



### Form 7 – Application to Vary HMO Licence

## Application for Variation of House in Multiple Occupation (HMO)

**THIS FORM IS USED TO NOTIFY THE COUNCIL OF CERTAIN CHANGES THROUGHOUT THE TERM OF AN HMO LICENCE**

It should not be used as a part of a new application. Please ensure you read through the form thoroughly before completing it, if there are any sections which do not apply please indicate so with not applicable or n/a.

HMO Details	
HMO Address	Postcode:

## Updates to Connected persons details

### The Licence Holder

To be completed if there is a change to any of the contact details for the licence holder. **Please note, an HMO licence cannot be transferred from one name to another. If there is to be a change in licence holder, please complete a new HMO licence application.**

Licence Holder	
Full Name	
Address	Postcode:
Telephone Numbers	Home:                      Mobile:                      Work:
Email Address	
Date of Birth (If applicable)	
National Insurance	
Company House or Charity Registration Number	





## Changes to the Occupancy

Change to the type of occupation:	<input type="checkbox"/> Students <input type="checkbox"/> Professionals <input type="checkbox"/> Other please Specify
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Change to the maximum number of occupiers	
Maximum number of occupiers on the existing licence	
Maximum number of occupiers requested under this variation	

## Change of Layout or Structure (This may include change of room use).

Please describe the changes to the property and enclose a full up to date professionally drawn plan on a separate sheet of paper (does not have to be to scale but should accurately reflect the changes proposed).

## 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)

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

**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**

**Please submit your application documents to:**

**hmo.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