



### Application to Licence a House in Multiple Occupation (HMO)

**THIS FORM MUST BE COMPLETED BY THE INTENDED HMO MANAGER (ONLY IF DIFFERENT FROM THE LICENCE HOLDER).**

#### Before you start

Please read through the form thoroughly before completing it. The form will need to be completed fully. Please ensure you answer all questions.

If there are any sections which do not apply please indicate so with **not applicable or N/A**. Any incomplete applications **will be returned** and administration charges will apply if you fail to submit documents on time.

You only need 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 are submitting multiple applications, please provide a separate list and include with Form 2.

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in you losing your acceptability to manage HMOs and may lead to any or all licences for HMOs which you manage being withdrawn.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.

If you need help and advice in completing your application please seek advice from the Private Sector Housing Team on:

01926 456359 for Mandatory Licensing email [hmo.admin@warwickdc.gov.uk](mailto:hmo.admin@warwickdc.gov.uk) and  
01926 456418 for Additional Licensing email [addhmo.admin@warwickdc.gov.uk](mailto:addhmo.admin@warwickdc.gov.uk)

## Misrepresentation

An application for an HMO licence/re-licence is a serious matter and should be regarded as such ***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 incorrect, or imprecisely stated or described, the licence can be cancelled or other statutory action taken. This may affect other HMO licences with which you have any connection.***

## Privacy Statement

### General Data Protection Regulation (EU) 2016/679

The personal data you provide in this form will be used:-

- 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 of this, and other relevant HMO's.

The Council is under a legal obligation to collect and process this information. You must complete this form in order to obtain a House in Multiple Occupation Licence in compliance with the Housing Act 2004.

The personal information that you provide will be shared for the purpose of verification with other agencies, such as the Police and other public bodies.

The Council can be required to disclose your personal information to government agencies and for research purposes. Your name, address, and the address of the property will be entered in a publically accessible register. Your information will be held for six years after your licence expires.

You have the right to access your personal information and complain if you think your information has been used incorrectly or unfairly; you may also have other rights that apply. For further details on your rights and the contact details for the Data Controller and the Data Protection Officer, please see the Council's Full Privacy Notice on [www.warwickdc.gov.uk](http://www.warwickdc.gov.uk)

I have read and understood the notes relating to Misrepresentation and Data Protection	
Signed	
Proposed Manager (Print Name):	Date:
Address of the HMO to be licenced:	

HMO Manager Details	
1. Full Name	
2. Address	Postcode:
3. Telephone Numbers	Home:
	Mobile:
	Work:
4. Email Address	
5. Date of Birth	
6. National Insurance, Charity or Companies House No.	
7. Specify your ethnic group <b>(Please answer with N/A if you wish not to disclose)</b>	
8. For companies and charities, give the full name and position of the person responsible for the HMO management	

Please give details of any qualifications or training courses you have attended relevant to your responsibilities as property landlord or manager:		
Date awarded	Qualification / Training	Name of Awarding Body

Please give details of your membership of any professional organisations relevant to your responsibilities as property landlord or manager:		
Date membership gained	Nature of Membership	Organisation

11. 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):			
	Yes	No	Not Sure
a) Been convicted of any offence involving: <ul style="list-style-type: none"> <li>• Fraud or dishonesty (including benefit fraud)</li> <li>• Violence</li> <li>• Drugs</li> <li>• Matters listed in Schedule 3 to the Sexual Offences Act 2003</li> <li>• Received a caution, informal reprimand or formal warning in respect of any of the above</li> </ul>			
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 connection with the carrying out of any business			
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			
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)			
e) Been refused a licence for an HMO anywhere in England or Wales			
f) Breached the conditions of an HMO Licence in England or Wales			
g) Been subject to a HMO Control Order or Management Order in England or Wales in the last 5 years			
h) Failed to comply with a housing notice (requiring works etc.) served by a local authority			
i) Been declared bankrupt			

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

## Connected Management

Please photocopy and attach separate pages if more are required.

The Person named is	<input type="checkbox"/> Business partner	<input type="checkbox"/> Co-Owner
	<input type="checkbox"/> Employee	<input type="checkbox"/> Other
	If Other state the connection below:	
Full Name		
Address		
	Postcode:	
Telephone Numbers	Home:	
	Mobile:	
	Work:	
Email Address		
Date of Birth (If applicable)		
National insurance number:		
Companies house number:		

The Person named is	<input type="checkbox"/> Business partner	<input type="checkbox"/> Co-Owner
	<input type="checkbox"/> Employee	<input type="checkbox"/> Other
	If Other state the connection below:	
Full Name		
Address		
	Postcode:	
Telephone Numbers	Home:	
	Mobile:	
	Work:	
Email Address		
Date of Birth (If applicable)		
National insurance number:		
Companies house number:		

The Person named is	<input type="checkbox"/> Business partner	<input type="checkbox"/> Co-Owner
	<input type="checkbox"/> Employee	<input type="checkbox"/> Other
	If Other state the connection below:	
Full Name		
Address		
	Postcode:	
Telephone Numbers	Home:	
	Mobile:	
	Work:	
Email Address		
Date of Birth (If applicable)		
National insurance number:		
Companies house number:		

The Person named is	<input type="checkbox"/> Business partner	<input type="checkbox"/> Co-Owner
	<input type="checkbox"/> Employee	<input type="checkbox"/> Other
	If Other state the connection below:	
Full Name		
Address		
	Postcode:	
Telephone Numbers	Home:	
	Mobile:	
	Work:	
Email Address		
Date of Birth (If applicable)		
National insurance number:		
Companies house number:		

## The Property and Tenancy Management

Before issuing a licence, the Council is required to be satisfied that the management arrangements for the property are satisfactory. The following questions are designed to assess the procedures you have, or intend to have, in place to ensure good management of the property. If a question does not apply to you, please state the reason why.

<b>14. Please outline briefly procedures or arrangements you have in place for the following:</b>
To ensure the escape routes are kept free of obstructions?
To ensure that fire detection and warning devices continue to work correctly?
To ensure the gas installation and appliances are kept in a safe and good working order?
To ensure the electrical installation and appliances are kept in a safe and good working order?

To ensure the gardens, yards and fencing are kept in good order?
Procedures if a particular tenant is guilty of anti-social behaviour towards people sharing the property or people living in the neighbourhood?
Procedures to deal with disputes between tenants?
What arrangements are in place to cover the cost of major emergency repair work (e.g. a new roof) if it became necessary?
Ensure that your tenants are aware of the fire safety procedures and how you ensure the proper use of fire safety installations and equipment.

What are the arrangements for storage of refuse, recycling, food waste and garden waste? (If applicable)

What action would you take following notification of a refuse complaint?

**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 will need to make enquiries into the information I/ we have supplied for the purposes of Part 2 Housing Act 2004 including sharing such information with relevant organisations and authorities.

I/we confirm that I/we have read and understood the section of this application headed 'Application for HMO Licence' - Notes Relating to Misrepresentation and this form's Privacy Notice.

**Signed:** ..... **Date:** .....

**Proposed Manager (Print Full Name):** .....