

# Application for mandatory licensing of Houses in Multiple Occupation (HMOs)

## Housing Act 2004: Part 2

Please return the completed form to:

**Private Sector Housing  
Cornwall Council  
Room 110  
St Austell One Stop Shop  
39 Penwinnick Road  
St Austell  
PL25 5DR**

e: [psh@cornwall.gov.uk](mailto:psh@cornwall.gov.uk)

t: 01209 615629

Please be aware that your details will be added to a public register of licensed houses in multiple occupation as required by the Housing Act 2004. This register is available to view on Cornwall Council's website [www.cornwall.gov.uk](http://www.cornwall.gov.uk)

Should you require assistance completing the form please contact the Private Sector Housing Team on the contact details provided above.

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 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 they 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 is an 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.



# 1. Interested parties

## HMO licence applicant(s) details

Name:	
Address:	
Telephone number:	
Email address:	

## Ownership of property (if different to applicant):

Name:	
Address:	
Telephone number:	
Email address:	

## Proposed licence holder (if different from applicant):

Name:	
Address:	
Telephone number:	
Email address:	

## Proposed managing agent (if different from applicant):

**Note:** you must provide a copy of your contractual agreement with your application

Name:	
Address:	
Telephone number:	
Email address:	

## Mortgage company (if any):

Name:	
Address:	
Telephone number:	
Email address:	

**Address of any other licensed HMOs** operated by the proposed licence holder whether in the area of the local housing authority to which the application is made or in the area of any other local housing authority:

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## 2. House in Multiple Occupation information

### Address of property to be licensed

### Approximate age of the original construction

before 1919  1919-45  1945-64  1965-80  after 1980

### Is the property a

House in multiple occupation  Flat in multiple occupation

### What type of accommodation is provided in the premises?

Type of letting units	Number
Bedrooms	<input type="text"/>
Bedsits (room with cooking facilities within)	<input type="text"/>
Self-contained (cooking and bathing facilities within)	<input type="text"/>

### Number of storeys the building comprises of:

1  2  3  4  5  6

### Which floors are the HMO located on (include access stairways, mezzanines, attics and basements)

Lower ground floor  Ground floor  1st floor  2nd floor  3rd floor

Other (please specify)

### Give details of any other usage and floors in the building that are non-residential occupied

e.g. shop/restaurant on ground floor

Communal living and dining rooms	Number
Living rooms	<input type="text"/>
Dining rooms	<input type="text"/>

Bathroom facilities	Number
Shared bathrooms	
Ensuite bathrooms	
Shared toilet with wash hand basins	
Ensuite toilet with wash hand basin	
Shared toilet without wash hand basin	
Ensuite toilet without wash hand basin	

Please note: a bathroom comprises of a shower/bath, toilet and a wash hand basin.

Please do not duplicate information and be as accurate as possible.

**Give details of other bathing/sanitary facilities**

**Do all sanitary facilities have either natural or mechanical ventilation?** Yes  No

Kitchen facilities	Number	Description of facilities	*Must be provided*
		(include make and model number of appliances so we can check the suitability of the appliance, for example, are the electrical sockets single or double?)	
Sink			
Dishwasher			
Cooker			
Fridge			
Freezer			
Fridge freezer			
Microwave oven			
Storage cupboards			
Electrical sockets			
Worktops for food prep			
Bin			
Ventilation			

**Confirmation of hot and cold water supply provision to bathing and cooking facilities** Yes  No

### 3. Occupier information

**Description of tenants** (tick all that apply)

- |                       |                          |  |                          |
|-----------------------|--------------------------|--|--------------------------|
| Students              | <input type="checkbox"/> | A group of occupiers on a single tenancy agreement     | <input type="checkbox"/> |
| Migrant workers       | <input type="checkbox"/> | Persons in receipt of housing benefit/universal credit | <input type="checkbox"/> |
| Persons in employment | <input type="checkbox"/> | Accommodation provided to staff                        | <input type="checkbox"/> |

Other (please specify)

Occupancy details	Number
Persons occupying premises	
Individual households formed (i.e. unrelated persons)	
Persons the licence is being sought for	

## 4. Fire precautions

- Is the property fitted with a form of fire detection? Yes  No
- Do the detectors have mains electrical power supply? Yes  No
- Are the detectors interlinked with each other? Yes  No
- Does the fire alarm have a central control panel? Yes  No
- Does the fire alarm include manual call points? Yes  No
- Are smoke detectors located within hallways and landings? Yes  No
- Are smoke detectors located within bedrooms? Yes  No
- Are smoke detectors located within living/dining rooms? Yes  No
- Are heat detectors located within kitchens? Yes  No
- Are fire alarm sounders provided on all floors? Yes  No
- Total number of fire detectors within the property

**Please provide a copy of your periodic inspection and testing certificate for the fire alarm installation**

### Means of escape route

- Are 30 minute fire resisting doors fitted to all bedrooms, living rooms, dining rooms and kitchens that open onto the internal hallways? Yes  No
- Are all doors sound, solid construction? (Not egg box doors or timber doors with thin panels) Yes  No
- Are doors fitted with self-closing devices? Yes  No
- Are doors or the frame fitted with intumescent (expanding fire proof) strips? Yes  No
- Do the intumescent strips also incorporate smoke seal brushes? Yes  No
- Are any locks fitted to the doors capable of being opened from within the room without the use of a key (eg. euro profile thumb turn or Yale type locks)? Yes  No
- Are all locks fitted to external doors capable of being opened from within the property without the use of a key? Yes  No
- Is the property fitted with emergency escape lighting? Yes  No
- If so please provide a copy of your periodic inspection and testing certificate? Yes  No
- Are fire extinguishers installed at the property? Yes  No
- If so please provide a copy of the periodic inspection and testing certificate? Yes  No
- Are fire blankets provided in all kitchens? Yes  No
- Is all furniture compliant with the Furniture and Furnishings (Fire Safety) Regulations 1988 (as amended)? Yes  No
- Do you provide any portable electrical appliances such as hoovers, toasters, microwaves or kettles to your tenants? Yes  No

Are any emergency escape windows installed at the property?

Yes

No

(If Yes, please detail their location)

Please provide details of the fire escape routes from the property and how you ensure they are kept clear

Please provide details of any fire safety information or training provided to the occupiers of the property

## 5. Maintenance of fixed installations

Does the property have a gas supply?

Yes

No

**Note: If applicable, you must provide a valid gas safety certificate issued by a Gas Safe registered contractor in relation to all gas appliances at the property as part of your application.**

**Note: You must supply a copy of an Electrical Installation Condition Report (EICR) issued by a Competent Person Scheme within the last 5 years. It is a legal requirement to undertake an EICR in an HMO every 5 years.**

## 6. Heating provision

### What form of heating is installed:

- Mains gas fired central heating  Oil powered central heating
- Mains electric wet central heating system  Off peak night storage heaters
- On peak night storage heating  Individual wall mounted electric heaters
- Solid fuel appliances (open fires, wood burners, multi stoves)

Other (please specify):

### To which rooms/areas of the property is heating provided:

- Bedrooms  Living room  Dining room  Kitchen  Bathroom
- WC  Hallways  Other:

- Approx. date installed
- Roof space insulated Yes  No
- Cavity wall Yes  No
- External thermal cladding Yes  No
- Floor Yes  No
- Hot water tanks lagged Yes  No
- Are windows in good repair? Yes  No
- eg. Free from rot, open and closeable and well maintained

## 7. Management of HMO

Please tick the boxes relevant to the operation of your HMO

- Emergency contact details provided within HMO
- Local representative - other than a managing agent
- Complaints/Repairs procedure
- Regular periodic visits to property (Please detail frequency)
- Deposits lodged with government approved schemes
- Inventories prior to letting
- Landlord insurance
- Buildings Insurance
- Sufficient funding in place to manage and maintain building

Please detail your procedure for dealing with anti social behaviour

### Membership of any landlord associations

Name of association	Membership No

Qualification(s) relevant to property management:

Membership of the Cornwall Responsible Landlords Scheme? Yes  No

You are encouraged to join the Cornwall Responsible Landlords Scheme. Details can be found here: [www.cornwall.gov.uk/housing/private-sector-housing/responsible-landlord-scheme/](http://www.cornwall.gov.uk/housing/private-sector-housing/responsible-landlord-scheme/) or call **01872 224543**

## 8. Fit and proper person tests

Before the local authority can grant the licence, it must determine whether the proposed licence holder and any manager of the house is a fit and proper person.

For this purpose, the following matters are relevant:

Any unspent convictions involving:

- Fraud or other dishonesty
- Violence or drugs
- Any offence listed in Schedule 3 to the Sexual Offences Act 2003.

Any finding by a court or tribunal of unlawful discrimination on the part of the proposed licence holder or manager on grounds of sex, colour, race, ethnic or national origin or disability in, or in connection with, the carrying on of any business.

Any contravention on the part of the proposed licence holder or manager of any provision of any enactment relating to housing, public health, environmental health or landlord and tenant law including Part 3 of the Immigration Act 2014, which led to civil or criminal proceedings resulting in a judgment being made against the proposed licence holder or manager.

Whether the licence holder, manager or any person associated or formally associated with them requires leave to enter or remain in the United Kingdom but does not have it; or is insolvent or an undischarged bankrupt.

Any HMO or house the proposed licence holder owns or manages, which has been the subject of a control order under section 379 of the Housing Act 1985 in the five years preceding the date of the application.

Any HMO or house the proposed licence holder or manager owns or manages or has owned or managed for which a local housing authority has refused to grant a licence under Part 2 or 3 of the Act, or has revoked a licence in consequence of the licence holder breaching the conditions of his licence.

Any HMO or house the proposed licence holder or manager owns or manages or has owned or managed that has been the subject of an interim or final management order under the Act.

If any of the above apply to either the proposed licence holder or manager, details should be provided below (please note that the provisions of the Rehabilitation of Offenders Act 1974 applies in respect of 'spent' convictions).

Please provide details if any of the above criteria apply to either you or the manager of the HMO:

**We may also have to share/and or check information with other authorities, such as the Police, Fire and Rescue Service, Office of Fair Trading, Inland Revenue etc.**

**Signing of this application will be taken as your agreement to any such action.**



## 9. Previous enforcement action

Please provide details (if any) of any previous enforcement action taken against you by Cornwall Council:

## 10. Discretionary information

The following information will assist Cornwall Council to improve and update our understanding of the condition of the private rented sector and will assist the Council to use this information to target our resources where they are most needed. Completion of this section of the application form is discretionary.

Average rent charged per room (state if weekly or monthly)    £

## 11. Declarations

**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.**

**False or misleading information may result in a financial penalty, revocation of a licence or the licence term being restricted to 1 year duration.**

Signed:

(applicant/proposed licence holder/manager)

Dated:

Signed:

(applicant/proposed licence holder/manager)

Dated:

Signed:

(applicant/proposed licence holder/manager)

Dated:

**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 of persons interested in the application:

Nature of interest:

Address:

Date of service:

Signed:

(applicant/proposed licence holder/manager)

Dated:

Signed:

(applicant/proposed licence holder/manager)

Dated:

Signed:

(applicant/proposed licence holder/manager)

Dated:

## 12. Checklist

- Fee\*
- Completed and signed application\*
- Annotated floor plan with room descriptions, numbers, sizes, fire detection provision, fire doors, and position of amenities.\*
- Copy of Electrical Installation Condition Report\*
- Copy of Landlords Gas Safety Certificate (if applicable)\*
- Contractual agreement between a licence holder and a manager (if applicable)\*
- Copy of fire alarm design, installation and commissioning certificate (if applicable)
- Copy of emergency lighting design, installation and commissioning certificate (where applicable)
- Copy of fire extinguisher service certificate (where applicable)
- Copy of PAT Testing certificate (if applicable)

**\*Applications submitted without these items will be rejected. If a complete application is not received by the Council within 2 weeks of rejection then the applicant may be held liable for the offence of operating a licensable HMO without a licence.**

### How the Council deals with serious breaches of The Housing Act 2004

- Imposition of discretionary licence conditions.
- Variation of an existing property licence.
- Housing Act 2004 enforcement notices (charges apply).
- Revocation of the existing property licence and reducing a new licence term to 1 year.
- Financial Penalties as an alternative to prosecution (introduced by section 126 and schedule 9 the Housing and Planning Act 2016.)
- Prosecutions and Cautions.

### Data Protection Statement

The information in this form is collected by Cornwall Council as data controller in accordance with the data principles contained within the data protection act 2018. The purpose for collecting the information is for the processing of the HMO Licence application. Alongside the statutory duty we have to collect and publish certain information, the information may also be shared within the Council, such as Housing Benefit, Trading Standards, etc. We may also have to share/check information with other authorities such as the Police, Fire and Rescue Service, HMRC, Office of Fair Trading, etc. All personal information stored by Cornwall Council is held in a secure environment. Your information will be held for the term of your licence.

If you have any concerns regarding the processing of the information please contact Private Sector Housing.

If you would like this information in another format or language please contact:

Cornwall Council, County Hall,  
Treyew Road, Truro TR1 3AY

e: [equality@cornwall.gov.uk](mailto:equality@cornwall.gov.uk)

t: 0300 1234 100

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