



Form 3 - The Manager

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

You need only complete this form once no matter how many properties you manage. Should you make future applications for an **HMO** licence, you will be asked to verify that the information you have given in this form remains correct. For this reason **you should keep a copy of this form when you have completed it.** You will be asked to complete a new Form 3 if it is at least 12 months since you completed one; if you are making another application.

If you sign this form as a partnership or company you must ensure that any persons to whom you delegate management duties are fit and proper persons for the purposes of their duties. Any failure in management duties or responsibilities by such persons may result in you losing your acceptability to manage HMOs and may lead to any or all licences for HMOs which you manage being withdrawn.

In the case of a limited company or partnership, state the full name and registered office of the company or partnership.

In the case of an ordinary partnership, give the name, address & details of the principal partner and fill in the names of the other partners in the connected persons section.

If you are an individual, you may give a business/office address for correspondence if this is preferable. You should be aware that this address will likely be the one used for service of any legal notices.

| | | |
|-----------------------|-----------|--|
| 3.0 Full Name | | |
| 3.1 Address | | |
| | Postcode: | |
| 2.3 Telephone Numbers | Home | |
| | Work | |
| | Mobile | |
| 3.3 Email Address | | |

| | |
|---|--|
| 3.4 Date of Birth | |
| 3.5 National Insurance No. or Companies House Registration No. | |
| 3.6 Specify your ethnic group (this question is voluntary) White British, White Irish, White Other, White & Afro Caribbean, White & Black African, White & Asian, Other Mixed, Asian Indian, Asian Pakistani, Asian Bangladeshi, Asian Other, Black Caribbean, Black African, Black Other, Chinese, Other. | |

| 3.7 Have you or any person who will be involved in the management of the property (do not include "spent" convictions as defined in Rehabilitation of Offenders Act 1974) (please tick): | | | |
|---|--------------------------|--------------------------|--------------------------|
| | Yes | No | Not Sure |
| a) Been convicted of any offence involving: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fraud or dishonesty (including benefit fraud) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Violence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Matters listed in Schedule 3 to the Sexual Offences Act 2003 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Received a caution, informal reprimand or formal warning in respect of any of the above | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Been found by a court or tribunal to have 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Been convicted of or been subject to a Court Order in respect of any provision of housing law or of landlord and tenant law including civil proceedings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Acted in contravention of any relevant Approved Code of Practice (A code of practice issued by the government relating to the management of HMOs) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Been refused a licence for an HMO anywhere in England or Wales | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Breached the conditions of an HMO Licence in England or Wales | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Yes | No | Not Sure |
|---|--------------------------|--------------------------|--------------------------|
| g) Been subject to a HMO Control Order or Management Order in England or Wales in the last 5 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Failed to comply with a housing notice (requiring works etc.) served by a local authority | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Been declared bankrupt | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3.8 If you answered Yes or "Not Sure" to any of the above questions, please give details below.
Continue on a separate sheet if necessary

3.9 Please give details of any qualifications / training you have relevant to your responsibilities as manager:

| Date awarded | Qualification / Training | Name of Awarding Body |
|--------------|--------------------------|-----------------------|
| | | |

3.10 Please give details of your membership of any professional organisations relevant to your responsibilities as manager.

| Date membership gained | Nature of Membership | Organisation |
|------------------------|----------------------|--------------|
| | | |

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.

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.

Licence Holder - Connected Persons (continue on a separate sheet if necessary)

| | | | | | | |
|---|---------------------|------------------|--------------------------|----------|--------------------------|---|
| 1 | The person named is | Business Partner | <input type="checkbox"/> | Co-Owner | <input type="checkbox"/> | If 'other' state connection below e.g. Deputy Manager |
| | | Owner | <input type="checkbox"/> | Other | <input type="checkbox"/> | |
| Full Name | | | | | | |
| Address | | | | | Postcode | |
| Tel Number | | Home: Mobile: | Work: Fax: | | | |
| email address | | | | | | |
| Date of Birth | | | | | | |
| National Insurance Number or Companies House Reg. No. | | | | | | |

| | | | | | | |
|---|---------------------|------------------|--------------------------|----------|--------------------------|---|
| 2 | The person named is | Business Partner | <input type="checkbox"/> | Co-Owner | <input type="checkbox"/> | If 'other' state connection below e.g. Deputy Manager |
| | | Owner | <input type="checkbox"/> | Other | <input type="checkbox"/> | |
| Full Name | | | | | | |
| Address | | | | | Postcode | |
| Tel Number | | Home: Mobile: | Work: Fax: | | | |
| email address | | | | | | |
| Date of Birth | | | | | | |
| National Insurance Number or Companies House Reg. No. | | | | | | |

| | | | | | | |
|---|---------------------|------------------|--------------------------|----------|--------------------------|---|
| 3 | The person named is | Business Partner | <input type="checkbox"/> | Co-Owner | <input type="checkbox"/> | If 'other' state connection below e.g. Deputy Manager |
| | | Owner | <input type="checkbox"/> | Other | <input type="checkbox"/> | |
| Full Name | | | | | | |
| Address | | | | | Postcode | |
| Tel Number | | Home: Mobile: | Work: Fax: | | | |
| email address | | | | | | |
| Date of Birth | | | | | | |
| National Insurance Number or Companies House Reg. No. | | | | | | |

Declaration

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 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:

Proposed Manager (Print Name):

