



Form 1 – The Property

Application to Licence a House in Multiple Occupation (HMO)

THIS FORM MUST BE COMPLETED BY THE INTENDED 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.

Be sure that you need to apply for a licence before submitting an application.

In order for the property to meet the criteria for HMO licencing there must be:

- 3 persons or more
- Living as 2 or more **households**
- Sharing **amenities** (for example kitchen, bathroom or WC).

A practical guide to HMO Licensing and a glossary of words and phrases accompanies the application forms. Terms in the glossary are coloured and in bold in the text of the application form. **We recommend that you read through the practical guide before you complete the application forms and to keep a copy to reference.**

HMO Licences last for a maximum of five years and are non-transferable ie. You cannot transfer the licence to a different person. Each licence holder and manager (if different) must complete a form in which their complete details are given.

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 and
01926 456418 for Additional Licensing email 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

I have read and understood the notes relating to Misrepresentation and Data Protection			
Signed			
Licence Applicant (Print Name):		Date:	

The Licence Holder and Property Manager

The first step is to decide who will hold the licence and who will manage the HMO. The people most likely to be a **Licence Holder** or **Manager** are:

- a) The **owner** 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 managing agents or a relative)
- d) The **manager** of the property

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.

A HMO manager may also have the powers mentioned in a) to c) above.

Please note that if the Council has to serve any legal notices relating to the property, they can be served on the licence holder and the manager.

1. Please tick who will be the Licence Holder and/or HMO Manager			Forms which must be completed
The proposed licence holder is	The Landlord	<input type="checkbox"/>	1,2
	A manager or managing agency	<input type="checkbox"/>	1,2
	Some other person (appointed by the Landlord)	<input type="checkbox"/>	1,2
The property will be managed by	The Landlord	<input type="checkbox"/>	1,2
	A manager or managing agency	<input type="checkbox"/>	1,2,3

The application for a **HMO** Licence is divided into 3 parts:

- **Form 1 The Property** must be completed by the proposed licence holder for **each property** you want to licence.
- **Form 2 The Licence Holder** can be filled in once and copied for each licence application, if you are completing multiple licence applications for the same licence holder within 12 months of each other.
- **Form 3 The Manager** only needs to be submitted where the manager is different from the licence holder. If the Manager details remains the same for multiple properties, Form 3 can be filled in once and copied for each licence application within 12 months of each other.

Basic Details of the HMO

2. Address of the HMO to be licenced	Postcode:	
3. Please tick to indicate the type of application	First Application <input type="checkbox"/>	Renewal <input type="checkbox"/>
3a. Type of licensing	Mandatory <input type="checkbox"/>	Additional <input type="checkbox"/>
4. Proposed Licence Holder	Full Name, Registered Company or Charity Name	National Insurance, Company House or Charity Registration Number
5. Manager (if not the licence holder)		
6. Owner(s)		
If the licence holder is someone other than the landlord please state the reason for this. Also give their relationship to the landlord and owner (if any) below.		

Connected Persons

Warwick District Council requires the full details of ALL individuals/companies with a financial or legal interest in regards to the property and the HMO licence. The following questions will help determine the connected persons involved with the HMO.

If there is a change to any of the contact details of a connected person throughout the term of the licence you must notify Warwick District Council within 21 days.

	Yes	No
7. Are there any additional freeholder(s)/owner(s) who are not you (the proposed licence holder)? If yes please provide the details of <u>ALL</u> Freeholders below.	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there a mortgage associated with the HMO property? If yes please provide the mortgagee in the connected person section below.	<input type="checkbox"/>	<input type="checkbox"/>
9. Are there any mortgage arrears exceeding three months?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the HMO a leasehold property? If yes, please provide the leaseholder/freeholders details in the connected persons section	<input type="checkbox"/>	<input type="checkbox"/>
11. If it is a leasehold, what term remains unexpired?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **Yes** to any of the above questions please fill in all of the details of the connected person below Please tick all of boxes which apply to the person named. You can photocopy and attach separate pages if more are required.

The Person named is	<input type="checkbox"/> Licence Holder	<input type="checkbox"/> Business partner	<input type="checkbox"/> HMO Manager
	<input type="checkbox"/> Mortgage company	<input type="checkbox"/> Co-owner	<input type="checkbox"/> Letting agent
	<input type="checkbox"/> Owner (Freeholder)	<input type="checkbox"/> Leaseholder	
Full Name			
Address			
	Postcode:		
Telephone Numbers	Home: Mobile: Work:		
Email Address			
Date of Birth (If applicable)			
National Insurance, Company House or Charity Registration Number			
Mortgage number:			

The Person named is	<input type="checkbox"/> Licence Holder	<input type="checkbox"/> Business partner	<input type="checkbox"/> HMO Manager
	<input type="checkbox"/> Mortgage company	<input type="checkbox"/> Co-owner	<input type="checkbox"/> Letting agent
	<input type="checkbox"/> Owner (Freeholder)	<input type="checkbox"/> Leaseholder	
Full Name			
Address			
	Postcode:		
Telephone Numbers	Home: Mobile: Work:		
Email Address			
Date of Birth (If applicable)			
National Insurance, Company House or Charity Registration Number			
Mortgage number:			

The Person named is	<input type="checkbox"/> Licence Holder	<input type="checkbox"/> Business partner	<input type="checkbox"/> HMO Manager
	<input type="checkbox"/> Mortgage company	<input type="checkbox"/> Co-owner	<input type="checkbox"/> Letting agent
	<input type="checkbox"/> Owner (Freeholder)	<input type="checkbox"/> Leaseholder	
Full Name			
Address			
	Postcode:		
Tel Telephone Numbers	Home: Mobile: Work:		
Email Address			
Date of Birth (If applicable)			
National Insurance, Company House or Charity Registration Number			
Mortgage number:			

Notifying the connected persons of the application

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 be informed:

- Any **mortgagee** of the property
- Any **owner(s)** of the property to which the application relates (if that is not you) i.e. the **freeholder(s)** 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 **Manager** (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 (Mandatory / Additional Licensing) 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

Using Form 5 to notify the connected persons

A form headed 'Notification of Intention to Apply for HMO Licence' is enclosed with this application (Form 5). 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 5 TO THE COUNCIL.**

Complete the boxes with all of 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:

Declaration of notification to the connected persons

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/application	Date of service
1			
2			
3			
4			
5			
6			
7			

Signed			
Licence Applicant (Print Name):		Date:	

The Property

Description of the Property				
12. Type of HMO	House <input type="checkbox"/> Detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Terraced			
	Flat <input type="checkbox"/> Purpose built <input type="checkbox"/> Converted flat			
13. Approximate date of building construction:	<input type="checkbox"/> Pre 1919	<input type="checkbox"/> 1919-1945	<input type="checkbox"/> 1946-1964	<input type="checkbox"/> 1965-1980
	<input type="checkbox"/> 1980-1999	<input type="checkbox"/> Post 1999		
14. Number of Storeys in the HMO (Tick all boxes which apply)	<input type="checkbox"/> 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	If more state how many
15. Are any parts of the building used for non-residential purposes, e.g. shop, office?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please specify which storeys and their use:			

Planning Permission	
All HMO's in Leamington Spa need planning permission. In all other areas of Warwick District, HMO's with more than 6 occupants need planning permission.	
16. On what date did the property become a HMO, or on what date will the property become a HMO.	
17. Has the property been used as a HMO continuously since the above date?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please give dates and details of any break:
18. Has any Planning Consent ever been obtained for the HMO use?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the date and reference number:

Accommodation and Amenities		
19. Type of letting	<input type="checkbox"/> Individual Lets / Bedsits	<input type="checkbox"/> Shared House / Flat
	<input type="checkbox"/> Lodging House (resident landlord)	<input type="checkbox"/> Hostel / Bed & Breakfast
	<input type="checkbox"/> Staff Accommodation	<input type="checkbox"/> Other
	Specify:	

Accommodation and Amenities	
20. Is the HMO divided into flats?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. If yes, please state number of	<input type="checkbox"/> Self-contained <input type="checkbox"/> Non-self-contained
22. How many habitable rooms are there in the HMO?	<input type="checkbox"/> Bedrooms <input type="checkbox"/> Living/Dining Areas
23. How many of the following amenities are provided:	<input type="checkbox"/> Shared bath/shower rooms <input type="checkbox"/> Shared wash hand basins
	<input type="checkbox"/> Ensuite bath/shower rooms <input type="checkbox"/> Ensuite wash hand basins
	<input type="checkbox"/> Shared toilets in bathrooms <input type="checkbox"/> Shared kitchens
	<input type="checkbox"/> Ensuite toilets in bathrooms <input type="checkbox"/> Total kitchens
	<input type="checkbox"/> Shared separate toilets <input type="checkbox"/> Shared kitchen sinks
	<input type="checkbox"/> Ensuite separate toilets <input type="checkbox"/> Total kitchen sinks

Occupancy Details	
24. What is the Intended type of occupation? Tick all that apply:	<input type="checkbox"/> Students <input type="checkbox"/> Professionals <input type="checkbox"/> Staff <input type="checkbox"/> Homeless
	<input type="checkbox"/> Other Please specify:
25. How many persons live in the property at the date of application?	
26. How many households are there in the property at the date of application?	
27. How many bedrooms are vacant at the date of application?	
28. What is the maximum number of persons you wish to accommodate in the property? (Ensure this corresponds with the fee you are paying-see fees sheet)	
29. What is the maximum number of households you wish to accommodate in the property?	

Heating and Insulation	
30. Main type of heating	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other
31. Is the entire loft space insulated with a minimum of 250mm of glass fibre insulation or equivalent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Does the property have an Energy Performance Certificate (EPC) issued by a qualified and accredited assessor, dated within 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Rating (A - G)

Gas, Electrical and Fire safety			
33. Does the property have a gas supply? If Yes, you must enclose a current "Landlord's Gas Safety Certificate" If Yes, specify number of appliances.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> No. of Gas Boilers		
	<input type="checkbox"/> No. of Gas Cookers		
	<input type="checkbox"/> No. of Gas Fires		
	<input type="checkbox"/> No. of Other Gas appliances		
34. Do you have an Electrical Installation Condition Report (EICR) dated within the last five years? If Yes, you must enclose a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
35. Do you supply any of your tenants with portable electrical appliances, e.g. fridge, freezer, vacuum cleaner? If Yes, you must enclose a PAT certificate dated within the last 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
36. Is the property let with upholstered furniture? If Yes, does all the furniture and furnishings provided meet the Furniture & Furnishings (Fire)(Safety) Regulations 1988 as amended?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
37. Has a mains operated fire detection and warning system been fitted? If Yes, you must supply a copy of the latest test certificate dated within the last 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what type of system is installed?	<input type="checkbox"/> Control Panel System	<input type="checkbox"/> Mains System without Control Panel	<input type="checkbox"/> Battery operated detection
Where has fire detection been installed?	<input type="checkbox"/> Escape route only	<input type="checkbox"/> Escape Route and Common rooms	<input type="checkbox"/> All Rooms

Gas, Electrical and Fire safety	
38. Has a system of emergency lighting been fitted? If Yes, you must supply a copy of the latest test certificate dated within the last 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Is the property fitted with firefighting equipment, i.e. fire extinguishers? If Yes, you must supply a copy of the latest test certificate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Have you undertaken a written fire risk assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Waste Storage and Disposal			
41. Is the property on a grey bin or bag collection?	<input type="checkbox"/> Bin	<input type="checkbox"/> Bag	
Provide details of the number and locations of bins/bags	Type	Number	Location
	Grey lid bin / sack		
	Blue lid bin / Red Box		
	Food caddy		
	Green bin		

Documents you must submit with your application.

Please ensure that all of the documents are:

- **Signed and dated by a competent person and dated within 12 months of this licence application** (with the exception of the electrical report which needs to be dated within 5 years).
- **Satisfactory to the relevant British Standard (BS)**. Any unsatisfactory documents will require remedial works and subsequent submission of satisfactory documents before the application can be completed.
- **Full and complete with accompanying reports**. Partial reports will not be accepted.

Invoices/receipts for any new appliances or firefighting equipment need to be dated within 12 months of the application.

The Property Plans

You must submit professionally drawn floor plans with your application. The plans do not need to 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 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 (B), Shower (SH), WC, Wash Hand Basin (WHB)
- Electric Meter (E)
- Gas Meter (G)

Forms	Enclosed/ Submitted	Not applicable
Form 1 (The Property)		
Form 2 (Licence Holder)		
Form 3 (If the Manager is not the Licence Holder)		
Safety Certificates		
Gas Safety Certificate (If there are gas appliances)		
Electrical Installation Condition(EICR) Report in accordance with BS7671		
Portable Appliance Test (PAT) Report (Invoices/receipts for new appliances) in accordance with BS EN 50110-1:2023		
Fire alarm test certificate/report in accordance with BS5839 or Form 4		
Emergency Lighting certificate/report (If installed) in accordance with BS5266		
Fire Fighting Equipment certificate/service records (Invoices/receipts for new appliances) in accordance with BS5306-3		
Other requirements		
Property Plans		
The Stage 1 Fee Please check the current fees which can only be paid online and found at www.warwickdc.gov.uk £..... (enter the amount)		

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:**

Licence Applicant (Print Full Name):

Submitting your application

Your application will not be considered to be complete unless the correct fee has been paid and all of the relevant documents listed above have been submitted and to a satisfactory standard. Original forms will be returned to you on your request.

Payment of the fee can only be made online at www.warwickdc.gov.uk/hmo
If you need assistance making a payment please contact the Private Sector Housing team for guidance.

Please submit your application documents to:

Mandatory Licensing email hmo.admin@warwickdc.gov.uk

Additional Licensing email addhmo.admin@warwickdc.gov.uk

(Email applications are preferable. If hard copy pages are scanned, it is recommended to scan pdf pages at a maximum resolution of 150dpi.)

Or by post to:

Private Sector Housing
Warwick District Council
Town Hall
Parade
Royal Leamington Spa
CV32 4AT

