



Application for licence for house in multiple occupation

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For office use only

Date received

Reference number

If you have more than one house in multiple occupation you will need to complete a separate application form for each property.

Please fill in the form using BLOCK CAPITALS.

If you require more space to answer any question, please use the space provided in Section 13 or continue on additional sheets, specifying which question your answer relates to.

Address of house to be licensed

Is the applicant the proposed licence holder? Yes No (see note 1)

If **yes**, please go straight to Part 2 of the form. If **no**, please complete Part 1 of the form.

PART 1. APPLICANT DETAILS - see note 1

Surname First name(s)

Address

Telephone numbers: Home

Work

Mobile

Fax No

Email address

Date of birth

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

Friend Relative Agent Solicitor Other (please specify)

What is your interest in the property?

Please go to Part 2

PART 2. PROPOSED LICENCE HOLDER DETAILS - see note 2

Type of proposed licence holder (please tick the appropriate box)

Individual Company Partnership Trustee Charity

Other (please specify)

Name of proposed licence holder (if a company, please give full company name)

Address

Postcode

Telephone numbers: Home

Work

Mobile

Fax No

Email address

Date of birth

Name of company secretary: (if applicable)

Name of directors/partners/trustees: (if applicable)

Please go to Part 3

PART 3. MANAGER DETAILS - see note 3

Has an agent or an individual been employed to manage the property? No (please go to 3.1)

Yes (please go to 3.2)

3.1 If **no**, please provide the name, address and telephone number of the person who is responsible for the management of the house.

Name

Telephone number

Address

Postcode

3.2 If **yes**, please provide the agents details

Type of manager Individual Company Partnership Trustee Other (please specify)

Name of manager (if a company, please give full company name)

Address (if a company, please give registered office address)

Postcode

Telephone numbers: Home

Work

Mobile

Fax No

Email address

Date of birth

Is the manager a member of a regulated body? Yes No

If **yes**, please state which regulated body

Please go to Part 4

PART 4. OWNERSHIP DETAILS OF THE HOUSE TO BE LICENSED - see note 4

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

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

4.1 Name freeholder(s)

Address of freeholder(s)

Postcode

Email

Telephone

4.2 Name mortgagee in possession

eg. bank, building society or other who has a loan secured against the property.

Address of mortgagee

Postcode

Email

Telephone

4.3 Name of leaseholder(s) (If none, state none). Please continue on an additional sheet if necessary.

Postcode

Address of leaseholder(s) (a)

Postcode

Address of leaseholder(s) (b)

Postcode

Email

Telephone

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4.4 Name of person who collects the rent

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Address of person who collects the rent

Postcode

Email

Telephone

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4.5 Name of person who ultimately receives the rent

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Address of person who ultimately receives the rent

Postcode

Email

Telephone

--	--

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

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Address of person bound by a condition

Postcode

Email

Telephone

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Please go to Part 5

PART 5. PROPERTY INFORMATION - see note 5

5.1 When was the house built? (please tick appropriate box)

- Pre 1919 Pre 1919 to 1944 Pre 1945 to 1964
 Pre 1965 to 1980 Post 1980

5.2 Please tick all of the floors the premises has:

- basement storage basement residential basement commercial
 ground floor first floor second floor
 third floor fourth floor fifth floor sixth floor (and above)

5.3 Description of the house (please tick appropriate box)

- detached semi-detached terraced end of terrace
 purpose built flat unconverted house Mixed residential and commercial
 house converted into self-contained flats Other (please specify)

5.4 Type of HMO (please tick appropriate box)

- shared house hostel studio's shared flat
 A mix of self-contained units and shared accommodation Bedsits with shared facilities
 Other (please specify)

5.5 If the accommodation is within a converted house, was the conversion done in accordance with the relevant building regulations in force at the time? Yes No

If **yes**, what year was the conversion carried out? Date

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

Please go to Part 6

PART 6. OCCUPIER INFORMATION - see note 5

6.1 How many individuals currently live at the house?

6.2 How many households currently live in the house?

6.3 How many separate lettings are available in the house?

6.4 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:

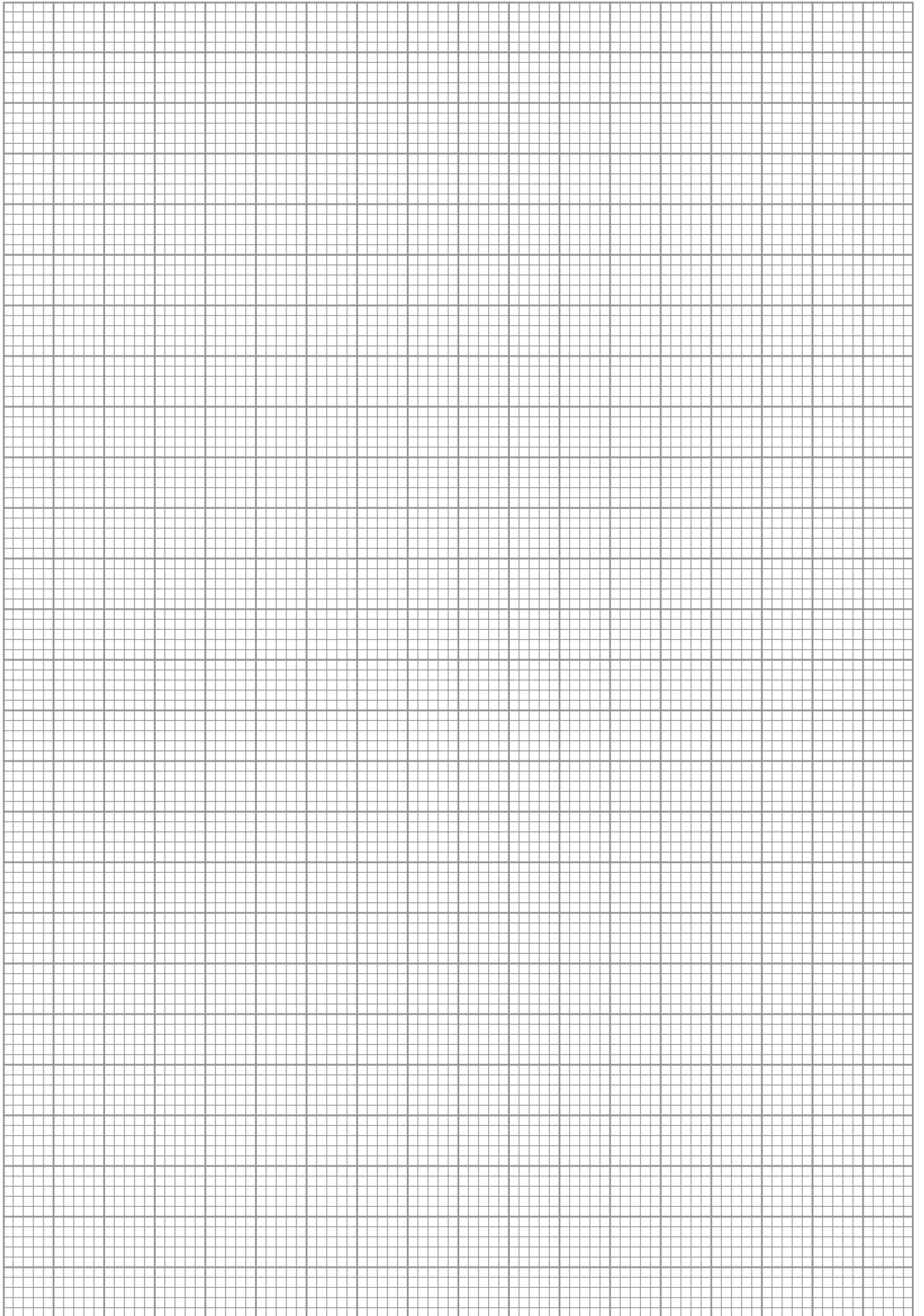
6.5 Please provide a plan of the property showing all rooms within the property and their floor area. A sheet of graph paper is included with this application form. Please mark the use of the room on the plan i.e. kitchen, bathroom, separate toilet, living room, bedroom. If the property contains traditional bedsits please mark on the plan the facilities in each room.

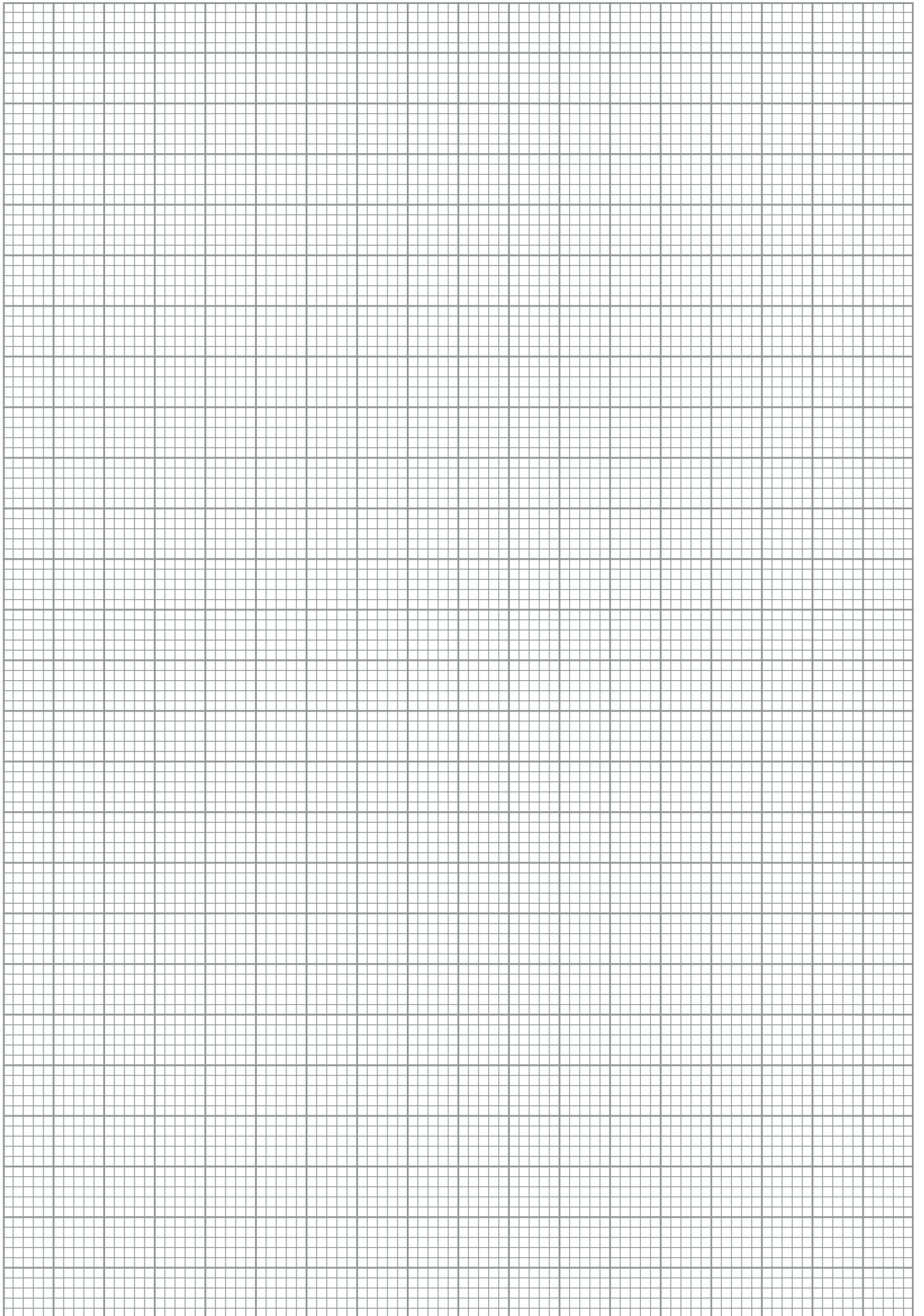
6.6 From you plan please list every habitable room on every floor of the house

- Please start from the bottom of the house and work upwards
- Please include all occupiers, including children occupying the lettings

Location (e.g. ground floor front right room)	Room Name (e.g. Room 4 Flat 6)	Description (e.g. Bedsit, Living Room)	Floor Area (m ²)	Number of occupiers	Name of occupiers	Type of tenancy (e.g. Statutory, Assured Shorthold)
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Please go to Part 7





PART 7. AMENITIES - see note 7

7.1 Please specify which lettings detailed in Part 5 of the form have exclusive use of a bath and/or shower?

7.2 How many shared baths and/or showers are there in the property?

Baths Showers

7.3 Please specify which lettings detailed in Part 5 of the form have exclusive use of a WC?

7.4 How many shared WC's are there in the property?

7.5 How many shared WC's are in a separate compartment to the bathroom?

7.6 Please specify which lettings have the exclusive use of a wash hand basin?

7.7 How many shared wash hand basins are there in the property?

7.8 What kitchen facilities are provided in the house? Tick as appropriate

- Shared kitchen(s)
- Mixture of exclusive/shared kitchens
- Exclusive use of kitchens only

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

7.10 Please specify how many lettings have exclusive use of a set of kitchen facilities?

Please go to Part 8

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:

- a fire alarm control panel Yes No
- heat detectors in the kitchens Yes No
- mains wired smoke detectors in rooms Yes No
- battery powered only Yes No
- mains wired smoke detectors in common parts Yes No
- battery powered only Yes No
- sounders /alarms on all levels Yes No
- call points in the communal areas Yes No

If **yes**, has the fire alarm been tested in accordance with BS5839 at least quarterly? (Please provide a copy of a current certificate of testing showing compliance to BS5839)

Yes No

Is there a log book of inspection / testing?

Yes No

If **yes**, what is the date of the last entry?

Name the person responsible for maintaining the alarm system

Please state the location of the log book (if applicable).

8.2 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? (If yes, please provide a copy of the most recent periodic inspection and test certificate)

Yes No

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

8.4 Is the following fire safety equipment provided?

- fire blankets in all kitchens? Yes No
- fire blankets in shared kitchens only? Yes No
- fire extinguishers? Yes No

If **yes**, how many and where located?

Has the fire safety equipment been serviced in the last 12 months Yes No

8.5 Does each tenant have clear written instructions on what to do in the event of a fire? Yes No

8.6 Are the tenants provided with upholstered furniture? Yes No

If **yes**, does it all comply with the Furnishings (Fire Safety) Amendment Regulations 1993? Yes No

Please go to Part 9

PART 9. PROPERTY MANAGEMENT - see note 9

- 9.1 Is there, displayed in a suitable position within the house, a notice giving the name, address and telephone number of the person managing the house? Yes No
- 9.2 How many gas appliance are there in the house?
- 9.3 Does a CORGI registered contractor carry out safety checks for any gas appliances in the property? Yes No
 N/A
Please provide copies of the latest gas safety certificates.
- 9.4 Is there a plan in place for general maintenance? Yes No
Does this include: Structural repair Yes No Amenities Yes No
Equipment Yes No Furniture Yes No
- 9.5 Are there adequate financial arrangements in place to allow for repairs works to be carried out at the property? Yes No
- 9.6 Are the rooms and areas in common use in good repair? Yes No
Are the rooms and areas in common use in a good decorative state? Yes No
Are the rooms and areas in common use in a clean condition? Yes No
- 9.7 Are arrangements in place for the regular cleaning of common parts? Yes No
If **yes**, how often are the common parts cleaned?
- 9.8 Are all of the staircases, passageways, corridors, halls, lobbies, balconies and entrances in common use free from obstruction? Yes No
- 9.9 Are the amenities in common use clean? Yes No
- 9.10 Are the amenities in common use in a good state of repair? 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
- 9.13 Are all the windows openable? Yes No
- 9.14 Are all the windows double glazed? Yes No Some
- 9.15 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 (please specify)
- 9.16 Is the loft insulated? Yes No
- 9.17 If there are cavity walls, do you have cavity wall insulation? Yes No
- 9.18 Is the property free from all pests and vermin? Yes No

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

Please go to Part 10

PART 10. TENANCY MANAGEMENT - see note 10

10.1 Are the tenants provided with written details of the terms of their tenancy?
Please provide a copy of a current tenancy agreement Yes No

10.2 Is an inventory and schedule of condition prepared at commencement of occupancy? Yes No

10.3 Are rent books provided? Yes No
If rent books are not provided, are the tenants given 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 telephone number that can be used by the tenants in relation to the property? Yes No

If **yes**, please provide the number:

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 a tenancy? Yes No

Please go to Part 11

PART 11. FIT & PROPER PERSON - see note 11

In order to grant a licence the authority must be satisfied that both the proposed licence holder and the proposed manager are a 'fit and proper person'. In reaching it's decision the authority must have regard to evidence showing the relevant person has:

11.1 Subject to the provisions of the Rehabilitation of Offenders Act 1974, please state the particulars of any relevant issues (see following page) 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. (Continue on a separate sheet if necessary.)

Relevant issues include:

i) Criminal offences involving: Fraud, Dishonesty, Violence, Drugs, Schedule 3 of the Sexual Offences Act 2003

ii) Practised unlawful discrimination of grounds of sex, colour, race ethnic or national origins or disability in connection with a 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. The local authority carrying out Works in Default

d. A Management Order under the Housing Act 2004.

e. Harassment or illegal eviction

iv) Acted in contravention of any Approved Code of Practice (ACoP)

v) Any criminal offence or subject to any other proceedings brought by a local authority or other Regulatory Body (for example breaches of the Environmental Protection Act 1990, planning control or compulsory purchase proceedings or fire safety requirements)?

Name	Date	Court	Offence	Sentence

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.

Postcode

Postcode

11.3 Has any person named in Parts 1, 2, 3 and/or 8 of this form ever applied for and been refused a house in multiple occupation license? Yes No

If **yes**, which authority refused the license? When was it refused?

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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/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 which they were breached

Please go to Part 12

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:

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12.2 Please list in the space below any training courses you have undertaken or conferences attended, in the last three years, which support this application:

Please go to Part 13

13. NOTIFICATION ON RELEVANT PERSONS - SEE NOTE 13

As the applicant you must let certain persons know in writing that you have made this application or give them a copy of it.

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 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 that he will be bound by any conditions in a licence if it is granted.

You must tell each of these persons:

- 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);
- The application refers to Part 2 (HMO) licence;
- The address of the property to be licensed;
- The name and address of the local housing authority to which the application will be made;
- The date the application will be submitted.

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

Name	Date	Address	Description of the persons interest in the property or the application

PART 14. DECLARATION

Please note that it is a criminal offence to knowingly supply information, which is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application with regard to the property concerned may be required at a later date. If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled or other action taken.

Operating a HMO that should be licensed without a licence is an offence liable to a fine not exceeding £20,000. In addition, a Residential Property Tribunal may make a rent repayment order requiring you to repay any rents due during the period for which the property was unlicensed.

I/we declare that the information contained in this application is correct to the best of my/our knowledge. I/we understand that I/we commit an offence if I/we supply any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or am/are reckless as to whether it is false or misleading.

Name of applicant

Date

Signature

Name of proposed licence holder(if different to applicant)

Date

Signature

Name of manager

Date

Signature

Name (if different to applicant)

Date

Signature

Name (if different to applicant)

Date

Signature

Name (if different to applicant)

Date

Signature

PART 15. DOCUMENTS TO BE SUBMITTED WITH YOUR APPLICATION

Please enclose the following:

- A sketch plan for the property detailing the layout and position of each room (Minimum A4 size)
- A current Periodic Inspection Report from a competent electrician
- Landlord's Gas Safety Certificate
- A CORGI certificate(s)
- BS5839 test reports relating to the fire detection system (if applicable)
- BS5266 test reports relating to the emergency lighting system (if applicable)
- A copy of a current tenancy agreement
- Details of deposit holding arrangement
- A copy of the fire risk assessment

These documents must be submitted with your application. The council may require you to submit, or you may wish to submit, other documents (for example, copies of planning permissions, building regulations approvals, certified accounts (or summaries) in support of your application.

Please send completed application forms and copies of any necessary documentation to:
Royal Borough of Windsor & Maidenhead, Environmental Health, Tinkers Lane, Windsor SL4 4LR.

If you do not submit the necessary documents, your application will not be considered to be properly made. A letter will be sent to you detailing the documents and information that are outstanding. Additional fees will apply for the time incurred requesting this information.

A full and proper application will only be deemed to have been made once all necessary information has been received.