



Form 1 - The Property

Application for a Licence for a House in Multiple Occupation (HMO)

Be sure that you need to apply for a licence before submitting an application. The building must consist of at least **3 storeys** and contain at least **5 persons** living in at least **2 households**. A practical guide to HMO Licensing and a glossary of words and phrases accompanies the application forms and may assist you. Terms in the glossary are **coloured and in bold** in the text of the application form.

The procedures required to issue a licence are fairly lengthy but we have tried to make the application as easy to understand as possible. If you do not understand how to answer a question you can seek advice from the Council's Private Sector Housing Team on 01926 456824 or email hmo@warwickdc.gov.uk.

To avoid the need for **landlords** and **managers** involved with a number of **HMOs** filling in several forms and repeating information, the Council has adopted a "**modular**" approach to the application. This means you can avoid duplicating information if you have more than one property. The Application for an **HMO** Licence is divided into 4 parts.

Each licence holder and **manager** (if different) must complete a form in which their complete details are given. When a **landlord** or **manager** has satisfactorily completed and signed the form giving their details, it will be linked to the application forms for the licence of the particular property concerned. Properties, **owners**, **landlords** and **managers** will be linked via their **National Insurance Number** (or in the case of companies, their **Companies House Registration Number**). If you need to apply for a second or subsequent licence for other properties there will be no need to duplicate much of the information requested.

HMO Licences last for a maximum of five years. If there is a change in the licence holder's or **manager's** details, one form will often suffice to update the details for all properties. Minor changes throughout the term of the licence e.g. licence holder change of address can be notified other than by completion of new application forms.

Submit your application to:

Private Sector Housing,
Warwick District Council,
PO Box 2175,
Riverside House,
Milverton Hill,
Leamington Spa
CV32 5QE

Notes Relating to Misrepresentation, Data Protection Act 1998 and Notifications

Misrepresentation

An application for an **HMO** licence is a serious matter and should be regarded in the same manner as applications for other licences such those required for the sale of alcohol, provision of entertainment or to operate a hackney carriage.

Please Note that it is a criminal offence to knowingly supply information which is false or misleading for the purpose of obtaining an **HMO Licence. Evidence to support any statements or information made in the **HMO** Licence application may be required at a later date. If the Council subsequently discovers something which is relevant and which you should have disclosed or which is incorrectly or imprecisely stated or described, the licence may be cancelled or other action taken. This may affect other **HMO** licences with which you have any connection.**

Data Protection Act 1998

The Council requires you to provide the information asked for in this form for the following purposes:

- 1) To identify the persons involved in the management of the **HMO** and to facilitate legal proceedings in the event of any offence connected with the licensing of the **HMO**.
- 2) To obtain information needed to assess the fitness and competence of persons involved in the management of the **HMO**.
- 3) To link properties and persons involved in the management or control of the **HMO** and any other relevant **HMOs**.
- 4) To obtain information concerning the suitability of the property involved to be licenced as an **HMO**

The information you provide may be shared to the extent that it may need to be verified with other agencies such as the Police, other public bodies and other departments within Warwick District Council.

Some of the information you provide will be entered into a public register but only to the extent required by law, e.g. Your name and address.

The Council may be required to disclose certain information you provide to government agencies.

The information may also be used for research, analysis and statistical purposes.

The Council may also wish to contact you regarding issues relevant to **HMOs**.

Notification to Persons Having an Interest that Application for HMO Licence has been made.

Under Schedule 2 of the Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions)(England) Regulations 2006 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
- Any **owner** of the property to which the application relates (if that is not you) i.e. the **freeholder** and any head lessees who are known to you
- Any other person who is a tenant or long leaseholder of the property or any part of it (including any flat) who is known to you other than a statutory tenant or other tenant whose lease or tenancy is for less than 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 condition or conditions in a licence if it is granted

You must tell each of these persons:-

- Your name, address, telephone number and e mail address
- The name, address, telephone number and e mail address of the proposed licence holder (if it will not be you)
- Whether this is an application under Part 2 or Part 3 of the Housing Act 2004
- The address of the property to which it relates
- The name and address of the Council to which the application will be made
- The date that the application was submitted.

A Form Headed 'Notification of Intention to Apply for HMO Licence' is enclosed with this application (Form 6). You should use this form to supply the required information to the persons required to be notified by law as listed in the paragraph above. PLEASE DO NOT RETURN FORM 6 TO THE COUNCIL

Complete the boxes (1 - 6) at the top of the form with the names and addresses of persons you need to notify about your application. If you want to maintain confidentiality you can photocopy the form several times and fill each one in individually using just one address box. Alternatively, you can fill in one or more forms with several names and addresses, photocopy them and serve them on each person. Once you have given out the forms to the relevant people, you must complete the following declaration:

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	Address	Description of the persons interest in the property or the application	Date of service
1			
2			
3			
4			
5			
6			

Signed: **Date:**

Applicant (Print Name):

The first thing we need to establish is who will hold the licence. The people likely to be involved in making an application are:

- a) The **owner (freeholder)** of the property
- b) The **landlord** (the person entitled to let the property - this is often also the **owner**)
- c) An **agent** for the landlord (e.g. a firm of letting agents or a relative)
- d) The **manager** of the property

The Council needs details of the landlord and **all** other persons involved in ownership or running the house

The Council has a duty to award the licence to the person it thinks is the most appropriate person to be the licence holder. Unless you can provide a good reason why someone else should be the licence holder the council will expect the licence holder to be the **landlord** but in any event the Council will expect the licence holder to have the power to:

- a) let to tenants and **terminate tenancies** in accordance with the law;
- b) access all parts of the premises to the same extent as the landlord; and
- c) **authorise expenditure** of up to 25% of the yearly rental income of the property for repairs etc.

Remember that if the Council has to serve any legal notices relating to the property they will most likely be served on the licence holder.

**THIS BLUE PART OF THE FORM MUST BE COMPLETED BY
THE INTENDED LICENCE HOLDER**

Please state who the property will be managed by and licenced to by ticking the appropriate box		✓	Forms which must be completed
The licence applicant is	The landlord		1, 2, 4
	A manager or agent		1, 2, 3, 4
The property will be managed by	The landlord		1, 2, 4
	Some other person (appointed by the licence holder)		1, 2, 3, 4
	An agent or agency		1, 2, 3, 4

1.1 Address of HMO to be licenced	Post Code
1.2 Type of Application	<input type="checkbox"/> Initial <input type="checkbox"/> Renewal

	Full Name(s) or Registered Company Name	National Insurance Number or Companies House Registration number
1.3 Proposed Licence Holder		
1.4 Manager (e.g. an agent)		
1.5 Owner(s) (if different from licence holder)		

FORM 1 MUST BE COMPLETED FOR EACH PROPERTY. FORMS 2, 3 and 4 WILL USUALLY NEED TO BE FILLED IN ONCE ONLY. IF YOU ARE COMPLETING MULTIPLE APPLICATIONS WITHIN 12 MONTHS OF EACH OTHER.

If the licence holder is to be someone other than the **landlord** please state the reasons for this. Also give their relationship to the **landlord** and **owner** (if any).

1.6 Type of HMO (only house/flat in multiple occupation are likely for licensing)	House in single occupation	<input type="checkbox"/>
	House in multiple occupation	<input type="checkbox"/>
	Flat in single occupation	<input type="checkbox"/>
	Flat in multiple occupation	<input type="checkbox"/>
	House converted to and comprising only of self contained flats	<input type="checkbox"/>
	Purpose built block of flats	<input type="checkbox"/>
	Other	<input type="checkbox"/>
1.7 Building Type	Detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Terraced <input type="checkbox"/> End Terraced <input type="checkbox"/> Purpose Built Flat <input type="checkbox"/> Converted Flat <input type="checkbox"/>	

1.8 Approximate date of construction of building	Pre 1919 <input type="checkbox"/>	1919-1945 <input type="checkbox"/>	1946-1964 <input type="checkbox"/>
	1965-1980 <input type="checkbox"/>	Post 1980 <input type="checkbox"/>	
1.9 Number of Storeys (include basements and attics) in building.	Basement <input type="checkbox"/>	Ground <input type="checkbox"/>	First <input type="checkbox"/>
	Second <input type="checkbox"/>	Third <input type="checkbox"/>	Fourth <input type="checkbox"/>
	Fifth <input type="checkbox"/>	Sixth <input type="checkbox"/>	
1.10 Are any parts of the building used for non-residential purposes, e.g. shop, office?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
1.11 If Yes please specify which storeys and their use.			
1.12 Type of Letting	Bedsits <input type="checkbox"/>	Shared House/Flat <input type="checkbox"/>	Lodging House <input type="checkbox"/>
	Hostel/Bed & Breakfast <input type="checkbox"/>	Staff Accommodation <input type="checkbox"/>	
	Student Hall of Residence <input type="checkbox"/>	Other <input type="checkbox"/>	specify
1.13 Approximately when did or when will the property first become a house in multiple occupation?			
1.14 Have you ever obtained a Building Regulations Completion Certificate for the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
1.15 If Yes, please state nature of work and date work completed.			
1.16 How many habitable rooms are there in the HMO ?	Bedrooms <input type="checkbox"/>	Living/Dining Rooms <input type="checkbox"/>	
1.17 How many persons live in the property at the date of application?			
1.18 How many households are there in the property at the date of application?			
1.19 How many sleeping rooms are vacant at the date of application?			
1.20 What is the maximum number of persons you might accommodate in the property?			
1.21 What is the maximum number of households you might accommodate in the property?			

1.22 Is the HMO divided into flats?	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
1.23 If yes, please state number of self-contained flats and number which are not self-contained.	Self-contained <input type="checkbox"/> Non-self contained <input type="checkbox"/>																								
1.24 How many of the following amenities are provided: (disregard showers located over baths)	<table border="0"> <tr> <td>Shared baths/showers</td> <td><input type="checkbox"/></td> <td>Total baths/showers</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Shared toilets in bathrooms</td> <td><input type="checkbox"/></td> <td>Total toilets in bathrooms</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Shared separate toilets</td> <td><input type="checkbox"/></td> <td>Total separate toilets</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Shared wash hand basins</td> <td><input type="checkbox"/></td> <td>Total wash hand basins</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Shared kitchens</td> <td><input type="checkbox"/></td> <td>Total kitchens</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Shared sinks</td> <td><input type="checkbox"/></td> <td>Total sinks</td> <td><input type="checkbox"/></td> </tr> </table>	Shared baths/showers	<input type="checkbox"/>	Total baths/showers	<input type="checkbox"/>	Shared toilets in bathrooms	<input type="checkbox"/>	Total toilets in bathrooms	<input type="checkbox"/>	Shared separate toilets	<input type="checkbox"/>	Total separate toilets	<input type="checkbox"/>	Shared wash hand basins	<input type="checkbox"/>	Total wash hand basins	<input type="checkbox"/>	Shared kitchens	<input type="checkbox"/>	Total kitchens	<input type="checkbox"/>	Shared sinks	<input type="checkbox"/>	Total sinks	<input type="checkbox"/>
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1.25 Type of heating provided (tick all that apply)	<table border="0"> <tr> <td>Gas fired central heating</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Oil fired central heating</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Solid fuel heating</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Electric storage heaters</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Fixed electric convector heaters</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Portable electric heaters</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gas fires</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other <input type="checkbox"/> specify</td> <td></td> </tr> </table>	Gas fired central heating	<input type="checkbox"/>	Oil fired central heating	<input type="checkbox"/>	Solid fuel heating	<input type="checkbox"/>	Electric storage heaters	<input type="checkbox"/>	Fixed electric convector heaters	<input type="checkbox"/>	Portable electric heaters	<input type="checkbox"/>	Gas fires	<input type="checkbox"/>	Other <input type="checkbox"/> specify									
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Other <input type="checkbox"/> specify																									
1.26 Is there fixed heating to each bathroom (including en-suites)	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
1.27 Is the entire loft space insulated with a minimum of 250mm of glass fibre insulation or equivalent?	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
1.28 What types of window are fitted? Tick description applicable to most of the habitable rooms	<table border="0"> <tr> <td>Single Glazing</td> <td><input type="checkbox"/></td> <td>Double Glazing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Secondary Glazing</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	Single Glazing	<input type="checkbox"/>	Double Glazing	<input type="checkbox"/>	Secondary Glazing	<input type="checkbox"/>																		
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1.29 Does the property have a gas supply? If Yes, you must enclose a current "Landlord's Gas Safety Certificate".	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
1.30 If yes, specify number of appliances	<table border="0"> <tr> <td>Gas Boilers</td> <td><input type="checkbox"/></td> <td>Other Appliances (specify)</td> </tr> <tr> <td>Gas Cookers</td> <td><input type="checkbox"/></td> <td>.....</td> </tr> <tr> <td>Gas Fires</td> <td><input type="checkbox"/></td> <td>.....</td> </tr> </table>	Gas Boilers	<input type="checkbox"/>	Other Appliances (specify)	Gas Cookers	<input type="checkbox"/>	Gas Fires	<input type="checkbox"/>															
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1.31 Do you have a report carried out by a competent person in the last five years indicating the condition of the electrical installation? If Yes, you must enclose a certificate of inspection.	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
1.32 Do you supply any of your tenants with portable electrical appliances, e.g. fridge, microwave, vacuum cleaner	Yes <input type="checkbox"/> No <input type="checkbox"/>																								

1.33	If Yes, do you have a report carried out by a competent person in the last 12 months indicating the condition of the electrical appliances? If Yes, you must enclose a certificate of inspection (PAT certificate).	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.34	Is the property let with upholstered furniture?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.35	If Yes, does all the furniture and furnishings provided meet the Furniture & Furnishings (Fire)(Safety) Regulations 1988 ?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>
1.36	Has a mains operated fire detection and warning system been fitted? If Yes, you must supply a copy of the latest test certificate if you have one. Self Certification (Form 5) can be given for pre-existing mains operated interlinked detection with out a Control Panel	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.37	Describe the type of system installed.	Control Panel System <input type="checkbox"/> Mains System without Control Panel <input type="checkbox"/> Other (Please specify)
1.38	Has a system of emergency lighting been fitted? If Yes, you must supply a copy of the latest test certificate if you have one.	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.39	Is the property fitted with fire fighting equipment, i.e. fire extinguishers, fire blankets? If Yes, you must supply a copy of the latest test certificate if you have one.	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.40	Is the HMO leasehold?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.41	If yes, how long is the lease for?	Lease period..... Period unexpired.....
1.42	Do you have a mortgage outstanding on the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.43	If Yes, please give name & address of mortgage lender and account number	Name: Address: Post code: Account Number:
1.44	At the date of application are there any mortgage payment arrears exceeding three months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.45	Do you have an Energy Performance Certificate (EPC) issued by a qualified and accredited assessor? Generally, an EPC is not required for a non self contained dwelling e.g. Bedsits let on individual contracts.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please supply a copy.

Checklist of Enclosures

I enclose (please tick & enter details where applicable):-			
1. Duly Completed Form 2 (Licence Holder)	<input type="checkbox"/>	A Form 2 has already been submitted	<input type="checkbox"/>
		Date of submission	
2. Duly Completed Form 3 (Manager)	<input type="checkbox"/>	A Form 3 has already been submitted	<input type="checkbox"/>
		Date of submission	
3. Duly completed Form 4 (Property & Tenancy Management)	<input type="checkbox"/>	A Form 4 has already been submitted	<input type="checkbox"/>
		Date of submission	
4. Plans of the property	<input type="checkbox"/> Enclosed <input type="checkbox"/> No changes to layout since previous application		
5. Certificate showing that the gas installation and appliances have been inspected by a competent person (in the 12 months prior to this application). If a gas supply is not provided please state this.	Certificate Number		
6. Certificate showing that the electrical installation has been inspected by a competent person in accordance with BS7671:2008	Certificate Number		
7. Certificate showing that the electrical appliances have been inspected by a competent person to IEE code of practice 2008.	Certificate Number		
8. Certificate showing that the fire alarm system has been inspected by a competent person to BS5839. Self-certification may be given using Form 5 for pre-installed mains interlinked Systems without a Control Panel.	Certificate Number		
9. Certificate showing that the emergency lighting system has been inspected by a competent person to BS5266:2005	Certificate Number		
10. Certificate showing that the fire fighting equipment has been inspected by a competent person to BS.EN.3-9:2004	Certificate Number		
11. Energy Performance Certificate	Certificate Number		
12. The fee (see fees sheet) If on-line payment made via www.warwickdc.gov.uk , please tick box	£	<input type="checkbox"/>	
Your application will not be considered to have been made unless the correct fee has been paid and all of the relevant documents listed above have been received and are in good order. All original forms will be returned to you on request.			

Declaration

I/we declare that the information contained in this application (all forms) 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 Housing Act 2004 that is false or misleading and which I/we know is false or misleading or I/we am/are reckless as to whether it is false or misleading.

I understand that the Council may need to make enquiries into the information I have supplied for the purposes of Part 2 Housing Act 2004. I hereby authorise the Council to make such enquiries as are relevant and necessary to discharge its statutory functions under the Housing Act 2004, including sharing such information with relevant organisations and authorities. I have read and understood the section of this application headed 'Application for HMO Licence - Notes Relating to Misrepresentation and the Data Protection Act 1998.

Signed: Date:

Applicant (Print Name):

Plans - notes for applicants

You must submit sketch or scaled plans with your application unless this is a renewal application and no changes have been made since your previous application. Sheets are enclosed for this purpose and you are encouraged to use these if you do not have other plans showing the layout. One sheet should be used for each storey. The plans need not be scaled, but should be clearly labelled to show storey level and room use. The position of each of the following should be shown:-

Bedrooms, Living Rooms, Dining Rooms, Kitchens, Bathrooms, WC's, Utility Rooms, Laundries, Store Rooms. Self-contained flats should be labelled accordingly, e.g. Flat 1

It is suggested that you label the plan using the following abbreviations:-

Fire Precautions - Fire door (FD30 / FD60), Smoke detector (SD), Heat detector (HD), Emergency Light (EL), Break Glass Call Point (BG), Control Panel (CP), Fire Extinguisher (FE), Fire Blanket (FB).

Cooking Facilities - Cooker (C), Sink (S)

Washing Facilities & Toilets - Bath, Shower, WC, Wash Hand Basin (WHB)

Electric Meter (E), Gas Meter (G)

