

Tower Hamlets Council

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

Housing Act 2004

If you have more than one house in multiple occupation you will need to complete a separate application form for each property.

Please fill in the form using BLOCK CAPITALS.

If you require more space to answer any question, please use the space provided on page 12 or continue on additional sheets, specifying which question your answer relates to.

See accompanying notes for help in completing this form. For further help contact the Environmental Health Service Tel: 020 7364 5008

Type of application (please tick appropriate box):

New Licence

Renewal of Licence

Variation of existing Licence

Address of house to be Licensed

Postcode:

Is the applicant the proposed Licence holder? Yes No

If yes, please go straight to Part 2 of the form. If no, please complete Part 1 of the form.

PART 1. APPLICANT DETAILS - see note 1

Surname First name(s)

Address

Postcode:

Telephone numbers: Home

Work

Mobile

Fax No

Email address

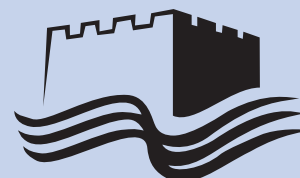
Date of birth

What is your relationship to proposed Licence holder: (please tick the appropriate box)

Friend Relative Agent Solicitor Other (please specify)

What is your interest in the property?

You must now complete Part 2 of the form



TOWER HAMLETS

For office use only

Date received

Date passed to officer

Reference number

Fees received

PART 2. PROPOSED LICENCE HOLDER DETAILS - see note 2

Type of Proposed Licence Holder (please tick the appropriate box)

Individual Company Partnership Trustee Charity

Other (please specify)

Name of Proposed Licence Holder (if a company, please give full company name)

Address

Postcode

Telephone numbers: Home

Work

Mobile

Fax No

Email address

Date of birth

Name of company secretary: (if applicable)

Name of directors/partners/trustees: (if applicable)

You must now complete Part 3 of the form

Postcode PART 3. MANAGER DETAILS - see note 3

Has an agent been employed to manage the house? Yes No

If **no**, please provide the name, address and telephone number of the person who is responsible for the management of the house

Name

Telephone number

Address

Postcode

If yes, please provide the agents details

Type of manager Individual Company Partnership Trustee

Other (please specify)

4.3 Name of leaseholder(s) (if none, state none). Please continue on an additional sheet if necessary.

Address of leaseholder(s) (a)

Postcode

Address of leaseholder(s) (b)

Postcode

Email

Telephone

4.4 Name of person who collects the rent

Address of person who collects the rent

Postcode

Email

Telephone

4.5 Name of person who ultimately receives the rent

Address of person who ultimately receives the rent

Postcode

Email

Telephone

4.6 Name of any other person who may be bound by a condition of the proposed Licence and who is not referred to in Parts 1, 2 and 3 of the form:

Address of person bound by a condition

Postcode

Email

Telephone

You must now complete Part 5 of the form

PART 6. PROPERTY INFORMATION - see note 6

6.1 When was the house built? (please tick appropriate box)

- Pre 1919 Pre 1919 to 1944 Pre 1945 to 1964
 Pre 1965 to 1980 Post 1980

6.2 Please tick all of the floors the premises has:

- basement storage basement residential basement commercial
 ground floor first floor second floor
 third floor fourth floor fifth floor sixth floor (& above)

6.3 Description of the house (please tick appropriate box)

- detached semi-detached terraced end of terrace
 purpose built flat in converted house Mixed residential & commercial
 house converted into self-contained flats Other (please specify)

6.4 Type of HMO (please tick appropriate box)

- shared house hostel studios shared flat
 A mix of self-contained units & shared accommodation Bedsits with shared facilities
 Other (please specify)

6.5 If the accommodation is within a converted house, was the conversion done in accordance with the relevant building regulations in force at the time? Yes No

If yes, what year was the conversion carried out? Date

Please provide the relevant Building Control completion certificate for the conversion.

You must now complete Part 7 of the form

PART 7. AMENITIES - see note 7

7.1 Which lettings detailed in Part 5 of the form have exclusive use of a bath and/or shower? (Please specify)

7.2 How many shared baths and/or showers are there in the property? (*See note X*)

Baths Showers

7.3 Which lettings detailed in Part 5 of the form have exclusive use of a WC? (Please specify)

7.4 How many shared WC's are there in the property?

7.5 How many shared WC's are in a separate compartment to the bathroom?

7.6 Which lettings have the exclusive use of a wash hand basin? (please specify)

7.7 How many shared wash hand basins are there in the property?

7.8 What kitchen facilities are provided in the house? Tick as appropriate

- Shared kitchen(s)
- Mixture of exclusive/shared kitchens
- Exclusive use of kitchens only

7.9 How many sets of shared kitchen facilities are provided in the house?

7.10 How many lettings have exclusive use of a set of kitchen facilities? (please specify)

You must now complete Part 8 of the form

PART 8. FIRE SAFETY - see note 8

8.1 Does the property have a system of fire detection? Yes No

If yes, does the system include:

- a fire alarm control panel Yes No
- heat detectors in the kitchens Yes No
- mains wired smoke detectors in rooms or battery powered only Mains Battery None
- mains wired smoke detectors in common parts or battery powered only Mains Battery None
- sounders /alarms on all levels Yes No
- call points in the communal areas Yes No

If yes, has the fire alarm been tested in accordance with BS5839 at least quarterly? (Please provide a copy of a current certificate of testing showing compliance to BS5839) Yes No

Is there a log book of inspection / testing? Yes No

If yes, what is the date of the last entry?

Name the person responsible for maintaining the alarm system

Please state the location of the log book (if applicable).

8.2 Does the property have an emergency lighting system? Yes No

If yes, has the system been tested in accordance with BS5266:

Part 1: 1988 at least every three years?

(If yes, please provide a copy of the most recent periodic inspection and test certificate) Yes No

- 8.3** Are the doors that open on to the communal areas fire doors capable of 30 minutes fire resistance? Yes No
- If **yes**, are they fitted with self-closers? Yes No
- 8.4** Is the following fire safety equipment provided?
- fire blankets in all kitchens? Yes No
 - fire blankets in shared kitchens only? Yes No
 - fire extinguishers? Yes No
- If **yes**, how many and where located?
- Has the fire safety equipment been serviced in the last 12 months Yes No
- 8.5** Does each tenant have clear written instructions on what to do in the event of a fire? Yes No
- 8.6** Are the tenants provided with upholstered furniture? Yes No
- If **yes**, does it all comply with the Furnishings (Fire Safety) Amendment Regulations 1993? Yes No
- You must now complete Part 9 of the form**

PART 9. PROPERTY MANAGEMENT - see note 9

- 9.1** Is there, displayed in a suitable position within the house, a notice giving the name, address and telephone number of the person managing the house? Yes No
- 9.2** How many gas appliances are there in the house?
- Does a Gas Safe registered contractor carry out safety checks for any gas appliances in the property? N/A Yes No
- Please provide copies of the latest gas safety certificates.
 How many copies of the latest gas safety certificates are enclosed?
- 9.3** Is there a plan in place for general maintenance? Yes No
- | | | | | | |
|--------------------------------------|------------------------------|-----------------------------|-----------|------------------------------|-----------------------------|
| Does this include: Structural repair | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Amenities | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Furniture | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
- 9.4** Are there adequate financial arrangements in place to allow for repairs works to be carried out at the property? Yes No
- 9.5** Are the rooms and areas in common use in good repair? Yes No
- Are the rooms and areas in common use in a good decorative state? Yes No
- Are the rooms and areas in common use in a clean condition? Yes No
- 9.6** Are arrangements in place for the regular cleaning of common parts? Yes No
- If **yes**, how often are the common parts cleaned?

- 9.7 Are all of the staircases, passageways, corridors, halls, lobbies, balconies and entrances in common use free from obstruction? Yes No
- 9.8 Are the amenities in common use clean? Yes No
 Are the amenities in common use in a good state of repair? Yes No
- 9.9 Is the residents' living accommodation in a good state of repair? Yes No
- 9.10 Are all the windows in a good state of repair? Yes No
 Are all the windows openable? Yes No
 Are all the windows double glazed? Yes No Some
- 9.11 What form of heating does the property have?
 Gas fired central heating? Yes No
 Off peak night storage heaters? Yes No
 Individual wall mounted gas heaters? Yes No
 Individual wall mounted electric heaters? Yes No
 Other (please specify)
- Is the loft insulated? Yes No
 If there are cavity walls, do you have cavity wall insulation? Yes No
- 9.12 Is the property free from all pests and vermin? Yes No
 If **no**, please provide the details of the pest control contractor responsible for treating the infestation.

You must now complete Part 10 of the form

PART 10. TENANCY MANAGEMENT - see note 10

- 10.1 Are the tenants provided with written details of the terms of their tenancy? Yes No
- 10.2 Is an inventory and schedule of condition prepared at commencement of occupancy? Yes No
- 10.3 Are rent books provided? Yes No
 If rent books are not provided, are the tenants given receipts/rent statements? Yes No
- 10.4 Are the tenants provided with a complaints procedure? Yes No
- 10.5 Is there an emergency 24 hour contact telephone number that can be used by the tenants in relation to the property? Yes No
 If yes, please provide the number:
- 10.6 Are tenants required to provide deposits at the commencement of their tenancy? Yes No
 If yes, is there a written procedure to deal with deposit disputes at the end of a tenancy? Yes No

11.2 Has any person named in Parts 1, 2, 3 and /or 4 of this form previously held or do they currently hold a Licence for another house in multiple occupation? Yes No

If **yes**, please provide the addresses of these properties, along with details of the authorities that issued the Licence.

Postcode

Postcode

11.3 Has any person named in Parts 1, 2, 3 and /or 8 of this form ever applied for and been refused a house in multiple occupation Licence? Yes No

If **yes**, which authority refused the license? When was it refused?

11.4 Has any person named in Parts 1, 2, 3 and/or 4 of this form ever breached any condition of a Licence issued under Parts 2 and/or 3 of the Housing Act 2004? Yes No

If **yes**, please provide details of the Licence condition(s) breached and the local authority in which they were breached

You must now complete Part 12 of the form

PART 12. ADDITIONAL INFORMATION - see note 12

12.1 Is the proposed Licence holder a member of any landlords association or other professional body? Yes No

If **yes**, please indicate which:

12.2 Is the proposed Licence holder an accredited landlord? Yes No

If **yes**, please indicate which accrediting body:

12.3 Please list in the space below any training courses you have undertaken or conferences attended, in the last three years, which you feel make you a better landlord:

13. FURTHER INFORMATION

Please use this space if you need more room for any of your answers or for any additional information you think may be relevant to the application.

Note to applicants: Please note that it is a criminal offence to knowingly supply information, which is false or misleading for the purposes of obtaining a Licence. Evidence of any statements made in this application with regard to the property concerned may be required at a later date. If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your Licence may be cancelled or other action taken.

PART 14. DECLARATION - see note 14

As the applicant, 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 to be licensed;
- Any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessors 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 conditions in a Licence if it is granted.

You must tell each of these persons:

- Your name, address, telephone number and email address or fax number (if any);
- The name, address, telephone number and email address or fax number (if any) of the proposed Licence holder (if it will not be you);
- Whether this application for an HMO Licence under Part 2 or for a house Licence under Part 3 of the Housing Act 2004;
- The address of the property to which the application relates;
- The name and address of the local housing authority to which the application will be made;
The date the application will be submitted.

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 Date

Address

<input type="text"/>	<input type="text"/>
	Postcode

Description of the persons interest in the property or the application

<input type="text"/>

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 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or am/are reckless as to whether it is false or misleading.

NB. We may also approach other authorities such as the Police Authority, London Fire Brigade, Office of Fair Trading, etc. and your tenants for additional information and verification. Signing of this application will be taken as your agreement to any such action.

Name of Applicant

Date

Signature

Name of Proposed Licence Holder (if different from applicant)

Date

Signature

Name of Manager

Date

Signature

Name (if different from applicant)

Date

Signature

Name (if different from applicant)

Date

Signature

Name (if different from applicant)

Date

Signature

CHECKLIST FOR SUBMITTING AN APPLICATION

Please enclose the following:

- A sketch plan for the property detailing the layout and position of each room with room size measurements (Minimum A4 size) - example provide for reference
- Gas Safe certificate(s)
- BS7671 Electrical Installation Conditions Report*
- BS5839 test reports relating to the fire detection system (if applicable)
- BS5266 test reports relating to the emergency lighting system (if applicable)
- Energy Performance Certificate
- Tenancy agreements
- Licence Fee. Cheques made payable to London Borough of Tower Hamlets or credit card payment (Tel: 020 7364 5008)

For information on how to calculate the Licence fee, please see HMO Policy Note

**All certificates are to be issued by a competent electrician registered with an organisation listed in the current Building Regulations (document P, page 41).*

You must submit these documents with your application in any event.

The council may require you to submit, or you may wish to submit, other documents (for example, copies of planning permissions, building regulations approvals, tenancy/Licence agreements, certified accounts (or summaries) in support of your application.

Please send completed application forms, payment and copies of any necessary documentation to:

**Health & Housing Team - HMO
Environmental Health
London Borough of Tower Hamlets
6th floor
Mulberry Place (JOH)
5 Clove Crescent
London E14 2BG**

Tel: 020 7364 5008

environmentalhealth@towerhamlets.gov.uk

www.towerhamlets.gov.uk

Data Protection and Public Register Information

All of the information provided in the application form will be handled in accordance with the provisions of the Data Protection Act 1998. We are obliged to publish information in respect of each HMO granted under part 2 of the Housing Act 2004. Some of the information you provide will be entered into a public register but only to the extent required by law. This means that a licence holder's name and address cannot be withheld from a register of licenses, on Data Protection Act grounds because it is required in law under the Housing Act 2004, and is therefore not included in the non-disclosure provisions included in the Data Protection Act. Licence holders who officially operate their business from an address other than their home address, can choose to use their business address so that their home address does not appear on the register.