેટ સેક્ટર હાઉસિંગ યુનિટનો સંપર્ક કરો.
ટેલિ. ડેવસબરી 01924 324311/ 31 અથવા ટેલિ. હડર્સફિલ્ડ 01484 221392 / 94.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਹ ਫਾਰਮ ਭਰਨ ਵਿਚ ਸਹਾਇਤਾ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਪ੍ਰਾਈਵੇਟ ਸੈਕਟਰ
ਹਾਉਸਿੰਗ ਯੂਨਿਟ ਨਾਲ ਟੈਲੀਫੋਨ ਨੰਬਰ ਡਿਊਜ਼ਬਰੀ 01924 324311/31 ਜਾਂ ਹਡਰਸਫੀਲਡ
01484 221392/94 'ਤੇ ਸੰਪਰਕ ਕਰੋ।