

THE LONDON BOROUGH OF BROMLEY

HOUSING ACT 2004 PART 2 SECTION 55 LICENSING OF HOUSE IN MULTIPLE OCCUPATION APPLICATION



Applicants should read the Explanatory Notes that accompanying this Form and complete the following questions as appropriate.

IMPORTANT: We may approach other authorities such as the Police Authority, Fire & Rescue Service, Office of Fair Trading, etc. for information and confirmation of the details provided. Signing this application will be taken as your agreement to any such action.

If you have more than one house requiring a licence you will need to complete a separate application for each property.

If you require more space to answer any question please use the space Provided in Part 12 or continue on additional sheets, specifying which Question your answer relates to.

For office use only

Date Received

Reference Number

Fee Received

(PLEASE COMPLETE IN LEGIBLE HAND WRITING / BLOCK LETTERS)

Type of application (please tick appropriate box) New Licence Renewal of licence or registration

Address of House to be licensed

.....
.....Post Code.....

Is the applicant the proposed licence holder? Yes No

IF YES GO STRAIGHT TO PART 2.

IF NO, PLEASE COMPLETE PART 1.

PART 1: APPLICANTS DETAILS

Surname:

First Names:

Address:

.....Post Code.....

Telephone:

Mobile:

Fax No.

Email:

Date of Birth:

What is your relationship to the proposed licence holder (Please tick appropriate box)

Friend Relative Agent Solicitor or Other (Please specify)

YOU MUST NOW COMPLETE PART 2 OF THE FORM

PART 3: MANAGER DETAILS. (Continued)

Type of Manager

Individual

Company

Partnership

Trustee

Other (Please specify)

Name of Manager (if a company give full company name)

If individual give date of birth.

Address (If company please give registered office address)

Address:

.....Post Code

Telephone: Email: Fax:

Is the manager a member of a regulated body?

YES

NO

If YES please state which regulated body

YOU MUST NOW COMPLETE PART 4 OF THE FORM

PART 4: OWNERSHIP DETAILS OF THE HOUSE TO BE LICENSED.

Please provide the following details of the ownership and legal interests in the house to be licensed. Where the interested party is a company please give their registered address.

4.1 Name and address of Freeholder(s) (Please continue on additional sheet if necessary)

Name:Address:

.....Post Code

Telephone: Email:

Name:Address:

.....Post Code

Telephone: Email:



4.2 Name of mortgagee in possession e.g. bank, building society or other who has a loan secured against the property (Please continue on additional sheet if necessary)

Name:Address:
.....
.....Post Code
Telephone:Email:

4.3 Name and address of leaseholder(s). (Please continue on additional sheet if necessary) (If none state "none")

Name:Address:
..... Post Code
Telephone:Email:
Length of Lease Remaining (In Years & Months)

Name:Address:
..... Post Code
Telephone:Email:
Length of Lease Remaining (In Years & Months)

4.4 Name and address of person who collects the rent.

Name:Address:
.....
.....Post Code
Telephone:Email:

4.5 Name and address of person who ultimately receives the rent.

Name:Address:
.....
.....Post Code
Telephone:Email:

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

Name:Address:
.....
.....Post Code
Telephone:Email:

YOU MUST NOW COMPLETE PART 5 OF THE FORM

PART 5. OCCUPIER INFORMATION.

5.1 How many individuals currently live in the House or Flat?
(Including children)

5.2 How many households currently live in the House or Flat?

5.3 How many separate lettings are available in the House or Flat?

5.4 Are any of the people listed in Parts 1, 2 and 3 of the form living in the house? (Please tick appropriate box)

YES

NO

If YES please state their names.

Name:

Name.....

Name:

Name.....

Name:

Name.....

Name:

Name.....

PART 6: PROPERTY DETAILS

6.2 When was Property built? (Please tick the appropriate box)

Pre 1919

1919 to 1944

1945 to 1964

1965 to 1980

Post 1980

6.2 Please tick all of the floors the property has

Basement Storage

Basement Residential

Basement Commercial

Ground Floor

First Floor

Second Floor

Third Floor

Forth Floor

Fifth Floor

Sixth Floor & Above

6.3 Description of Property (Please tick the appropriate box)

Detached

Semi-Detached

Terraced

End of Terrace

Mixed Residential
& Commercial

Purpose Built Flat

Flat in Converted House

Other (Please Specify)

6.4 Type of HMO (Please tick the appropriate box)

Shared House Hostel Shared Flat Bedsits sharing any Amenities

A mix of Self-contained Flats & Bedsits with shared Amenities

Other (Please Specify)

If a Flat state on which Floor(s) it is Located

6.5 If the accommodation is within a converted house, was the conversion carried out in accordance with the relevant Building Regulations in force at the time?

YES NO NOT KNOWN

If YES what year was the conversion carried out?

If YES please provide the relevant Building Control completion certificate

6.6 Provide a sketch plan of the property detailing the layout and position of each room. (For renewals of a licence or registration where the layout has not changed check with the Local Authority as this information may already be on file)

YOU MUST NOW COMPLETE PARTS 6.7 & 6.8 OF THE FORM

6.8

PROPERTY DESCRIPTION (SHARED AMENITIES): (Please use continuation sheet if necessary)

Shared Water Closets, Baths or Showers and Wash Hand Basins Details:

No. bathrooms containing a bath/shower, hand basin and WC.	No. of bathrooms containing a bath/shower plus a hand basin.	No. of bathrooms containing just a bath/shower.	No. of Compartments containing just a WC plus a hand basin.	No. of Compartments containing a WC only, without a hand basin	No. of bedrooms provided with a wash hand basin.

Shared facilities for the storage, preparation and cooking of food details:

Location of Kitchen. E.g. Ground / first / second floor etc	Floor area of kitchen (M ²)	No. of sinks with a hot & cold water supply	No. of gas/electric cookers	Available area of work tops (M ²)	No. of Power Points	No. of cupboards for dry storage	No. of Refrigerators in kitchen(s)	No. of Refrigerators in rooms

YOU MUST NOW COMPLETE PART 7 OF THE FORM

PART 7: FIRE SAFETY

7.1 Does the property have a system of fire detection? YES NO

If YES does the system include:

❖ A fire alarm control panel YES NO

❖ Heat detectors in the kitchens YES NO

❖ Mains wired smoke detectors In rooms (with trickle charge batteries) YES NO

❖ Mains wired smoke detectors In common areas (with trickle charge batteries) YES NO

❖ Sounders/alarms on all floors YES NO

❖ Break glass call Points in the communal areas and points of final exit from the building YES NO

If YES, has the system been tested in accordance with BS5839 at least quarterly? YES NO

If YES, please provide a copy of a current test & maintenance certificate showing compliance with BS5839. YES NO

Is there a logbook of inspection/testing? YES NO

If YES what is the date of the last entry?

Date:

Name the person responsible for the day to day maintenance of the fire alarm system

7.2 Does the property have an emergency lighting system? YES NO

If YES, has the system been tested in accordance with BS5266 Part 1: 1988 at least every three years? YES NO

If YES please provide a copy of the most recent periodic inspection and test certificate. YES NO

7.3 Do you have a contract to inspect, maintain and test your fire and/or emergency lighting system? YES NO

If yes please give details of contractor:

7.4 Are all the doors opening onto the main fire escape route (i.e. common staircase landings & halls) half-hour fire resisting to B.S. 476 Parts 20-23 (half hour resistance), fitted with flexible smoke seals, self closing and close fitting onto adequate stops.

All Some None

7.5 Is the following safety equipment provided

❖ Fire blankets in all kitchens / kitchen areas?

All Some None

❖ Fire blankets in shared kitchens only?

All Some None

❖ Fire Extinguishers?

Yes No

If yes, how many and where located?

Has the fire safety equipment been tested in the last 12 months?

Yes No

7.6 Does each tenant have clear written instructions of what to do in case of fire?

Yes No

7.7 Are the tenants provided with upholstered Furniture?

Yes No

If YES does it all comply with the Furniture & Furnishing (Fire Safety) Amendment Regulations 1993?

Yes No

YOU MUST NOW COMPLETE PART 8 OF THE FORM

PART 8: Property Management

8.1 Is there displayed in a suitable position a notice giving a contact name, address and telephone number of the person managing the house?

Yes No

8.2 Are there any gas appliances in the house?

Yes No

If YES how many?

Does a CORGI registered contractor carryout safety checks annually for all gas appliances?

Yes No

Please supply a copy of the latest gas safety certificate(s).

8.3 Have the electric power, lighting circuits and any electrical appliances supplied by you had a safety check by a qualified electrical engineer in the last five years?

Yes No

Please supply a copy of a N.I.C.E.I.C. test certificate or its equivalent.

8.4	Is there a plan in place for general maintenance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Does this include:				
	Fire doors	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Fire alarms	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Emergency lighting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Structural repair	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Amenities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Equipment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Furniture	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.5	Are there adequate financial arrangements in place to allow for repair works to be carried out at the property when necessary?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.6	Are the rooms and areas in common use in good repair?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Are the rooms and areas in common use in good Decorative repair?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Are the rooms and areas in common use in a clean condition?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.7	Are arrangements in place for the regular cleaning of common areas	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If YES how often are the common parts cleaned?	<input type="text"/>			
8.8	Are all of the staircases, corridors, halls, lobbies, balconies and entrances forming the escape route in case of fire kept clear of obstruction?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.9	Are all the amenities in common use clean and in good a good state of repair?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.10	Are the resident's living accommodation in a reasonable state of repair?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.11	Are the windows: Double-glazed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Single glazed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Mixed single/double glazed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Are there adequate openable windows in every habitable room? i.e. 1/20th of the floor area.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Are the windows in a reasonable state of repair	All	<input type="checkbox"/>	Most	<input type="checkbox"/>
				No	<input type="checkbox"/>

8.12 What form of heating does the property have?

Gas fired central heating

Yes No

Off peak night storage heaters

Yes No

Individual fixed gas heaters

Yes No

Individual fixed electric heaters

Yes No

Is the loft insulated

Yes No

If the loft is insulated to what depth is the insulation?

If there is cavity wall construction do you have cavity wall insulation?

Unknown Yes No

8.13 Is the property free from all pests and vermin

Yes No

If NO please provide details of the pest control contractor responsible for treat the infestation

YOU MUST NOW COMPLETE PART 9 OF THE FORM

PART 9: TENANCY MANAGEMENT

9.1 Are the tenants provided with written details of the terms of their tenancy?

Yes No

9.2 Do you use a standard form of tenancy agreement? If YES please provide a copy

Yes No

9.3 Is an Inventory & schedule of condition prepared at the commencement of the occupancy?

Yes No

9.4 Are rent books provided?

Yes No

9.5 If rent books are not provided are tenants given receipts/rent statements?

Yes No

9.6 Are the tenants provided with a complaints procedure?

Yes No

9.7 Is there an emergency 24 hour telephone number that tenants can use in relation to the property should an emergency arise?

Yes No

If YES please provide number

9.8 Are tenants required to provide deposits at the commencement of their tenancy?

Yes No

If yes is there a written procedure to deal with deposit disputes at the end of a tenancy?

Yes No

YOU MUST NOW COMPLETE PART 10 OF THE FORM

10: RELEVANT INFORMATION

10.1 Subject to the provisions of the Rehabilitation of Offenders Act 1974 please state the particulars of any relevant issues listed below recorded against any person named in Parts 1, 2, 3 and 4. (Continue on a separate sheet if necessary). Relevant issues include:

i) Criminal offences involving:

Fraud or dishonesty (including Benefit Fraud), Violence, Drugs, Matters listed in Schedule 3 to the Sexual Offences Act 2003 or received a caution, informal reprimand or formal warning in respect of any of these.

ii) 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.

iii) Contravened any provision of Housing or Landlord & Tenant Law. These include but are not limited to:

- a. A Control Order under the Housing Act 1985.**
- b. Proceedings by a Local Authority**
- c. A local Authority carrying out works in default**
- d. Management Order under the Housing Act 2004**
- e. Harassment or illegal eviction**
- f. Been refused an HMO Licence.**
- g. Breached the conditions of an HMO Licence.**

iv) Acted in contravention of any relevant Approved Code of Practice issued by the Government relating to the management of HMOs.

v) Any criminal offence or subject to any other proceedings brought by a Local Authority or other regulatory body. (For example breaches of the Environment Protection Act 1990, Planning Control or fire safety requirements)

Name	Date	Court	Offence	Sentence

10.2 Has any person named in Parts 1, 2, 3 or 4 of this form previously held or do they currently Hold a licence for another house in multiple occupation?

Yes No

If YES please provide the address of these properties, along with details of the Local Authorities that issued the licences.

Property Address:

.....Post Code:

Authority Details:

Property Address:

.....Post Code:

Authority Details:

10.3 Has any person named in Parts 1, 2, 3 or 4 of this form ever applied for and been refused a house in multiple occupation licence?

Yes No

If YES which authority refused the licence?

Date of refusal?

10.4 Has any person named in Parts 1, 2, 3 or 4 of this form ever breached any condition of a licence issued under Parts 2 or 3 of the Housing Act 2004?

Yes No

If Yes please provide details of the licence condition(s) breached and the local authority in they were breached.

.....

.....

YOU MUST NOW COMPLETE PART 11 OF THE FORM

11: ADDITIONAL INFORMATION

11.1 Is the proposed licence holder a member of any Landlord's Association or other professional body?

Yes No

If YES please indicate which.

11.2 Please list below any training courses or conferences that you have attended which you feel have improved your performance as a landlord.

.....
.....
.....
.....

SEE PART 12 OF THE FORM

12: FURTHER INFORMATION

Please use this space if you need more room for any of your answers by indicating which question is being referred to. You may also use it for any additional information you think may be relevant to the application.

[Empty space for further information]

IMPORTANT NOTE TO APPLICANTS: Please note that it is a criminal offence to knowingly supply information that is false or misleading for the purposes of obtaining an HMO licence. Supporting evidence of any statements made in this application with regard to the property concerned may be required at a later date. Should the Council subsequently becomes aware of something that is relevant and which you should have disclosed, or which was incorrectly stated or described, your licence may be cancelled or other action taken. This may affect any other HMO licence(s) you may have.

YOU MUST NOW COMPLETE PART 13 OF THE FORM

13: DECLARATION

13.1 As the applicant you must inform certain people in writing that you have made this application or give them a copy of it.

THE PERSONS WHO NEED TO BE INFORMED ARE:

- ❖ Any mortgagee of the property to be licensed
- ❖ Any owner of the property to which this application relates, (if that is not you). I.e. The freeholder and any head lessors
- ❖ Any 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 who's lease or tenancy is less than 3 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 to be bound by the conditions in a licence should it be granted.

YOU MUST INFORM EACH OF THESE PERSONS OF THE FOLLOWING:

- ❖ Your name, address, telephone number and email address or fax number (if any).
- ❖ The name, address, telephone number and email address or fax number (if any) of the proposed licence holder (if it will not be you).
- ❖ Whether this application for an HMO licence is under Part 2 or for a single household house under Part 3 of the Housing Act 2004.
- ❖ The address of the property to which the application relates.
- ❖ The name and address of the Local Housing Authority to which the application will be made.
- ❖ The date that the application will be submitted.

I DECLARE THAT I HAVE SERVED NOTICE OF THIS APPLICATION ON THE FOLLOWING PERSONS WHO ARE THE ONLY PERSONS KNOWN TO ME THAT ARE REQUIRED TO BE INFORMED THAT I HAVE MADE THIS APPLICATION.

Full name of applicant: (Block letters Please)

Signature (licence applicant): Date:.....

Name of the persons and their interest in the property or application.

Name:Interest:

Name:Interest:

Name:Interest:

Name:Interest:

Name:Interest:

13.2 Declaration

IMPORTANT NOTE TO APPLICANTS:

Please note that it is a criminal offence to knowingly supply information that is false or misleading for the purposes of obtaining an HMO licence. Supporting evidence of any statements made in this application with regard to the property concerned may be required at a later date. Should the Council subsequently become aware of something that is relevant and which you should have disclosed, or which was incorrectly stated or described, your licence may be cancelled or some other action taken. This may affect any other HMO licence(s) you may have.

DECLARATION: I/we declare that I/we have read the above statement and that I/we understand that I/we would commit an offence if I/we supply any information to a local authority in connection with any of their functions under any Parts 1 to 4 of the Housing Act 2004 that is false or misleading and I/we know to be false or misleading or am/are reckless to whether it is false or misleading.

Full Name of Applicant

Date

Signature

Full Name of Proposed Licence Holder (if different to Applicant)

Date

Signature

Full Name of Manager (if different to Applicant)

Date

Signature

Name of Director/partner/Trustee (as applicable)

Date

Signature

Name of Director/partner/Trustee (as applicable)

Date

Signature

CHECK LIST FOR APPLICATION

CHECK LIST FOR SUBMITTING AN APPLICATION

IMPORTANT: An application will not be complete unless ALL the appropriate documents listed below have been received together with the Correct Fee.

I ENCLOSE: (Please ✓ where applicable)

Copy of a current maintenance fire alarm system certificate. (Required annually)		There is no fire alarm system in the property	
Copy of a current maintenance certificate for the emergency lighting system. (Required every 3 years)		There is no emergency lighting system in the property	
Copies of current Gas Safety Certificates and or Gas Appliance Service Invoices.		There are no gas appliances in the property	
Copies of an electrical Domestic Installation and or Periodic Inspection Reports issued within the last 5 years		A copy of any Tenancy Agreement or written details of the terms of the tenancy, including sanctions for anti social behaviour.	
A sketch plan of the property detailing the layout and position of each room. (Not required for renewal of licence or registration)		The appropriate Application Fee. (See below)	

FEE CALCULATION	No. of units let or available to let	Cost per unit	Total
NEW application for a licence		£100.00	
RENEWAL of a licence		£60.00	
* CHANGE of licence holder or management details		£60.00	

** If there is a significant change to the layout, number of occupants or facilities provided in the HMO during the licence period, the Council reserves the right to charge a fee based on any costs incurred.*

Before returning the completed application form please ensure it has been signed, dated and appropriate fee (cheque addressed to the London Borough of Bromley) enclosed.

Address to send completed application forms and fees:

**Residential Services
Housing and Residential Services Division
Civic Centre
Stockwell Close
Bromley
BR1 3UH**