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# Application for Mandatory HMO Licence

## **Part 1 Property Address**

**Part 2 Owner and Applicant Information**

**Part 3 Property Information**

**Part 4 Management Information**

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| Application Statement |

**1.** An application must contain the following statement:

##### “You must let certain persons know in writing that you have made this application or give them a copy of it. You can do this by completing the attached form. The persons who need to know about it are:-

##### Any mortgagee of the property

##### Any owner of the property

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 three 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 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 or 3 of the Housing Act 2004

the address of the property to which it relates.

will be the name and address of the local housing authority to which the

application made.

the date the application will be submitted

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| **1** | **Address of the HMO for which you are applying for a licence** | |
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| Postcode | |  |

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| **2** | **Owner(s) and Applicant(s) Information** |

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| **2.1** | Name and address of the **applicant** if an individual | |
| Title | | Mr/Mrs/Miss/Ms/Other (please specify) |
| Surname | |  |
| First Name(s) | |  |
| Business Name | |  |
| Address | |  |
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| Postcode | |  |
| Telephone No. | |  |
| Email | |  |

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| **2.2** | If the **applicant** is a Company, Partnership, or Trust, please indicate which and complete the following | | | | | | | |
| Limited Company | |  | Partnership | |  | Trust |  | Charity |
| Organisation Name | | | |  | | | | |
| Registered Company/Charity No. | | | |  | | | | |
| Registered Address | | | |  | | | | |
| Principal Trading Address | | | |  | | | | |
| Telephone No. | | | |  | | | | |
| Email address | | | |  | | | | |

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| **2.3.1** | Details of individuals with interest in the company, partnership, trust or charity | | | |
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| Name of Director/Partner/Trustee | | | | Signature of Partner/trustee |
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| **2.3.2** | | Company Secretary | | |
| Name | | |  | |
| Address | | |  | |
| Tel | | |  | |
| Email | | |  | |

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| **2.4** | **Manager/Managing Agent if different from Licence Applicant** | | | | | | | |
| If a Manager or Managing Agent of the HMO is being employed, please provide the following details. | | | | | | | | |
| Complete if a Manager or Managing Agent is an **individual**. | | | | | | | | |
| Name | |  | | | | | | |
| Address | |  | | | | | | |
| Tel | |  | | | | | | |
| Email | |  | | | | | | |
| Complete if a Manager or Managing Agent is a **company, partnership, trust or charity**. | | | | | | | | |
| Limited Company | |  | Partnership |  | Trust |  | Charity |  |
| Organisation Name | |  | | | | | | |
| Registered Company/Charity No | |  | | | | | | |
| Registered Address | |  | | | | | | |
| Principal Trading Address | |  | | | | | | |
| Telephone No. | |  | | | | | | |
| Email address. | |  | | | | | | |

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| **2.5** | **Fit and Proper Person** | | | | |
| Has the proposed licence holder, manager (if there is one) or anyone associated with them ever been cautioned by the police or convicted of an offence involving any of the following? (Convictions that are spent under the Rehabilitation of Offenders Act 1974 do not need to be declared.)  Please tick appropriate box. | | | | | |
| **Offence or contravention** | | **Proposed Licence Holder** | | **Manager (if applicable)** | |
|  | | **Yes** | **No** | **Yes** | **No** |
| Fraud, Dishonesty, Theft | |  |  |  |  |
| Violence, Assault | |  |  |  |  |
| Offences related to Drugs | |  |  |  |  |
| Offences under Schedule 3 of the Sexual Offences Act 2003 | |  |  |  |  |
| Unlawful discrimination on the grounds of sex, colour, race, ethnic or national origins or disability in or in connection with carrying out any business. | |  |  |  |  |
| Subject to a Banning Order under the Housing and Planning Act 2016 | |  |  |  |  |
| Contravention of any law relating to Housing, Public Health, Environmental Health or Landlord and Tenant Law. Including, ever being in control of any property:   * Where a local authority has served an enforcement notice or undertaken works in default of a notice. * Subject to a Management Order under the Housing act 2004. * Subject to any legal proceedings by a local authority. | |  |  |  |  |
| Ever been refused a licence under Part 2 or 3 of the Housing Act 2004 for any property. | |  |  |  |  |
| Ever breached any conditions of a licence granted under Part 2 or 3 of the Housing Act 2004. | |  |  |  |  |
| Acted in Contravention of any Approved Code of Practice | |  |  |  |  |
| Been declared bankrupt or insolvent in the past 5 years | |  |  |  |  |

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| The proposed licence holder and proposed manager (if any) **MUST** also provide a DBS Certificate with ONE month of the date of the application.  Instructions on how to obtain a DBS Certificate can be found at www.gov.uk/government/organisations/disclosure-and-barring-service |

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| **2.5.1** | Is the proposed licence holder a member of a landlord accreditation scheme in Knowsley or any other Council? | | Yes |  | No |  |
| If yes, please state where. | |  | | | | |

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| **2.5.2** | Is the proposed licence holder a member of any landlords' association or other professional body? If yes, please indicate which. |
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| **2.5.3** | Is the proposed licence holder on the lists for any academic or other organisation/institution? If yes, please indicate which. |
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| **2.5.4** | Please list any training courses the proposed licence holder has undertaken in the last 5 years, which the applicant feels, make them a better landlord. |
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| **3** | **Property Information** |

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| **3.1** | **Proposed Licenced Property Information** | | | | |
| 3.1.1 | Date of original construction | | | | |
| Pre-1919 | | 1920-1945 | 1946-1964 | 1965-1979 | Post-1980 |
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| **3.1.2** | Type of building | Tick appropriate type |
| House in multiple occupation | |  |
| Flat in multiple occupation | |  |
| House converted into self-contained flats. | |  |
| Purpose built block of flats | |  |
| Other (Please specify) | |  |

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| **3.1.3** | Type of House | Tick appropriate type |
| Detached House | |  |
| Semi-detached | |  |
| Mid-terrace | |  |
| End terrace | |  |
| Entirely residential block | |  |
| Mixed commercial and residential block | |  |

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| **3.1.4** | Conversion of building | Tick appropriate type |
| Purpose built with its present design | |  |
| Converted from a residential dwelling | |  |
| Converted from a non-residential building | |  |
| Has the conversion to a HMO been made in accordance with the relevant legislation, for example Building Regulations 2010, Construction (Design and Management) Regulations 2015, and Building Act 1984?  Please provide the relevant Building Control completion certificate for the conversion | |  |

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| **3.2** | Accommodation | |
| Number of separately let units | |  |
| Number of these that are self-contained (occupants have exclusive use of a kitchen, bath/shower and toilet facility) | |  |
| Number of these that are non-self-contained (occupants that share use of a kitchen, bath/shower and toilet facility) | |  |

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| Floor | Total No. of Bedrooms | No. of bedrooms with exclusive use of bathroom and toilet facilities (e.g. en-suite bath / shower room) | No. of bedrooms with exclusive use of kitchen, bathroom and toilet facilities | No. of Shared Bathroom with WCs | No. of Shared Separate WCs | No. of Shared Kitchens | No. of Shared Lounges |
| Basement/Lower Ground |  |  |  |  |  |  |  |
| Ground |  |  |  |  |  |  |  |
| First |  |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |  |
| Third |  |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |  |
| Fifth |  |  |  |  |  |  |  |
| Sixth |  |  |  |  |  |  |  |

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| **3.3** | Occupancy | | |
|  | | At time of application | Proposed maximum |
| How many individuals occupy the HMO | |  |  |
| How many households occupy the HMO | |  |  |
| How many children under the age of 10 currently occupy the property? | | |  |

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|  | Occupancy of Individual Lets | | |
| Let / Flat No. | Number of Occupants | Let / Flat No. | Number of Occupants |
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| **3.3** | Resident Landlord | | | | |
| Is there a resident landlord or manager? | | Yes |  | No |  |

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| **3.4** | Safety | | | | |
| Does the property have a gas supply? | | Yes |  | No |  |
| If yes, has a gas safety check been carried out at the property by a Gas Safe registered engineer in the last 12 months, if so, please provide a copy with your application | | Yes |  | No |  |
| Are there carbon monoxide detectors in each room where there is a solid fuel or gas supply? If yes, please provide a certificate of compliance issued in the last 12 months with your application | | Yes |  | No |  |
| Has a Fire Risk Assessment been carried out within the last 12 months? If yes, please provide a copy with your application | | Yes |  | No |  |
| Has a suitably qualified person carried out a periodic electrical inspection within the last 5 years? If yes, please provide a copy of this inspection with your application | | Yes |  | No |  |

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| **3.5** | Furniture and Appliances | | | | |
| Is furniture provided by the landlord? | | Yes |  | No |  |
| If yes, is all furniture compliant with current fire safety regulations? | | Yes |  | No |  |
| Are any appliances provided by the landlord? | | Yes |  | No |  |
| If yes, have all such electrical appliances been Portable Appliance Tested (PAT) by a qualified person within the last 12 months? If, so please provide copy of inspection with your application | | Yes |  | No |  |

3.6 Please attach a sketch plan, with measurements, showing the location and size of each room in the property. Below is an example showing the type of sketch and detail required. Please use the abbreviations listed below to mark details on the plan. Please provide a separate sketch of each floor level of the property. Please add additional sheets if you require further space. If you already have plans of the property, you may submit these separately.



Sketch Plan

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Sketch Plan

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| **4** | Management |

|  |  |  |  |  |  |  |
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| **4.1** | Maintenance | | | | | |
| Is there a programme of regular maintenance? | | | Yes |  | No |  |
| If yes, please give details. | | | | | | |
|  | | | | | | |
| Are there any arrangements in place to keep the shared amenities and the common parts clean? | | | | | | |
| Yes | |  | No | |  | |
| If yes, please give details. | | | | | | |
|  | | | | | | |
| Are tenants provided with instructions on how to report faults and repairs including in emergencies? | | | | | | |
| Yes | |  | No | |  | |
| If yes, please give details. | | | | | | |
|  | | | | | | |
| Are arrangements in place to deal with emergency repairs? | | | | | | |
| Yes | |  | No | |  | |
| If yes, please give details. | | | | | | |
|  | | | | | | |
| 4.2 | Tenancy Management | | | | | |
| Are tenants provided with a written tenancy agreement? | | | | | | |
| Yes | |  | No | |  | |
| Does the tenancy agreement contain conditions regarding anti-social behaviour? | | | | | | |
| Yes | |  | No | |  | |
| Are deposits taken from tenants? | | | | | | |
| Yes | |  | No | |  | |
| If yes please state which tenancy deposit protection scheme is used. | | | | | | |
|  | | | | | | |
| Is an agreed inventory taken at the start of each tenancy? | | | | | | |
| Yes | |  | No | |  | |

### 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.**

### DECLARATION

**I/we declare that I/we have read the statement above and completed all parts of this application to the best of my/our knowledge and ability, and that it is valid as of the date below.**

**The fee of £ is enclosed.**

### Signed Date

Signed Date

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