



**Housing Act 2004,
Part 2 Section 55**

**Licensing of Houses
in Multiple Occupation
(HMO) - Application**

**Environment
& Leisure**

Swindon Borough Council
Civic Offices, Euclid Street
Swindon SN1 2JH
Tel: 01793 463000
Fax: 01793 466165
Web: www.swindon.gov.uk

Use this form if you want to apply for a license for a house in multiple occupation (HMO).

Please return the completed form to:

Residential Services Team
Swindon Borough Council
3rd Floor, Premier House
Station Road
Swindon, SN1 1RZ

E-mail: Residentialservices@Swindon.gov.uk

For Official Use Only

Date Received:

Receipt No.

Date to Officers:

Last date for consideration:

If you are uncertain how to answer any of the questions or have any queries about the process or HMO's in general we would encourage you to seek advice and guidance by contacting the Residential Services team, at the above address or call us on 01793 466063.

Please tick the appropriate box

- Application for Licence Application for a variation of existing Licence or Registration
- Renewal of Licence or Registration

If you have more than one property in multiple occupation, you will need to fill in a separate application for each property. (You will only need to complete part 7 on one form)

Important

Please answer all questions unless directed. Please read the notes, (set out at the end of the form), before answering the questions to which they relate.

It is a criminal offence to make a false statement in an application for an HMO Licence or fail to comply with any condition of the Licence.

- Part 1 - Licence – holder details.
- Part 2 - Information about the interest in the property.
- Part 3 - Information about the property.
- Part 4 - Information about occupants.
- Part 5 - Arrangements for fire safety.
- Part 6 - Gas and electrical safety.
- Part 7 - Licence holder test of fitness and compliance with management conditions.

Please attach all relevant certificates of installation, inspection or maintenance. The declaration at the end of the application must be signed and dated before submitting. **All questions must be completed in full.** This application must include the appropriate fee (see notes and schedule of fees).

Part 1: Applicant and Proposed Licence-holder details

(Please use the additional information sheet where necessary)

1.1 To be completed if applicant is an individual (and then move on to 1.3)

(a) Full Name (block letters)

Surname:..... **First Name(s):**.....

(b) Home Address:.....

.....

Postcode:.....

Home Telephone Number:.....

Work/Mobile Number:.....

Email Address:.....

Preferred method of contact (*please tick appropriate box*):

Home

Work/Mobile

Email

(c) Date of Birth:

(d) Are you responsible for the day-to-day repairs, maintenance and tenant management of the premises to be licensed? (*Please tick appropriate box*)

Yes

No

(e) If not, give full name and address of any person employed to do this.

Name:.....

Telephone Number:.....

Home Address:.....

.....

Postcode:.....

(f) Who received the rent for the property?.....

Data Protection

All information on this form will be treated in strictest confidence and used to process your application. Information on this form may be held on computer.

Home Address:.....
.....Postcode:.....

(g) Are you the applicant, the proposed licence holder Yes No

(h) If not, give full name and address of the intended licence holder:

Name:..... Address:.....
.....Postcode:.....

Telephone number:..... Email:.....

1.2 To be completed if applicant is a Company or Partnership (Refer to note 1.2)

(a) Full Name of Company, Partnership or Trust.

(b) Address of Principal or Registered Office.

.....
.....

Postcode:..... Telephone Number:.....

Email address:.....

(c) Full name, address and date of birth of Directors, Partners, Company Secretary or other persons responsible for management of the business.

Name:.....

Position:.....

Date of Birth:.....

Address:.....

.....Postcode:.....

(d) Full name, address and date of birth of employee or agent who is responsible for the day-to-day repairs, maintenance and tenant management of the premises to be licensed.

Name:.....

Position:.....

Date of Birth:.....

Address:.....

.....Postcode:.....

(e) Who received the rent for the property?
.....

(f) Name and address of proposed licence holder if not the applicant

Name:..... Address:.....

.....Postcode:.....

Telephone number:..... Email:.....

1.3 Are you the landlord of any other residential premises in the Council's area? *(Please tick appropriate box)*

Yes No

If Yes, have you made an application for an HMO licence in respect of any other property?

(Please tick appropriate box)

Yes No

Please give full address of each property and licence number if known.

(Continue on the additional section if necessary)

Address (1):.....

.....

.....Postcode:.....

Licence number:

Address (2):.....

.....

.....Postcode:.....

Licence number:

1.4 Are you the landlord of any other residential premises outside of the Council's area? *(Please tick appropriate box)*

Yes No

If you have applied for an HMO licence in respect of such property.

Please ensure that you complete section 7.1.

Part 2: Information about your interest in the property.

Please answer each question in turn unless directed. (Please use the additional information sheet where necessary)

2.1 Full address of the property which the licence application applies to: *(Refer to note 2.1)*

.....
.....
.....
.....

Indicate if: *(Please tick appropriate box):* House Flat

2.2 Are you the owner *(Please tick appropriate box)* *(Refer to note 2.2)*

Yes No

2.3 Do you jointly/singly own the Freehold, Lease/Tenancy of the property with at least 5 years still to run? If 'No', go to 2.5. *(Please tick appropriate box)*

Yes No

If Yes, please indicate which interest you own:

Freehold Lease/Tenancy with at least 5 years still to run

2.4 If you own the interest jointly with other people, please give the names and addresses of your co-owners:

Name:.....

Telephone Number:.....

Home Address:.....

.....Postcode:.....

2.5 Name and address of the mortgage provider (if any) of the property (please say "none" if the property does not have an outstanding mortgage):

Name:.....

Telephone Number:.....

Home Address:.....

.....Postcode:.....

Telephone number:..... Fax number:.....

Email address:.....

Part 3: Information about the property

Please answer each question unless otherwise directed. (Please use the additional information sheet where necessary)

3.1 Has planning permission been granted for use as a house in multiple occupation? (Refer to note 3.1)
(Please tick appropriate box)

Yes No Don't know

If 'Yes' please give date and reference number of your application:

Date:..... Reference number:.....

3.2 Are any of the rooms occupied by the owner or freeholder (including their family)? (Refer to note 3.2)
(Please tick appropriate box)

Yes No

Total number of owner(s) family normally resident

(Enter total number in box)

 Total

3.3 How many habitable rooms in the property? (Refer to note 3.3)

(Enter total number in box)

 Total

3.4 Please tick all the floors the premises has:

Basement Ground Floor First Floor Second Floor
 Third Floor Fourth Floor Fifth Floor Sixth Floor and above

3.5 Type of Property (please tick appropriate box)

Detached House Semi-detached Terraced End of Terrace

3.6 Approximate date of construction: (please tick appropriate box)

Pre-1919 1919-1945 1946- 1964 Post 1964

3.7 Does the property: (please tick appropriate box) (Refer to note 3.7)

(a) meet the current statutory minimum standard for housing

Yes No Don't know

(b) have adequate facilities for rubbish storage and disposal

Yes No Don't know

3.8 When was the last time you carried out any works of repair or improvement? (Refer to note 3.8)
(Please tick appropriate box)

- Less than 1 year ago Between 1 and 3 years More than 3 years ago

Please describe the repairs and or improvements carried out:

.....
.....
.....

3.9 Amenity Details

How many units of accommodation in the property? (Include all rooms normally used as bed-sits or bedrooms where the property is a shared house.)

(Enter total number in box) Total

3.10 How many of these units have exclusive use of a:

(a) Kitchen or cooking facilities including a sink (state location) example second floor front room

(Enter total number in box) Total

(b) Bathroom or Shower room with toilets (state location)

(Enter total number in box) Total

(c) Bathroom or Shower room without toilets (state location)

(Enter total number in box) Total

(d) Number of separate toilets (state location)

(Enter total number in box) Total

3.11 Sharing of Facilities

(a) How many shared kitchens or cooking facilities including a sink in the property?

(Enter total number in box) Total

(b) How many shared baths/showers in the property?

(Enter total number in box)

 Total

(c) How many shared toilets in the property?

(Enter total number in box)

 Total

Part 4: Information about occupants

(Please use the additional information sheet where necessary)

4.1 How many people currently live in the property? (Enter total number in appropriate box)

(a) Adults

(b) Children aged 0 -17

 Total Total

4.2 How many households? (Refer to note 4.2)

(Enter total number in appropriate box)

 Total

4.3 Tenancy Management – Please confirm whether you provide the following: (Refer to note 4.3)

- | | | | |
|-----|--|------------------------------|-----------------------------|
| (a) | A written tenancy agreement with details of terms of tenancy including sanctions for anti-social behavior. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) | An inventory of furniture and fittings and the conditions at the start date of the tenancy. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) | OA rent book or receipts for rent deposits and rent payment. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) | Procedures on how to report repairs and maintenance matters. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) | Policy/procedures for dealing with complaints. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part 5: Arrangements for Fire Safety

5.1 Does the property have an automatic fire detection system? *(Please tick appropriate box)*

Yes No

Has a fire risk assessment been carried out? *(Please tick appropriate box)*

Yes No

If yes, please provide details on the type of system:.....

Date of risk assessment:.....

Date installed:.....

Date of most recent check by competent contractor:.....

(Please submit test certification and fire risk assessment report with application please refer to notes 5 and 5.1)

5.2 Has the house been fitted with an emergency lighting system? *(Refer to note 5.2)*

Yes No

If yes, please provide details on the type of system:.....

Date installed:.....

Date of most recent check by competent contractor:.....

5.3 Do doors to all rooms and stairwells have: *(Please tick appropriate box)* *(Refer to note 5.3)*

Automatic closers? Yes No Don't know

30 minutes fire resistance? Yes No Don't know

Intumescent Smoke and Fire Seals? Yes No Don't know

5.4 Is the stairwell and escape route protected in the event of a fire? *(Please tick appropriate box)* *(Refer to note 5.4)*

Yes No

5.5 Do you have the following fire safety equipment? *(Please tick appropriate box)*

(a) Fire Blankets Yes No

If yes, how many? and where located?.....

(b) Fire extinguishers Yes No

If yes, how many? and where located?.....

5.6 Are there any notices displayed in the property instructing the occupants what to do in the event of a fire?

(Please tick appropriate box)

Yes No

If yes, how many? and where located?.....

5.7 Is the accommodation you provide furnished? (Please tick appropriate box) *(Refer to note 5.7)*

Yes No

If yes, does it all comply with the Furniture and Furnishings (Fire) (Safety) (Amendment) Regulations 1993?

Yes No

Part 6: Gas and Electrical safety

6.1 Do any gas appliances and installation(s) at the property have an annual gas safety certificate?

(Please tick appropriate box)

(Refer to note 6.1)

Yes No If yes then please give details below:

(NB A copy of current annual safety certificates must be provided with this application.)

6.2 Has the property been re-wired in the last 15 years? (Please tick appropriate box) *(Refer to note 6.2)*

Yes No If yes, please give date and attach report if available:

If no, you are advised to have the installation inspected.

(NB A copy of the electrical installation/appliance safety inspection report/certificate must be provided.)

Heating

6.3 What type of heating is provided in the property?

- Gas central heating
- Wall mounted gas heaters
- Electric storage heating
- Individual wall mounted electric heaters
- Other
- Please specify

Part 7: Licence - holder test of fitness and compliance with management conditions

(If you answer yes to any of the following questions in this section, please give details including dates below. Continue on a separate sheet where necessary).

Please Note: The Council may carry out the necessary legal checks on applicants or the proposed licence holder. Where considered appropriate, they may require the applicant themselves to provide evidence of disclosure at their own expense.

7.1 **Has the proposed licence holder been assessed at any other local authority?** (Please tick appropriate box) *(Refer to notes 7.1)*

Yes No If yes, please provide the following:

Name of Local Authority/(ies):.....

Contact Name and Number:.....

Reference Number (if any):.....

7.2 **Has the proposed licence holder been convicted of any offences relating to violence, sexual offences, drugs or fraud? (Spent convictions are not, in this context, taken into account)** (Please tick appropriate box) *(Refer to note 7.2)*

Yes No

7.3 **Has the proposed licence holder been convicted of failing to comply with a Housing Act Notice in the past 5 years?** (Please tick appropriate box) *(Refer to note 7.3)*

Yes No

7.4 **Has the proposed licence holder been convicted of any charges relating to landlord and tenant law, harassment or illegal eviction or any related civil proceedings in which judgement was made against you in the past 5 years?** (Please tick appropriate box)

Yes No

7.5 **Has a local authority carried out works in default to residential premises owned or managed by you the proposed licence holder (in connection with housing conditions or suitability as a residence) in the past 5 years?** (Please tick appropriate box) *(Refer to note 7.5)*

Yes No

7.6 **Has the proposed licence holder been convicted of any offence or subject to any other proceedings brought by a local authority or other Regulatory Body (for example breaches of the Environmental Protection Act, planning control or compulsory purchase proceedings or fire safety requirements)?** (Please tick appropriate box)

Yes No

7.7 Has the proposed licence holder ever been found to have acted otherwise than in accordance with the provisions of any Code of Practice approved under section 233 of the Housing Act 2004 in respect of any properties under your control.

Yes No

7.8 Have any properties that the proposed licence holder owns or had under their control been subject to a control order under the Housing Act 1985 or a management order under the Housing Act 2004 or been refused a licence or breached conditions of a licence? (Please tick appropriate box)

If the answer is “yes” to any of questions 7.2 to 7.8 then please provide details and dates (use the additional information sheet where necessary)

Yes No

.....
.....
.....
.....

7.9 Has the proposed licence holder been declared bankrupt or in arrears with a mortgage? (Please tick appropriate box)

Yes No

If “yes” when was this?

7.10 Is the proposed licence holder an accredited landlord (Please tick appropriate box) (Refer to note 7.10)

Yes No

If “yes” provide details, date, accreditation body, etc.

.....
.....
.....
.....

Additional Information

Please use this sheet to provide us with any additional information.

.....
.....
.....

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Enclosures

You must submit the documents listed below with your application. Your application may be invalid if you fail to do so.

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. The questions and notes draw your attention to points on which supporting documentation may be required or helpful. If you are in any doubt, the Council will be pleased to guide you.

Enclosures (Please read guidance notes)

Tick items enclosed

- | | | |
|---|---|--------------------------|
| A | Annual maintenance record for automatic fire detection system | <input type="checkbox"/> |
| B | CORGI registered commissioning and annual Gas Safety Inspection certificates | <input type="checkbox"/> |
| C | Commissioning and periodical Electrical Installation/Appliance Inspection certificate | <input type="checkbox"/> |
| D | Fire Risk Assessment Report | <input type="checkbox"/> |
| E | Floor Plans/layout of property (<i>Where requested by the council.</i>) | <input type="checkbox"/> |
| F | Annual Buildings Insurance Certificate. | <input type="checkbox"/> |
| G | The fee of £.....is enclosed. (<i>Refer to attached Schedule of fees</i>) | <input type="checkbox"/> |

Notification of intended parties:

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 this form. The persons who need to know about it are:-

- Any mortgagee of the property
- Any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessees who are known to you
- Any other person who is a tenant or a 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 who's 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 Part 3 of the Housing Act 2004
- The address of the property to which it relates
- The name and address of the local housing authority to which the application will be made
- The date the application will be submitted

DECLARATION*

Warning: If you knowingly make a false statement or fail to comply with any condition of the licence you may be liable to prosecution.

In considering whether the required standards and/or conditions have been met, the Local Authority may take into account other evidence available to it in addition to this declaration. Evidence of any statements made in this application may also be required at a later date. An officer may need to visit the property to check the situation and the accuracy of the declaration. If we need to visit we will contact you to arrange a suitable time.

Note: Your application will not be valid until you complete all the relevant parts of this form, provide all necessary documents and pay the required fees. The application must be signed by all applicants.

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 Swindon Borough Council in connection with any of their functions under any Parts of 1 to 4 of the Housing Act 2004 that is false or misleading or I/we are reckless as to whether it is false or misleading.

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:

Signature: Date:

Print Full Name:.....

Position (if acting on behalf of a company):.....

Signature: Date:

Print Full Name:.....

Position (if acting on behalf of a company):.....

Signature: Date:

Print Full Name:.....

Position (if acting on behalf of a company):.....

Signature: Date:

Print Full Name:.....

Position (if acting on behalf of a company):.....

Notes

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GUIDANCE NOTES

Before lodging an application for a licence for a House in Multiple Occupation (HMO), please ensure that you have read the following guidance notes. If you require any further advice regarding the Licensing Scheme or the relevant standards, please contact the Residential Services Team on 01793 466063

In these notes, “the Act” means the Housing Act 2004, unless otherwise stated, all references to sections etc are to sections in the Act. Part 2 of the Act introduces a mandatory scheme to licence HMOs of a description contained in regulations. It is intended initially to apply to larger higher risk HMO’s of 3 or more storeys occupied by 5 or more people who constitute more than one household.

Note: Properties comprising solely self-contained flats and those operated by certain specific bodies (such as Housing Associations) are exempt from licensing requirements.

Meaning of "HMO"

"HMO" means a house in multiple occupation as defined by sections 254 to 259, Housing Act 2004 and it applies to a wide range of housing types and includes:

- 2 *A building or a part of a building, which consists of one or more units of living accommodation not consisting of a self-contained flat or flats;*
- 3 *The living accommodation is occupied by persons who do not form a single household;*
- 4 *Where two or more of the households who occupy the living accommodation share one or more basic amenities or the living accommodation is lacking in one or more basic amenities;*
- 5 *Buildings converted into self-contained flats if more than one third of the flats are tenanted and the conversion does not comply with Building Regulations 1991 or subsequent Building Regulations.*

Part 1. Licence – holder details

- 1.2 *If the applicant is a company or similar body, give the official (registered) address.*

Part 2. Information about the interest in the property

- 2.1 *A flat is a dwelling, which is a separate set of premises, whether or not on the same floor, divided horizontally from some other part of the building.*
- 2.2 *“Owner” means person having a heritable interest in the house has, or proposes to acquire, an owner’s interest in the dwelling or building, which is capable of being recorded in the Land Registry*

Part 3. Information about the property

- 3.1 *Planning permission may or may not be required in relation to your HMO. If you are not sure whether permission or approval is required for the property for which you are seeking a licence, contact the Council’s Planning Department. Where permission or approval has already been obtained, please enclose a copy with your application. The existence of planning permission will not materially affect the Council’s decision on whether it issues an HMO licence, conversely the existence of an HMO licence does not indicate that Planning Permission for such use exists or would necessarily be granted if such an application was made. However failure to cooperate with the Council in regularising any unlawful planning use **may** be considered relevant when determining if the person having control of the HMO is a fit and proper person for the purposes of Part 7.*

If the property was built or was provided by conversion after 1991 you may not require a licence, if the works were carried out in accordance the relevant Building Regulations. If you are unsure about any matter, please contact us.

- 3.2 *A person is a member of the same family as another person if, those persons are married to each other or live together as husband and wife (or in an equivalent relationship in the case of persons of the same sex); one of them is a relative of the other; "relative" means parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew, niece or cousin.*
- 3.3 *Habitable rooms include all rooms used or intended to be used as living rooms, bedrooms and living rooms, it does not include kitchens, bathrooms, halls, landings. passageways or utilities.*
- 3.7 *Part 1 of the Act replaces the statutory housing fitness regime set out in the Housing Act 1985 with the Housing Health and Safety Rating System (HHSRS). The separate Houses in Multiple Occupation (HMO) standards will also be repealed. The underlying principle of the HHSRS is that "any residential premises should provide a safe and healthy environment for any potential occupier or visitor". A dwelling should be capable of satisfying the basic fundamental needs for the everyday life of a household. It should provide shelter, space and facilities for the occupants. The owner or manager will keep in repair the structure interior and exterior of the house and will maintain and keep in proper working order any installations provided for space heating, water heating and sanitation and for supply of water, gas and electricity in compliance with current housing health and safety legislation.*
- 3.8 *Give as full description as you can about the works. It will help you to supply plans and in the case of improvement or conversion these should be of the property before and after the works have been carried out.*

Part 4. Information about tenants/occupants

- 4.2 *A "household" for the purposes section 258 of the Act are:*
- 1. Families (including foster children, children being cared for) and current domestic employees, The definition includes spouses; persons who live together as husband and wife; parents; grandparents; children; grandchildren; brothers; sisters; uncles; aunts; nephews; and nieces.*
 - 2. Single persons*
 - 3. Co-habiting couples (whether or not of the opposite sex).*
- 4.3 *Tenancy management refers to the owner's responsibilities in respect of the legal rights of his or her tenants and with due regard for the welfare of the tenants and the interests of neighbours.*
- a) *As part of a landlord's tenancy management duties he or she must ensure that tenants comply with their lease and conduct themselves in a way that does not interfere with the rights of neighbouring residents to enjoy peaceful occupation of their homes*

Part 5. Arrangements for fire safety

Every HMO must have adequate fire precautions including provisions for

- a) Detection and giving warning in case of fire;*
- b) Escape from the building;*
- c) Fighting fire.*

A risk assessment should be carried out by or on behalf of the applicant to establish both the risk of fire occurring and the risk to people in the event of fire. This would apply to everyone who may be in the HMO (residents, staff and visitors) and should take adequate account of any one with special needs. This assessment will show whether the existing fire precautions are adequate and what

changes need to be made. If you have carried out a risk assessment, please enclose a copy with your application. **All fire safety provisions should comply with the relevant Regulations and/or British Standards.**

- 5.1 *If your house has been fitted with a mains interlinked smoke alarm system, single point smoke detectors or battery operated smoke detectors, the system should be checked and serviced at least once every year. Either a specialist contractor or NICEIC/ECA electrician should carry out the check.*
- 5.2 *If your house has been fitted with an emergency lighting system, the system should be checked and serviced at least once every year.*
- 5.3 *Fire doors provide a vital part of a properties protected escape route in the event of fire. Doors should be fully self-closing and all latches should connect without resistance. Each door should close squarely and lie flush against the rebates of the frame. Smoke seals must be undamaged and form a good seal between the edges of the door and the frame*
- 5.4 *Half hour fire resisting materials enclosing meters, pipes etc. in the common exit route should be undamaged. Walls, ceilings and partitions should be undamaged and capable of providing the appropriate fire resistance.*
- 5.7 *All upholstered furniture provided with rented accommodation must comply with the Furniture and Furnishings (Fire) (Safety) (Amendment) Regulations 1993. This means that all materials must have passed cigarette and match ignition tests and the filling materials must have passed flammability test. If your furniture complies it should have a label attached permanently with the lining giving details as appropriate*

Part 6. Arrangements for gas and electrical safety

- 6.1 *Under the Gas Safety (Installation and Use) Regulations 1998 the landlord must have an annual gas safety check on all gas appliances by a CORGI registered gas installer.*
- 6.2 *A regular and appropriate inspection of the electrical wiring installation is recommended to ensure to that the health and safety of your tenants is not compromised. The landlord is required to provide certification that the electrical system and any appliances provided by the landlord, have been examined by a competent person who has confirmed that they are functioning properly and are safe. Electrical wiring more than 15 years old will probably need to be inspected every year. Your electrician will recommend the frequency of inspection appropriate to your property. Only electricians approved by the NICEIC or ECA are considered competent for this purpose.*

Part 7 Licence holder test of fitness and compliance with management conditions

The local authority must be satisfied that the person applying for an HMO licence is a “fit and proper person” to hold a licence. The same test applies to any person managing the premises and any director or partner in a company or organisation, which owns or manages the HMO. The local authority may approach other authorities such as the police authority, Fire & Rescue Service, Office of Fair Trading, etc., whether the applicant has any relevant convictions. We may require your cooperation in obtaining CRB information in confirmation of the above. Signing this application will be taken as your agreement to any such action.

- 7.1 *The local authority is encouraged to share information about the fitness of an applicant to be an HMO operator with relevant sections of other local authorities since prospective HMO operators may own properties in more than one local area. In doing so the local authority will*

take care to protect confidentiality and ensure that the terms of the Data Protection and Human Rights legislation are observed.

- 7.2 If you do have any convictions you are required to declare, these should not be sent with the application form but should be sent under separate confidential cover. Unspent convictions may be convictions for which the rehabilitation period has not been completed, or convictions, which are excluded from the Act (i.e. never spent). Not all convictions would be relevant to a person's prospective role as an operator of an HMO, for example motoring offences would not be relevant but a conviction for fraud or theft could be since the operator would be in a position of trust. If you are unsure about any matter, please contact us.
- 7.3 A notice under section 189 of the Housing Act 1985 is a repair notice for premises which are unfit for human habitation. A notice under section 190 of the 1985 Act is a repair notice for premises which, although fit for human habitation, require substantial repair. Part 1 of the Housing Act 2004 replaces the existing housing fitness standard contained in section 604 of the housing Act 1985 with the Housing Health and Safety Rating System a new system of assessing housing conditions and enforcing standard.
- 7.5 "Works in default" - provisions of housing legislation which enables enforcement action in respect of a repair or improvement notice to be taken by local housing authorities either with or without agreement and which provides for the recovery of related expenses.
- 7.10 An accredited landlord is someone who has undergone training and agreed to abide by a set of standards or code relating to the management or physical condition of privately rented accommodation and manages well-maintained accommodation and demonstrates good management practices towards their tenants.

For further information see

www.swindon.gov.uk

<http://www.swindon.gov.uk/hmo>

www.swindon.gov.uk/hmolicensing

www.swindon.gov.uk/hmo-improving

www.swindon.gov.uk/hmo-standards

http://www.odpm.gov.uk/stellent/groups/odpm_housing/documents/divisionhomepage/039012.hcsp

<http://www.opsi.gov.uk/acts/acts2004/40034--g.htm>

For Office Use Only:

	Accredited	Non Accredited	
Basic Initial Fee:			£
Additional Lettings: ()			£
Renewal			£
Transfer			£
Subtotal:			£
Additional 20% Charge			£
Further 20% Charge			£
Total Fee:			£

Fees for houses in multiple occupation licences (2005/06)

Initial HMO Licence :

- Properties Comprising up to 5 Letting Units: £300.00
- Each additional Letting Unit: £60.00

Initial HMO Licence: (Swindon Accredited Landlords*)

- For Properties Comprising up to 5 Letting Units: £200.00
- Each additional Letting Unit: £50.00

Reissue of Licence:

- Where Circumstances are unchanged: £200.00
- In Changed Circumstances: £300.00
- Swindon Accredited Landlords: (All Circumstances) £200.00

Transfer of Licence:

- All Circumstances: £300.00

Additional Charges:

- Where Applications are received after the first 3 months of the scheme going live: **20% of the appropriate fee.**
- Where Landlords fail to respond within 28 days to justified requests for an application, renewal **OR** information required in respect of incomplete applications: **20% of the appropriate fee.**

(Note: Both additional charges may be applicable in certain circumstances.)

Note: A Swindon Accredited Landlord is one who is registered under Swindon Borough Council's Accredited Landlord Scheme at the time they submit their HMO Licence application.

Notes

A series of horizontal dotted lines for writing notes.

