Licence Application for a House in Multiple Occupation (HMO)



Applicants are advised to read the Licensing guide and Licence Application Notes before completing the application form.

IMPORTANT: Other local authorities and authorities such as the London Fire Brigade and Police may be contacted for information and confirmation of the details provided. Signing the application implies your agreement with this.

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

If you require more space to answer any question please either use the space provided at the end of the application form or add additional pages.

For Office Use Only

Date Received:	Reference No.	Licence Application Administration Fee Received: £

PLEASE COMPLETE IN BLACK INK AND BLOCK CAPITALS

Type of Application (please tick appropriate box)

NEW	WAL
-----	-----

Address of property to be licensed:

Post Code

Is the applicant the proposed licence holder (please tick appropriate box)

YES	NO

IF YES GO STRAIGHT TO PART 2

IF NO PLEASE COMPLETE PART 1

PART 1: APPLICANT'S DETAILS

Surname:	First Names:
Address:	
	Post Code
Date of Birth:	Email Address:
Mobile Number:	Telephone Number:

What is your relationship with the proposed licence holder (please tick appropriate box)

Friend Relative Agent Solicitor or other (Please specify)	
---	--

PART 2: PROPOSED LICENCE HOLDERS DETAILS

The proposed licence holder is an (please tick appropriate box)

Individual	Company	Trustee	Partnership	Charity

Other (please specify)

Full name and address of proposed licence holder (if a company, please give full company name)

Name:	
Address:	
	Post Code
Date of Birth:	Email Address:
Mobile Number:	Telephone Number:

Name of Company Directors/Partners/Trustees (if applicable)

Is the proposed licence holder also the proposed manager (please tick appropriate box)

YES

NO

IF YES GO STRAIGHT TO PART 4

IF NO PLEASE COMPLETE PART 3

PART 3: PROPOSED MANAGEMENT DETAILS

The proposed manager is an (please tick appropriate box)

Individual	Company	Trustee	Partnership	Charity
Other (please spec	cify)			

Full name and address of proposed manager (if an individual please give date of birth, if a company please give full company name and registered office address)

Name:	
Address:	
	Post Code
Date of Birth: Mobile Number:	Email Address: Telephone Number:

Is the proposed manager a member of a regulated body (please tick appropriate box)

YES

NO

If YES, please state the regulated body and its address

Name:

Address:

Post Code

PART 4: OWNERSHIP DETAILS OF THE PROPERTY TO BE LICENSED

Please provide details of the ownership and legal interests in the property to be licensed.

Where an interested party is a company please give their registered address.

Names and addresses of FREEHOLDER(S)

Name:	
Address:	
	Post Code
Telephone Number:	Email Address:
Name:	
Address:	
	Post Code
Telephone Number:	Email Address:

Name:		
Address:		
Address:		
	Post Code	
lame and address of LEASE	HOLDER(S) (if none state "none")	
Name:		
Address:		
	Post Code	
Telephone Number:	Email Address:	
Length of lease remaining (years a	and months):	
	,	
Name:		
Address:		
	Post Code	
Telephone Number:	Email Address:	
Length of lease remaining in years		
Name and address of person	who collects the rent	
Name:		
Address:		
	Post Code	
	Email Address:	

Name:	
Address:	
	Post Code
Telephone Number:	Email Address:
	erson who may be bound by a condition of the red to in Parts 1, 2 or 3 of this form.
Name:	
Address:	
	Post Code
Telephone Number:	Email Address:
PART 5: OCCUPIERS INFORMAT	ION
How many individuals, including c property	children, currently live in the
How many households currently li	ive in the property
How many separate lettings are av	vailable in the property
Are any persons listed in Parts 1,	2 or 3 of this form currently living in the property
YES	NO

PART 6: PROPERTY DETAILS

Description of the property (please tick appropriate box)

Detached House Semi Detached House	Terraced	Maisonette	Flat
------------------------------------	----------	------------	------

Does the property have (please tick all boxes which apply)

Entrance hall, stairs and or landings which are shared with one or more other properties?					
Basement for storage Basement in residential use					
Ground Floor	First Floor				
Second Floor Third Floor					
If there are more than four floors please indicate how many floors:					

How is the property occupied (please tick the appropriate box)

Shared House	Hostel
Bedsits with shared amenities	Temporary Accommodation
A mix of self-contained flats and bedsits with share	ed amenities

PLANS of the property to be licensed

The local authority requires a set of floor plans or sketches of the property to be licensed. Guidance on how to complete these and graph paper is available to download from our website.

These should detail the layout of each floor and the position of all the rooms in the property.

PLEASE NOTE:

If the application is to renew a licence and the internal layout and use of the rooms has not changed since the previous licence was issued there will be no need to provide plans of the property.

Property Details

Details of bedrooms, bedsits, living rooms, dining rooms and studies

Please provide the floor areas of all bedrooms, bedsits, living rooms, dining rooms and studies and who is currently occupying the room or has access to and use of the room.

Please indicate if a bedsit has cooking or bathroom facilities in or off the bedsit.

Please list the rooms starting on the basement floor (if there is one), then the ground floor, first floor, second floor and so on.

EXAMPLE:

Ground Floor Living Room	12m ²	Shared by all occupiers
Ground Floor Dining Room	15m ²	Shared by all occupiers
Ground Floor Front Left Bedsit 1	10m ²	Mr Patterson
Ground Floor Mid Bedsit 2 with cooking facilities	15m ²	Miss Thomas
Ground Floor Rear Bedsit 3	20m ²	Mrs Jones and daughter (aged 7)
First Floor Front Bedsit 4	13m ²	Mr Flower
First Floor Rear Bedsit 5 with Shower Room	16m ²	Mr Wilson
Second Floor Front Left Bedsit 6 with cooking facilities	14m ²	Mr Downs
Second Floor Front Right Bedsit 7	13m ²	Mr Wright
Second Floor Rear Bedsit 8 with cooking facilities and Additional Room off bedsit	13m²	Mr Brown
Second Floor Additional Room off Bedsit 8	8m²	Bedsit 8
Second Floor Bedsit 9 with Additional Room outside bedsit	14m ²	Miss Francis
Second Floor Additional Room outside Bedsit 9	10m ²	Bedsit 9
Second Floor Bedsit 10	15m ²	Mr Henderson

Details of bedrooms	s, bedsits,	, living rooms,	, dining rooms	and studies:
---------------------	-------------	-----------------	----------------	--------------

Details of Kitchens and Kitchen-Diners

Please provide the floor areas of all kitchens and kitchen-diners and who has access to and use of the amenity.

Please indicate what facilities are in the kitchen. A fridge-freezer counts as a fridge and a freezer.

Please list the rooms starting on the basement floor (if there is one), then the ground floor, first floor, second floor and so on.

EXAMPLE

Location and use	Size	Sinks and dishwashers	Gas or Electric Cooker	Worktop areas	Electric Power Points	Wall and Floor Units	Fridges	Freezers
Ground Floor Kitchen Shared	15m ²	sink dishwasher	2 gas hobs 2 electric ovens	4m x 600mm	4 single 2 double	4 x 500mm 2 x 1000mm	2	2
First Floor Kitchen Shared	8m ²	sink	gas hob electric oven	2m x 500mm	1 single 1 double	2 x 500mm 1 x 1000mm	1	1

Details of Kitchens and Kitchen-Diners:

Location and use	Size	Sinks and dishwashers	Gas or Electric Cooker	Worktop areas	Electric Power Points	Wall and Floor Units	Fridges	Freezers

Details of Bathrooms, Shower Rooms and Water Closets

Please provide details of all bathrooms, shower rooms and WCs and who has access to and use of the amenity.

Please indicate if a wash hand basin or toilet is also in the room.

Please list the rooms starting on the basement floor (if there is one), then the ground floor, first floor, second floor and so on.

EXAMPLE

Location	Use	Baths and showers	Wash hand basins	Toilets
Ground Floor WC	Shared	0	1	1
First Floor Rear Bedsit 5 with Shower room	Bedsit 5	shower	1	1
First Floor Bathroom	Shared	bath	1	1
Second Floor Bathroom	Shared	bath and shower	1	1

Details of Bathrooms, Shower Rooms and Water Closets:

Location	Use	Baths and showers	Wash hand basins	Toilets

PART 7: FIRE SAFETY

Please indicate what fire precautions are within the property (please tick all boxes which apply)

Mains powered fire detection and alarm system	Yes	Νο
Hard wired	Yes	Νο
Radio controlled	Yes	No
Zone Control Panel	Yes	No
Heat detector/alarms in Kitchens	Yes	No
Smoke detector/alarms in common areas and rooms (with battery back-up)	Yes	No
Smoke detector/alarms in bedsits and bedrooms (with battery back-up)	Yes	Νο
Sounders/alarms	Yes	Νο
Manual call points	Yes	Νο
Has the system been annually tested (BS5839)	Yes	No
Have you a copy of the last test certificate	Yes	No
Emergency lighting system	i	
Luminaires in the communal halls and landings	Yes	No
Has the system been annually tested (BS5266)	Yes	No
Have you a copy of the last test certificate	Yes	No
Fire Doors (30 minute) to rooms off the communal halls and landings	Yes	No
Fire blankets in kitchens	Yes	Νο
Fire extinguishers in kitchens	Yes	No

PART 8: PROPERTY MANAGEMENT

Is there a notice displaying the manager's contact name, address and telephone number within the property	Yes	No	
---	-----	----	--

Gas supply	Yes	No
Gas boiler or boilers	Yes	No
Gas cooker or cookers	Yes	No
Gas fire or fires	Yes	No
Gas central heating	Yes	No
Current Landlords Gas Safety Record (Gas Safe engineer)	Yes	No
Have you enclosed a copy of the latest record with the application	Yes	No
Electricity		
Electric cookers	Yes	No
Electric hot water heating	Yes	No
Electric convector heating	Yes	No
Electric storage heating	Yes	No
Current Electrical Installation Condition Report (NICEIC, NAPIT or ELECSA)	Yes	No
Have you enclosed a copy of the latest report with the application	Yes	No

Warm air heating	Gas	Electricity	Yes	Νο
Other:				

PART 9: PROPERTY MAINTENANCE

Yes	No
Yes	No
	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes

If no, please provide details of and pest control measures:

PART 10: TENANCY DETAILS

Verbal Tenancies	Yes	No
		NO
Assured Shorthold Tenancies	Yes	No
Licences	Yes	No
Other:	Yes	No
Have you enclosed a copy of an agreement with the application	Yes	No
Do the tenants have rent books	Yes	No
Have the tenants provide a deposit	Yes	No
If they have are the deposits in a tenancy deposit scheme	Yes	No
If yes, which one:		

Is the proposed licence holder a member of a Landlord's Association or other professional body	Yes	Νο
If yes, which one:		
Please list any training courses and or conferences that the licence holder helevant to this application:	as attended wh	ich may be

PART 11: RELEVANT INFORMATION

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 of the application form, (continue on a separate sheet if necessary).

Relevant issues include:

• 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.

• 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.

• 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.

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

• 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

Has any person named in Parts 1, 2, 3 or 4 of the application form previously held or do they currently hold an HMO Licence for another property.

Yes	No	
If Yes, please provide the address of the HMO and the local authority that issued the Licence.		
Address:		
	Post Code	
Local Authority:		
Address:		
	Post Code	
Local Authority:		
Address:		
	Post Code	
Local Authority:		

Has any person named in Parts 1, 2, 3 or 4 of the application form previously ever applied for and been refused an HMO Licence for another property.

Yes	No	
If Yes, which local authority refused the licence:		
Date of refusal:		

Has any person named in Parts 1, 2, 3 or 4 of the application form previously ever applied for and been refused an HMO Licence for another property.

Yes	Νο
If Yes, please provide details of the breach and the local authority involved.	

PART 12: FURTHER INFORMATION

Please use this space if you need more room for any of your answers by indicating which section your answer relates to. You may also use this space to provide any additional information you think may be relevant to the application.

PART 13: DECLARATIONS

Before the applicant submits their application they must inform certain persons in writing of their intention to make an application for an HMO licence.

PERSONS WHO NEED TO BE INFORMED ARE:

Freeholders and Leaseholders

The Proposed Licence holder and Proposed Manager

Current Managing Agents

Mortgage Companies

Anyone else who may have a legal interest in the property

Anyone 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

The address of the property to which the application relates

The proposed licence holder and manager's name, address, telephone number and email address

The name and address of the Local Authority to which the application will be made

The date that the application will be submitted

Please list all the persons with an interest in the property you have informed

Name:	Interest:
Name:	Interest:

Declaration by applicant that they have informed all the persons listed:

I DECLARE THAT I HAVE SERVED NOTICE ON ALL THE PERSONS I HAVE LISTED WHO, TO THE BEST OF MY KNOWLEDGE, ARE REQUIRED TO BE INFORMED OF MY APPLICATION.

Full name of applicant: (in block capitals)

Signature of applicant:

Date:

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 THAT THE INFORMATION PROVIDED IS BOTH TRUE AND ACCURATE

Applicants, proposed licence holders and proposed managers are required to sign and date a Declaration in the application form that the information provided in the application is, to the best of their knowledge, both true and accurate.

Where the applicant, proposed licence holder or proposed manager is a company the Company Directors, Partners or Trustees are required to sign and date a Declaration in the application form.

By signing the Declaration the applicant, proposed licence holder, proposed manager and any Directors, Partners or Trustees are confirming:

1. That they have read the above statement: **IMPORTANT NOTE TO APPLICANTS**

AND

2. They understand that they would commit an offence if they 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 which they know to be false or misleading or are reckless to whether it is false or misleading.

DECLARATIONS

By signing and dating the Declaration below you confirm that you have read this statement and you understand that you are committing an offence if you 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 which you know to be false or misleading or are reckless to whether it is false or misleading:

Full name of Applicant Signature Date Full name of Proposed Licence Holder (if different from applicant) Signature Date Full name of Proposed Manager (if different from applicant) Signature Date Name of Director, Partner or Trustee (if appropriate) Signature Date Name of Director, Partner or Trustee (if appropriate) Signature Date Name of Director, Partner or Trustee (if appropriate) Signature Date

CHECK LIST FOR SUBMITTING AN APPLICATION

Documents to be enclosed with the application, if required (please tick all that apply):

Plans or sketches of the property with the layout and location of each room on each floor	
Copy of a Tenancy or Licence Agreement	
Copy of the Landlords Gas Safety Record	
Copy of the Electrical Installation Condition Report	
Copy of the Automated Fire Detection/Alarm System (BS5839) Test Certificate	
Copy of the Emergency Lighting (BS5266) Test Certificate	
Copy of Payment Receipt for the Licence Application Administration Fee	

HMO LICENCE APPLICATION ADMINISTRATION FEE and HMO LICENSING FEE

There are two separate fees for HMO licensing:

HMO licence application administration fee: This is for processing the licence application and is payable over the phone or in the Civic Centre's main reception by credit or debit card when the licence application is submitted.

HMO licensing fee: This is for issuing the licence and administering the licence over the five year period it is valid for. This is payable over the phone or in the Civic Centre's main reception by credit or debit card when the licence application has been approved.

HMO Licence Application Administration Fees for New Licences

Number of units available to let

Licence Application Administration Fee

Up to 5 units	£1125.00
6 units	£1321.00
7 units	£1517.00
8 units	£1713.00
9 units	£1909.00
10 units	£2105.00

For more than 10 units add £196.00 per additional unit.

HMO Licence Application Administration Fee for Renewing a Licence

Number of units available to let

Licence Application Administration Fee

Up to 5 units	£867.00
6 units	£1014.00
7 units	£1161.00
8 units	£1308.00
9 units	£1455.00
10 units	£1602.00

For more than 10 units add £147.00 per additional unit.

HMO Licensing Fee for New Licences

Number of units available to let

Licensing Fee

Up to 5 units	£482.00
6 units	£566.00
7 units	£650.00
8 units	£734.00
9 units	£818.00
10 units	£902.00

For more than 10 units add £84.00 per additional unit.

HMO Licensing Fee for Renewing a Licence

Number of units available to let Lice

ensing	

Up to 5 units	£372.00
6 units	£435.00
7 units	£498.00
8 units	£561.00
9 units	£624.00
10 units	£687.00

For more than 10 units add £63.00 per additional unit.

HMO LICENCE FEE PAYMENTS

These may be made using a credit or debit card by telephone or in the Civic Centre's main reception.

IMPORTANT: MAKE SURE YOU OBTAIN A RECEIPT FOR PAYMENT.

A copy of the receipt for the licence application administration fee must be included as part of the licence application and a copy of the receipt for the licensing fee will be required when the application has been validated and the actual licensing process begins.

Main Reception Payments

It is recommended you request assistance from a member of the civic centre main reception staff to make a payment.

There is a machine in main reception, similar to a bank or building society ATM, to make card payments.

You will need the right code for HMO Licensing Fees when making a payment using the machine in main reception.

You may wish to take this page with you to assist you when making a payment in the main reception.

Telephone Payments

Telephone Incomes and Revenues on 0208 603 3640 and:

Tell the Officer you wish to make an HMO Licence Fee payment.

Quote Income Code: B5807008455 (HMO Licence Fees)

Tell the Officer your name and the address of property being licensed.

The Officer will take your name and transfer you to a secure call line for payment.

You will be given an Authorisation Code when the payment has been made.

It is recommended you make a note of the Authorisation Code.

A receipt will be posted to you confirming payment and should arrive within 5 working days.

Alternatively, you may request that the receipt is sent via email.

NOTE: A copy of the receipt confirming payment must be enclosed with the licence application form.

HMO Licence Variations

Where there is a change in the management of a licensed HMO the HMO licence must be varied to identify the new management.

An application to vary the licence must be made.

There is no fee charged to vary a licence.

When the application is validated and the new licence approved a new licence will be issued.

HMO Licence Revocations

Where the licence holder changes the HMO licence must be revoked and a new HMO licence application made identifying the new proposed licence holder.

There is a fee to administer the licence renewal application and a fee to renew the licence.

When the application is validated and the new licence approved a new licence will be issued.

HMO Licence Renewals

An HMO Licence lasts for five years, after which an application to renew the licence should be made.

There is a fee to administer the licence renewal application and a fee to renew the licence.

When the application is validated and the new licence approved a new licence will be issued.

ADDRESS TO SEND COMPLETED APPLICATION FORM, DOCUMENTS AND FEES

Housing Enforcement Team Public Protection Division London Borough of Bromley Civic Centre Stockwell Close Bromley BR1 3UH

Telephone: 0208 464 3333

Email: hmo@bromley.gov.uk