**For office use only**

Date received

Click here to enter a date.

Date passed to officer

Click here to enter text.

Reference number

Click here to enter text.

Fees received

Click here to enter text.

**Application for Licence for**

**House in Multiple Occupation**

**Notes to help you when completing this form.**

A separate application is needed for each house in multiple occupation (“HMO”) you are making an application for. *Notes to help start on page 20*.

Please fill in all sections on this form, providing a full and accurate answer. If more space is required to answer any question(s), use part 13 or additional sheets. Ensure you specify which question your answer relates to and attach the additional sheets when you submit your application.

*Do not print your application. Complete and then return the application form as an attachment to* *hmo@croydon.gov.uk*

**The licence application will not be processed unless;**

* **the application form is fully completed;**
* **the declarations in part 14 are completed;**
* **all of the documents listed on page 18 are provided; and**
* **a fee is paid at point of application, information on page 21.**

An incomplete application form will be returned with guidance given as to the further information required. You will be informed when your application has been accepted as properly made and held by the Council pending processing.

*Further information on HMOs in Croydon including making an application can be found on the* [*Council website*](https://www.croydon.gov.uk/housing/privatehousing/hmo/hmolicence)*.*

If this application is to renew a licence for a house in multiple occupation you only need to complete Parts 1 to 4 of this form. (**It is not a renewal if your previous application was a selective licence application**).

The Council is in the process of introducing a new on-line application system. Applicants will be informed when this system is ready to use [possibly April 2021]. This form is to be used until then.

It is an offence to manage or operate a house in occupation that is required to be licensed under Part 2 of the Housing Act 2004 without a licence [mandatory houses in multiple occupation scheme].

Type of application Please complete this field

Address of property to be licensed Click here to enter text

 Click here to enter text

 Click here to enter text

Town Click here to enter text

Postcode Click here to enter text

Is the applicant the proposed licence holder? [ ] Yes [ ] No

If “**Yes”,** please go straight to Part 2 of the form. If “**No”,** please complete Part 1 of the form.

|  |
| --- |
| **PART 1. APPLICATION DETAILS – SEE NOTE 1** |

Surname Click here to enter text. First name(s) Click here to enter text.

Address Click here to enter text.

|  |
| --- |
| **Application for Licence for House in Multiple Occupation**  |

 Click here to enter text.

 Click here to enter text.

|  |
| --- |
| **APPLICATION FOR LICENCE FOR HOUSE IN MULTIPLE OCCUPATION**  |

Town Click here to enter text.

Postcode Click here to enter text.

Date of birth Click here to enter text.

Telephone No. home Click here to enter text.

Mobile No. Click here to enter text.

Email address Click here to enter text.

What is your relationship to the proposed licence holder? Choose an item.

If “other” please specify Click here to enter text.

What is your interest in the property? Click here to enter text.

Does the proposed licence holder know this application is being made? [ ] Yes [ ] No

|  |
| --- |
| **PART 2. PROPOSED LICENCE HOLDER DETAILS – SEE NOTE 2** |

Is the proposed licence holder [ ] An Individual
(Please tick the appropriate box) [ ] A Company
 [ ] A Partnership
 [ ] A Charity
 [ ] Other
If “other” please specify Click here to enter text.

Name of the proposed licence holder Click here to enter text.

Company name (If applicable) Click here to enter text.

Company registration number Click here to enter text.

Type of company Choose an item.

Address Click here to enter text.
(If company please give registered Click here to enter text.
office address) Click here to enter text.

Postcode Click here to enter text.

Town Click here to enter text.

Date of birth (if individual) Click here to enter text.

Telephone No. Home Click here to enter text.

Telephone No. Work Click here to enter text.

Mobile Click here to enter text.

Email Click here to enter text.

Name of Company Secretary Click here to enter text.
(If applicable)

Names of directors/partners/trustees (if applicable)

|  |  |
| --- | --- |
|  | **Name** |
| Lead Director | Click here to enter text. |
| Partner | Click here to enter text. |
| Trustees | Click here to enter text. |

|  |
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| **PART 3. MANAGER DETAILS – SEE NOTE 3** |

Has a letting agent, property management company or individual been employed to manage this property?

[ ] Yes – please go to **3.2**  [ ] No – please go to **3.1**

**(3.1)** If **“No”**, please provide the name, address, telephone number and email address of the person who is responsible for the management of the property

Name Click here to enter text. Surname Click here to enter text.

Telephone No. Click here to enter text.

Address Click here to enter text. Postcode Click here to enter text.

 Click here to enter text. Email address Click here to enter text.

**(3.2)** If **“Yes”,** is the manager (please tick the appropriate box)

[ ] Letting Agent [ ] Property Management [ ] An Individual [ ] Other

If “Other” give details Click here to enter text.

Name of manager Click here to enter text.
(If a company, please give full company name)
Date of birth Click here to enter text.
(If Individual)

Telephone No. Home Click here to enter text.

Telephone No. Work Click here to enter text.

Mobile Click here to enter text.

E-mail address Click here to enter text.

Address Click here to enter text.

 Click here to enter text.

 Click here to enter text.

Postcode Click here to enter text.

Town Click here to enter text.

Membership of schemes and bodies for letting and property management companies.
Is the manager a member of:
Regulatory Body? Choose an item.

Client Money Protection Scheme? Choose an item.

Property Redress Scheme? Choose an item.

Please provide further information (if needed)

Click here to enter text.

|  |
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| **PART 4. OWNERSHIP OF THE PROPERTY TO BE LICENSED – SEE NOTE 4.** |

**(4.1) Please provide details of ownership and all others with a legal interest in the property to be licensed.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** | **First Name** | **Address (Line 1)** | **Address (Line 2)** | **Town** | **Postcode** | **Email** | **Telephone No.**  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**(4.2)** Do you have a mortgage on this property? [ ] Yes [ ] No

If “**Yes”**, please complete details below:

Name of the mortgage provider Click here to enter text.

Roll number Click here to enter text.

Address Click here to enter text.

Click here to enter text.

 Click here to enter text.

Town Click here to enter text.

Postcode Click here to enter text.

Mortgage email address Click here to enter text.

|  |
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| **PART 4. OWNERSHIP OF THE PROPERTY TO BE LICENSED (continued)** |

**(4.3) Names of leaseholder(s)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** | **First Name** | **Address (Line 1)** | **Address (Line 2)** | **Town** | **Postcode** | **Email** | **Telephone No.** |
| Click here to enter text.  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| **PART 4a. COLLECTION OF RENT**  |

 **(4.4)** Name of person who collects the rent Click here to enter text.

**Address of person who collects the rent**Address Click here to enter text.

 Click here to enter text.

 Click here to enter text.

Town Click here to enter text.

Postcode Click here to enter text.

Telephone No. Click here to enter text.

Email address Click here to enter text.

**(4.5)**Name of person who receives the rent Click here to enter text.

**Address of person who receives the rent**Address Click here to enter text.

 Click here to enter text.

 Click here to enter text.

Town Click here to enter text.

Postcode Click here to enter text.

Telephone No. Click here to enter text.

Email address Click here to enter text.

**(4.6)** Name of any other person who may be bound by a condition (only with their agreement) of the proposed licence and who is not referred to in Parts 1, 2 and 3 of the form.Click here to enter text.

Address Click here to enter text.

 Click here to enter text.

 Click here to enter text.

Postcode Click here to enter text.

Town Click here to enter text.

Telephone No. Click here to enter text.

Email address Click here to enter text.

|  |
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| **PART 5. OCCUPIER INFORMATION – SEE NOTE 5.** |

**Please include all occupiers, including children and babies, occupying the lettings**

**(5.1)** How many individuals currently live at the property? Click here to enter text.

**(5.2)** How many households live in the property? Click here to enter text.

**(5.3)** How many separate lettings are available in the property? Click here to enter text.

**(5.4)** Are any of the people listed in Parts 1, 2, 3 or 4 of the form living in the property? [ ] Yes [ ] No

If yes, state their names Click here to enter text.

**(5.5) Rooms in the property**

**Please list every habitable room and occupants on every floor of the house (include all adults, children and babies)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Location** | **Room Name** | **Description** | **Floor Area (m2)** | **No. of Occupiers** | **Names of Occupiers** | **Type of tenancy** |
| E.g. First Floor rear right | E.g. Room D | E.g. Bedroom with en suite |  E.g. 12m2 | E.g 1 person | E.g. John Smith | E.g. Assured shorthold Tenancy |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| **PART 6. PROPERTY INFORMATION – SEE NOTE 6.** |

**(6.1)** When was the property built? [ ] Pre 1919 [ ] 1919 to 1944
(Please tick appropriate box) [ ] 1945 to 1964 [ ] 1965 to 1980
 [ ] Post 1980

**(6.2)** Description of the Property Choose an item.

If “Other”, please specify Click here to enter text.

**(6.3)** Description of occupation Choose an item.

If “Other”, please specify Click here to enter text.

**(6.4)** If the accommodation is within a converted property, was the conversion done in accordance with the relevant building regulations in force at the time? (Please tick appropriate box)

[ ] Yes [ ] No

If **yes**, what year was the conversion carried out? Click here to enter date (dd/mm/yy)

**Please provide the relevant Building Control completion certificate for the conversion.**

 **(6.5)** Please tick all of the floors the property has and include any floors used for commercial purposes.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Commercial | Residential | Storage |
| Basement |[ ] [ ] [ ]
| Ground Floor  |[ ] [ ] [ ]
| First Floor |[ ] [ ] [ ]
| Second Floor |[ ] [ ] [ ]
| Third Floor |[ ] [ ] [ ]
| Fourth Floor |[ ] [ ] [ ]
| Fifth Floor |[ ] [ ] [ ]
| Sixth Floor |[ ] [ ] [ ]
| Over Six Floors |[ ] [ ] [ ]

|  |
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| **PART 7. AMENITIES – SEE NOTE 7.** |

**(7.1)** Please specify which lettings detailed in Part 5 of this form have their private use of a bath and/or shower.

Click here to enter text.

**(7.2)** How many shared baths and/or showers are in the property?

Baths Click here to enter text.

Showers Click here to enter text.

**(7.3)** Please specify which lettings detailed in Part 5 of this form have their private use of a WC.

Click here to enter text.

**(7.4)** How many shared WCs are in the property?

Click here to enter text.

**(7.5)** How many shared WCs are in a separate compartment to the bathroom?

Click here to enter text.

**(7.6)** Please specify which lettings detailed in Part 5 of this form have their private use of a wash hand basin.

Click here to enter text.

**(7.7)** How many shared wash hand basins are in the property?

Click here to enter text.

**(7.8)** What kitchen facilities are provided in the house?

 Choose an item.

**(7.9)** How many sets of shared kitchen facilities are provided in the house?

Click here to enter text.

**(7.10)** How many lettings have their private use of kitchen facilities? (Please specify)

Click here to enter text.

**(7.11)** How many sinks are there in the property?

Click here to enter text.

|  |
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| **PART 8. FIRE SAFETY – SEE NOTE 8.** |

**(8.1)** Does the property have a system of fire detection? [ ] Yes [ ] No

**If yes, does the system include (Please tick as appropriate):**a) A fire alarm control panel [ ] Yes [ ] No
b) Heat detectors in the kitchen [ ] Yes [ ] No
c) Mains wired smoke detectors in rooms [ ] Yes [ ] No
d) Battery powered smoke detectors in rooms only [ ] Yes [ ] No
e) Mains wired smoke detectors in common parts [ ] Yes [ ] No
f) Battery powered smoke detectors in common parts only [ ] Yes [ ] No
g) Sounders/Alarms on all levels [ ] Yes [ ] No
h) Call Points in all communal areas [ ] Yes [ ] No

If there is a mains wired fire alarm and detection system, has it been tested in accordance with the current guidance at least quarterly? [ ]  Yes [ ] No
Is there a log book of inspection/testing? [ ] Yes [ ] No
If **yes,** what is the date of the last entry? Click here to enter text

Name of the person responsible for maintaining the alarm system Click here to enter text.

Please state the location of the log book for alarm system Click here to enter text.
(If applicable)
**(8.2)** Does the property have an Electrical Installation Condition Report (EICR)? [ ] Yes [ ] No
If **yes**, has it been tested in accordance with the current guidance at least every year?
[ ] Yes [ ] No

**If yes, please provide a copy of the most recent inspection and test certificate.**

**(8.3)** Are the doors that open on to the communal areas fire doors capable of 30 minutes fire resistance?
[ ] Yes [ ] No
If **yes,** are they fitted with self closers? [ ] Yes [ ] No
Are they fitted with smoke seals and intumescent strips? [ ] Yes [ ] No

**(8.4)** Is the following fire safety equipment provided:
a) Fire blankets in all kitchens [ ] Yes [ ] No
b) Fire blankets in shared kitchens only [ ] Yes [ ] No
c) Fire extinguishers [ ] Yes [ ] No
If “**Yes for fire extinguishers”,** please state how many and where they are located Click here to enter text.

**(8.5)** Does each tenant have clear written instructions on what to do in the event of a fire? [ ] Yes [ ] No
**(8.6)** Are tenants provided with upholstered furniture? [ ] Yes [ ] No
Does all upholstered furniture you provide comply with The Furniture and Furnishing (Fire) (Safety) Regulations 1988 (as amended)? [ ] Yes [ ] No

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| **PART 9. PROPERTY MANAGEMENT – SEE NOTE 9.**  |

**(9.1)** Is there, displayed in a suitable position within the property, a notice giving the name, address and telephone number of the manager?
[ ] Yes [ ] No

**(9.2)** How many gas appliances are in the property? Click here to enter text.

**(9.3)** Does a “Gas Safe” registered contractor carry out safety checks for any gas appliances in the property?
[ ] Yes [ ] No

**Please provide copies of the latest gas safety certificates.**

**(9.4)** How many gas safety certificates are enclosed (copies)? Click here to enter text.

Is the gas on a Continuous supply? [ ] Yes [ ] No

Is the gas on a Pre-payment meter supply? [ ] Yes [ ] No

**(9.5)** Is there a programme in place for general maintenance of the property? [ ] Yes [ ] No

If **Yes,** does it Include (please tick appropriately):
Structural repair [ ] Yes [ ] No
Amenities [ ] Yes [ ] No
Equipment [ ] Yes [ ] No
Furniture [ ] Yes [ ] No

**(9.6)** Are there adequate financial arrangements in place to allow for repair works to be carried out at the property?
[ ] Yes [ ] No

**(9.7)** Are the rooms and the communal areas in good repair? [ ] Yes [ ] No

Are the rooms and the communal areas in a good decorative state? [ ] Yes [ ] No

Are the rooms and the communal areas in a clean condition? [ ] Yes [ ] No

**(9.8)** Are arrangements in place for the regular cleaning of the communal areas? [ ] Yes [ ] No

If **yes**, how often are the communal areas cleaned? Click here to enter text.

**(9.9)** Are all staircases, passageways, corridors, halls, lobbies, balconies and entrances in the communal areas free from obstruction? [ ] Yes [ ] No

Are the amenities in the communal areas regularly cleaned? [ ] Yes [ ] No

**(9.11)** Is the residents’ living accommodation in a good state of repair? [ ] Yes [ ] No

**(9.12)** Are all the windows in a good state of repair? [ ] Yes [ ] No

Are all of the windows fully operational? [ ] Yes [ ] No

Are all the windows double glazed? [ ] Yes [ ] No

Do the windows on the first floor and above have window restrictors? [ ] Yes [ ] No

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| **PART 9. PROPERTY MANAGEMENT – CONTINUED – SEE NOTE 9.** |

**(9.13) What form of heating does the property have?**Gas fired central heating [ ] Yes [ ] No

Off peak night storage heaters [ ] Yes [ ] No

Individual wall mounted gas heaters [ ] Yes [ ] No

Individual wall mounted electric heaters [ ] Yes [ ] No

Other [ ] Yes [ ] No

If “Other” please specify Click here to enter text.

Is the loft insulated (to a minimum of 270 mm insulation)? [ ] Yes [ ] No

If there are cavity walls, do you have cavity wall insulation? Choose an item.

**(9.14)** Is the property free from all pests and vermin? [ ] Yes [ ] No

If no, please provide details of the pest control contractor responsible for treating the infestation

Click here to enter text

|  |
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| **PART 10. TENANCY MANAGEMENT – SEE NOTE 10.**  |

**(10.1)** Are the tenants provided with written details of the terms of their tenancy?

 [ ] Yes [ ] No

**(10.2)** Is an inventory prepared at the commencement of the occupancy?

[ ] Yes [ ] No

**(10.3)** Are rent books provided?

[ ] Yes [ ] No

If no rent books, are tenants provided with receipts/rent statements?

[ ] Yes [ ] No

**(10.4)** Are the tenants provided with a complaints procedure?

[ ] Yes [ ] No

**(10.5)** Is there an emergency 24 hour contact number that can be used by tenants in relation to the property?
[ ] Yes [ ] No
If **“Yes”** what is the number? Click here to enter text.

**(10.6)** 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 the tenancy?

 [ ] Yes [ ] No

Are all of the deposits registered in one of the three government approved tenancy deposit schemes?

[ ] Yes [ ] No

|  |
| --- |
| **PART 11. RELEVANT INFORMATION – SEE NOTE 11.**  |

**(11.1)** Subject to the provisions of the Rehabilitation of Offenders Act 1974, please state the particulars of any relevant issues (see below) recorded against any person named in Parts 1, 2, 3 and/or 4 or any person associated or formerly associated on a personal or work basis with those named in Parts 1, 2, 3 and/or 4.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date** | **Court** | **Offence** | **Sentence** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Relevant issues include:

1. Criminal offences involving: Fraud, Dishonesty, Violence, Drugs, Schedule 3 of the Sexual Offences Act 2003.
2. Practiced unlawful discrimination on grounds of sex, colour, race ethnic or national origins or disability in connection with a business.
3. Contravened any provision of housing and/or landlord and tenant law.

**(11.2)** Has any person named in Parts 1, 2, 3 and/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 addresses of these properties, along with details of the authorities that issued the licence
Click here to enter text.

**(11.3)** Has any person named in Parts 1, 2, 3 and/or 4 of this form ever applied for and been refused a HMO (house in multiple occupation) licence?
[ ] Yes [ ] No
If **“Yes”**, what authority refused the licence? Click here to enter text.

When was it refused? Click here to enter date (dd/mm/yy)

**(11.4)** Has any person named in Parts 1, 2, 3 and/or 4 of this form ever breached any condition of a licence issued under Parts 2 and 3 of the Housing Act 2004?
[ ] Yes [ ] No
If **“Yes”**, please provide details of the licence condition(s) breached and the local authority in which they were breached.
Click here to enter text.

|  |
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| **PART 12. ADDITIONAL INFORMATION – SEE NOTE 12**  |

**(12.1)** Is the proposed licence holder a member of any landlords association or other professional body?
[ ] Yes [ ] No

If **“Yes”**, please indicate which body or organisation Click here to enter text.

**(12.2)** Is the proposed licence holder an accredited landlord?
[ ] Yes [ ] No

If **“Yes”**, please indicate under which scheme Click here to enter text.

**(12.3)** Please list below any training courses undertaken or conferences attended by the proposed licence holder/manager in the last 3 years, which supports this application.
Click here to enter text.

|  |
| --- |
| **PART 13. FURTHER INFORMATION – SEE NOTE 13.**  |

Please use this space to provide any additional information you think might be relevant to the application.
Click here to enter text.

|  |
| --- |
| **PART 14. DECLARATION – SEE NOTE 14.**  |

As the applicant, you must let certain person(s) know in writing that you have made this application or give them a copy of the application.

**The persons who need to know about it are:**

* Any mortgagee of the property to be licensed;
* Any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessors 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 this is not you);
* The proposed managing agent (if any) (if this is not you);
* Any person who has agreed that they will be bound by any conditions in a licence if granted.

**You must tell these persons:**

* Your name, address and contact details;
* The name, address and contact details (if any) of the proposed licence holder (if it will not be you);
* Whether this application is for a licence under Part 2 (Licensing of houses in multiple occupation) or Part 3 (Selective licensing of other residential accommodation) of the Housing Act 2004;
* The address of the property to which the application relates;
* The name and address of the Council [London Borough of Croydon] to which the application will be made;
* The date the application will be submitted.

|  |
| --- |
| **PART 14. DECLARATION (continued)** |

**I/We declare that I/we have served a notice of this application on the following persons who are the only person(s) known to me/us that are required to be informed that I/we have made this application.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Address (Line 1)** | **Address (Line 2)** | **Town** | **Postcode** | **Date** | **Description of the persons interest in the property or the application** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| **PART 14A. HMO LICENCE HOLDER DECLARATION** |

***NOTE:* A name typed in the signature box will be deemed signed by the person. If further signatories are needed then confirmation will be needed that the named person is in acceptance of the role they are given with respect to this house in multiple occupation.**

**Property Address:** Click here to enter text.

I declare that all electrical appliances supplied by the licence holder in the above property are in safe condition.

Signed (see note above): Click here to enter text.

Print name: Click here to enter text.

Date: Click here to enter a date.

I declare that all furniture supplied by the licence holder in the above property is in a safe condition and complies with The Furniture and Furnishings (Fire) (Safety) Regulations 1988 (as amended)

Signed: (see note above) Click here to enter text.

Print name: Click here to enter text.

Date: Click here to enter a date.

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| **PART 14B. DECLARATION FOR THE RENEWAL OF A LICENCE (ONLY TO COMPLETE FOR A LICENCE RENEWAL)** |

I/We declare that the house in respect of which a licence is sought under Part 2 of the Housing Act 2004 is subject to a licence under that Part at the time this application is made. I/We further declare that to the best of my/our knowledge either:

(a) none of the information described in paragraph 2(c) to (g) of that Act and previously submitted to the authority has materially changed since that licence was granted; or

(b) the only material changes to that information are described as follows: (include description of all material changes)

Click here to enter text.

Name of applicant: Click here to enter text.

Signature (see note above): Click here to enter text.

Date: Click here to enter a date.

Name of proposed licence holder (if different to applicant): Click here to enter text.

Signature (see note above): Click here to enter text.

Date: Click here to enter a date.

Name of manager: Click here to enter text.

Signature (see note above): Click here to enter text.

Date: Click here to enter a date.

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| **PART 14C. CONSENT FOR USE OF PERSONAL DATA** |

The Private Sector Housing Team send out email newsletters to landlords and property management agents from time to time (three times a year approximately) to inform them of news and changes in the private sector. If you are happy to receive a copy of the newsletter by email please confirm here [ ] .

If later you do not want to receive further newsletters you can unsubscribe by emailing hmo@croydon.gov.uk

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| **PART 14D. INFORMATION MANAGEMENT & DATA PROTECTION** |

The Private Sector Housing Team will collect personal data on all of our landlords to enable us to grant House in Multiple Occupation licences and make fully informed decisions.

When we collect personal data or information from you, we shall always explain why we are collecting the information and we shall seek your agreement to share it on a “needs only” basis. We will seek to use the information we hold on you in respect of your best interests.

**What we do with the information we hold**

We obtain this information to support and enable decisions with regard to a House in multiple occupation licence and we shall only collect information to fulfil a particular purpose or purposes.

**Who we share information with (if any)**

To ensure that we are able to provide an efficient service we may share the information which we hold with partner agencies, such as public sector stakeholders and central government departments.

**How we keep the information we hold safe and secure**

All data which we hold will be held fairly and lawfully with appropriate justification. It will be kept accurate, up to date, reliable and relevant where practicable. It will not be kept longer than is necessary and we will ensure that we comply with an individual’s rights under Data Protection Act legislation.

**Houses in multiple occupation register.**

The Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006 place duties on the Council to hold public registers of information in relation to licences. This includes a register of licences and temporary exemption notices. Some of the information provided will be placed on this register.

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| **Documents to submit with application - checklist**  |

Please ensure that you enclose the following documents with your application (**Please scan and attach with your emailed application**):

* [ ] Fire safety risk assessment.
This will be passed to the Fire Service for approval and used to help us prioritise inspections
* [ ] Property Plan. (show all floors, doors, windows, stairs, room uses and room sizes)
Notes on how to draw a floor plan can be found on the Croydon Councils Website.
* [ ] Electrician Installation Condition Report (also known as EICR)
A current inspection report from a competent electrician.
* [ ] A Gas Safe Certificate(s)
* [ ] Maintenance Report for the Automatic Fire Detection (AFD) system
* [ ] Maintenance Report for the Emergency Lighting.
* [ ] Building Control Certificate
* [ ] Planning Certificate
* [ ] Relevant current planning applications
* [ ] Energy performance certificate (also known as EPC)

**You must submit these documents with your application or it will not be processed.**

**If you are unable to supply a document or if it does not apply to your property, please indicate why in the box below:**

Click here to enter text

**The council may require you to submit, or you may wish to submit, other documents, for example, copies of planning permissions, tenancy/licence agreements, certified accounts (or summaries), recent portable electrical equipment tests in support of your application.**

**Guidance Notes
Before submitting an application for a licence for a House in Multiple Occupation (HMO) please read the following guidance notes. Further information about the licensing scheme may be found in the booklet “A Guide to HMO Licensing in Croydon” which is available on request or may be found on the Council’s website.** [**www.croydon.gov.uk**](http://www.croydon.gov.uk) **by carrying out a search on “HMO Licensing”.** [**https://www.croydon.gov.uk/housing/privatehousing/hmo/hmolicence**](https://www.croydon.gov.uk/housing/privatehousing/hmo/hmolicence)

**For advice or assistance contact the HMO team on 020 8726 6100 ext. 63837 or email** **hmo@croydon.gov.uk**

**Part 1. – Applicant Details**

These are the details of the person who is dealing with the application, and to whom correspondence and the invoice for the licence fee will be sent.

**Part 2. – Proposed Licence Holder Details**

These are the details of the person in whose name the licence will be held if granted.

**Part 3. – Manager Details**

These are the details of the person or company who has responsibility for the day to management of the property such as letting vacant units, organising cleaning or repairs.

**Part 4. – Ownership Details**

**4.1** The details of the freeholder(s).

**4.2** The details of the mortgagees, including roll number, if applicable.

**4.3** Details of the leaseholder(s) if applicable.

**4.4** Details of the person who collects the rent.

**4.5** Details of the person who receives the rent.

**4.6** Any other interested person who may be bound by a condition of the licence.

**Part 5. – Occupier Information**

**5.1** All occupants must be counted, including people living at the property but not necessarily included on a tenancy agreement, and children of any age.

**5.2** A household may be any of the following:

* A family, including foster children and current domestic employees. The definition includes parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews and nieces
* A single person
* A co-habiting couple (whether single or opposite sex)

**5.3** A “letting” may be any of the following:

* A room (bedsit)
* More than one room let to the same tenant(s) (who may share amenities with other tenants or have the use of their own amenities but which are not self-contained)

**Part 6. – Property Information.**

General details of the type of property and when it was built or converted. If converted, a relevant Building Control completion certificate must be enclosed with the application.

**Part 7. – Amenities**

Amenities are cooking, bathing and toilet facilities which may be shared by people or households or available for the exclusive use of people or households.

**Part 8. – Fire Safety**

All HMOs must have adequate fire precautions for the detection and giving warning of fire, a safe escape out of and away from the building, and some properties are also required to have facilities for fighting fire.

**Part 9. – Property Management**

Details of the arrangements in place for the management of the property.

Standards of management are specified in The Management of Houses in Multiple Occupation (England) Regulations 2006 and the property licence conditions issued with the licence.

**Part 10. – Tenancy Management**

Details of how tenancies are managed. Information about compliance with wider matters such as deposits.

**Part 11. – Relevant Information**

The Council must be satisfied that the person applying for a HMO Licence is a “fit and proper” person to hold such a licence. The same test applies to any person managing the HMO and any director or partner in a company which owns or manages the HMO.

“Housing” and/or “Landlord and Tenant” Law includes, but is not limited to, the following:

* Owning or managing a HMO which was subject to a Control Order under the Housing Act 1985,
* Being subject to legal action in the Magistrates’ or Crown Court for breaches of any part of Housing or Landlord/Tenant legislation,
* Owning or managing a property where a Council have carried out works in default when a notice under the Housing Act 1985 or 2004 has not been complied with,
* Owning or managing a property subject to a Management Order under the Housing Act 2004,
* Being subject to action, legal or otherwise, taken by a Council in respect of harassment or illegal eviction of tenants,
* Contravention of any relevant Approved Code of Practice (ACoP),
* Being subject to any other proceedings brought by a Council or other Regulatory Body, (e.g. breaches of the Environmental Protection Act 1990, planning control, trading standards and fire safety requirements).

**Part 12. – Additional Information**

Information on training courses attended and membership of professional organisations. You may be asked to provide proof.

**Part 13. – Further Information**

Any other information which you feel may be relevant to your application.

**Part 14. – Declaration**

It is a criminal offence to knowingly supply information which is false or misleading for the purpose of obtaining a licence. Evidence of statements made in support of this application may be required at a later date.

We may approach other authorities such as the police authority, Fire and Rescue Services, Office of Fair Trading etc., and tenants for additional information and verification. Signing the application will be taken as your agreement to any such action.

If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated, your licence may be cancelled and / or further action, including legal action, taken against you.

**Other information relevant to the application.**

**Application fee.**

An application fee must be paid with an application for a HMO licence. It is to be paid at two stages in two parts;

Part A fee – a fee levied at the point of application, to cover the costs of administration and inspection to allow a decision regarding the issuing of the HMO licence application; and

Part B fee – if the application is successful, a further fee to cover the costs of running and enforcing the (rolling) mandatory HMO licensing scheme. This fee is to be paid just prior to the issuing of a HMO licence.

The payment of the Part B fee is deemed a part of making a duly made application so if it is not made, the duty on a landlord to license will not have been met. 14 days will be given to make the Part B payment and non-payment will see the application cancelled. A further application will require a further Part A fee.

The fee must be taken in two stages. A fee is collected over the phone with a card payment. A guide to the fees and charges, including situations where a refusal may be given, is available on the Council website **(**[**https://www.croydon.gov.uk/housing/privatehousing/hmo/hmolicence**](https://www.croydon.gov.uk/housing/privatehousing/hmo/hmolicence)**)**

**Licence conditions.**

The licence is issued with a set of HMO licensing conditions that relate to occupancy, amenities, safety and property management of the HMO. Some of the questions in the application relate to the need to comply with a licence condition. A licence holder must comply with all of the conditions during the period the licence is issued. A set of the conditions is available on the website and on request. A further person or organisation can be asked to support with the licence conditions as appropriate, with their agreement.

**Further Information and Advice**

For advice or assistance contact the HMO team on **020 8726 6100 ext. 63837** or email **hmo@croydon.gov.uk**

Address for the Council department administering the mandatory HMO licensing scheme;

Private Sector Housing Team,

PLACE Department

Public Realm division

6th floor, zone A

Bernard Weatherill House

8 Mint Walk

Croydon

CR0 1EA