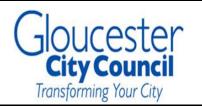
## HOUSE IN MULTIPLE OCCUPATION (HMO) LICENCE APPLICATION FORM



#### **SECTION ONE**

#### LICENCE HOLDER AND PROPERTY

Please complete this form in black ink only. Write clearly and within the boxes provided and complete in conjunction with the guidance notes. If you do not complete the form correctly completing ALL relevant sections accurately and in full, the processing of the application may be delayed and incur further charges. Please bear in mind we check and verify all information.

ONLY COMPLETE THIS APPLICATION FORM FOR A LICENSABLE HOUSE IN MULTIPLE OCCUPATION FOR FURTHER INFORMATION PLEASE SEE THE GUIDANCE DOCUMENT "HMO LICENCE APPLICATION GUIDANCE NOTES". YOU SHOULD ALSO REFER TO THE AMENITY AND SPACE STANDARDS, WHICH ARE AVAILABLE ON THE COUNCIL WEBSITE.

Please submit your completed application form to:

Gloucester City Council, Private Sector Housing, PO Box 2017 Pershore, WR10 9BJ

or email it to psh.focus@gloucester.gov.uk

1.1 Basic Details							
1.1.1	Address of HMO to be licensed including post code						
1.1.2	Select whether this application is: -	A f	irst application		A renewal		
		Reference No		Expiry Date			
			Full Name	Comp	anies House Registration		
		Or Regist	ered Company Name	Nun	nber (where applicable)		
1.1.3	Proposed Licence Holder						
1.1.4	Manager						
1.1.5	Owner(s)						
1.1.6	• •		ot the property owner, sen the owner and propo		asons why. Describe the holder: -		

Please complete this section with all owner(s) details.

In the case of a limited company, limited liability partnership or registered charity, state the full name and registered office.

In the case of an ordinary partnership, give the name and address of the principal partner and attach a sheet with full details of all other partners.

In the case of joint ownership, please either attach a sheet or duplicate this form, giving full details of all joint owners.

If the owner is a leaseholder, enter their details below and attach a sheet with the freeholder's full details.

#### 1.2 Ownership Details

1.2.1	The person named in this	Freeholder		Leaseholder	Leaseholder		If "other" state the connection below e.g. "trustee"
	section is	Tick the correct box		Other			
1.2.2	Full Name						
1.2.3	Full Address						
1.2.4	Post Code				1.2.5	Tel no:	
1.2.6	Email <i>ad</i> dress				1.2.7	Mobile No.:	
1.2.8	[	Date of Birth					
1.2.9		es House Regis oer (if applicable					
1.2.10	For corporate bodies, give the full name and position in the organisation of the person responsible for the property		Name				
			Position				
1.2.11	.  Do you jointly own the property with anyone else?			lf	Yes, ente	r details t	pelow

Section	n one Part three	Description of the Property				
		House in single occupation				
		House in multiple occupation				
	Please tick box to indicate the type of house for which the application is being	Flat in single occupation				
	made.	Flat in multiple occupation				
1.3.1	Please note that some of the options opposite are unlikely but are required by law to be included in the options	A house converted into and comprising only self- contained flats				
		A house or flat in a building used for both residential and business purposes				
		Other				
		Detached				
		Semi-detached				
1.3.2	Please tick box to indicate the type of property	Terraced				
		End of terrace				
		Other				
1.3.3	If "other" please describe the type of property					
		Pre 1919				
		1919-1945				
1.3.4	Please tick box to indicate approximate age of property	1946-1964				
		1965-1980				
		Post 1980				
1.3.6	How many storeys does the property have (including attics and basements used for residential purposes)?					
1.3.7	How many sto	reys are above ground level?				
1.3.8	If the HMO does not take up all the floors (storeys) of the building, please state which floors comprise the HMO, for example "1st & 2nd" or "2nd & 3rd"					

1.3.9	, . · · · · · · · · · · · · · · · · · ·	for non-residential purposes such as an office, shop, warehouse etc.
1.3.10	If yes, please describe the parts of the building and their use	Parts Use

Section	one Part four Planning and Building Regulation
1.4.1	Approximately when did the building first become a house in multiple occupation?
1.4.2	Has any approval under Building Regulations been applied for or obtained for the building?
1.4.3	If Yes, please state briefly what work this was for and the date completed (if known).  Enclose a copy of any approval document and/or completion certificate if you have one
1.4.4	Has any Planning consent ever been obtained for the building?
1.4.5	If Yes please state the date and enclose a copy of the consent letter together with any planning conditions if you have this.

Sectio	n one Part five Accommodation and Amenity Details					
1.5.1	How many rooms in the premises provide sleeping accommodation?					
1.5.2	How many habitable rooms are there in the HMO?					
1.5.3 How many rooms in the HMO provide shared living accommodation?						
1.5.4	Is the house divided into flats?					
1.5.5	If Yes please state:  1) Number of flats which are self-contained					
1.5.5	Number of flats which are not self-contained					

# Please indicate which of the following amenities are provided. Give the total number in the HMO and then indicate how many are shared between two or more households.

			Total number			
1.5.6	Bath/shov	wer rooms				
1.5.7	Toilets within ba	th/shower rooms				
1.5.8	Separate toilet compartments with wash	basin +hot and cold water in same room				
1.5.9	Separate toilet compartments without was	h basin + hot and cold water in same room				
1.5.10	Washbasins with hot +cold wa	iter supplies not entered above				
	Kitc	hen Facilities				
	Level 1 (1-5 persons)					
	Please refer to guidance notes and tick the kitchen facilities 'Level Number' that	Level 2 (6 - 7persons)				
	matches what is provided in the HMO	Level 3 (8-10 persons)				
1.5.11	If you let to more than 15 persons, you will need to contact the Council to agree the level of kitchen facilities required	Level 4 (11 or more persons)				
	Number of letting units which have their own exclusive kitchen facilities					

Section one Part six		Provisions for Heating			
1.6.1 - 1.6.7		Gas fired central heating			
	What provisions for room heating are there in the property?	Oil fired central heating			
		Electric storage heaters on an off peak tariff			

Individual gas fires in rooms	
Individual fixed electric heaters in rooms	
Portable (plug-in) electric heaters in rooms	
Other forms of heating	
Other forms of heating	

1.6.8	If you have selected other types, please explain briefly what these are.							
1.6.9	Is there a suitable fixed room heater in each bathroom?	Yes		No				
1.6.10	Is the roof space above all rooms insulated with at least 100mm of glass fibre insulation (or equivalent)	Yes No Not sure				t sure		
1.6.11			Single	glazed witl	n timber fr	ames		
1.6.12	Triat type of miliaette are intea in the	Single glazed with metal frames						
1.6.13	property? Select the description which applies to	Single glazed with secondary glazing						
1.6.14	most habitable rooms.	Double glazed with any frame type						
1.6.15		A combination of the above						
1.6.16	Do all windows in habitable rooms, provide adequate natural lighting to the rooms?	Yes				No		
1.6.17	Do all windows in habitable rooms, bathrooms and kitchens provide adequate natural ventilation to the rooms?	Yes				No		
1.6.18	If you have answered 'No' to question 1.6.17, is there provision for mechanical ventilation in room where no natural ventilation is provided?					No		

Section	on one Part seven	Occupation Details
1.7.1	How many separate Letting Units are there in the HMO?	
	How many of these units are vacant at the date of making this application?	
1.7.3	How many persons, regardless of age, live in the property at the date of making this application?	

1.7.4	What is the maximum number of persons you are likely to accommodate in the property?		
1.7.4a	Which rooms (if any) do you wish to be licensed for two occupants?		
1.7.5	How many separate households live in the property at the date of making this application?		
1.7.6	What is the maximum number of households you are likely to accommodate in the property?		
1.7.7	Does the landlord or proposed licence holder or any person connected with them live in the property?	Yes No	
1.7.8	If Yes, please give details		

Section	on one Part eight Gas, Electrica	I and Fire Sat	fety
	Does the property have a gas supply?	Yes	
1.8.1	boes the property have a gas supply :	No	
	If Yes, do you have a 'Landlord's Gas Safety Record' issued within the last	Yes	
1.8.2	twelve months? (Please enclose a copy of original document with your application)	No	
	Do you supply your tenants with portable electrical appliances (eg kettles, toasters, microwaves, televisions, table lamps etc.)?	Yes	
1.8.3		No	
	If yes, have you had all your portable appliances tested by a competent	Yes	
1.8.4	electrician within the last twelve months (PAT Test)? (Please enclose a copy of original PAT certificate with your application)	No	
	Have you had the electrical wiring installation (power and lighting circuits etc)	Yes	
1.8.5	inspected by a competent electrician within the last five years? (Electrical Installation Condition Report) (Please enclose a copy of original EICR with your application)		
1.8.6		Yes	

	Is the property fitted with a fire alarm system (also known as a fire detection and warning or automatic fire detection system [AFD])?	No	
	If yes, has the system been inspected by a competent person within the last	Yes	
.1.8.7	twelve months? (Please enclose a copy of the latest test certificate with the application.)	No	
	How many smoke and heat alarms/detectors are fitted?	Yes	
1.8.8	(Their positions should be shown on the plans submitted with the application)	No	
	Is the property fitted with an emergency lighting system to the communal areas, staircases, hallways and landing?	Yes	
1.8.9		No	
	If yes, has the emergency lighting system been inspected by a competent person within the last twelve months?  (Please enclose a copy of the latest certificate with the application)	Yes	
1.8.10		No	
	Do you supply, as part of any tenancy, any upholstered furniture to	Yes	
1.8.11	which the Furniture and Furnishings (Fire)(Safety) Regulations 1988 (as amended) apply?	No	
4.0.40	If Yes, can you confirm that all such upholstered furniture complies with the relevant fire safety criteria?	Yes	
1.8.12		No	
		•	

Section one Part nine Tenure, Mortgage Se Accreditation					X
1.9.1	Is the property Leasehold?				
1.9.2	If Yes, please state the length of lease remaining (in years)				
1.9.3	Is there a mortgage outstanding on the property?				
	If Yes, please give the name and address of the mortgage lender	:NAME			
1.9.4		ADDRESS			
	and the mortgage account number	POST CODE			
		MORTGAGE NUMBER			
1.9.5	Are any housekeeping or other type services provided for the residents?  E.g. include breakfast, all meals, laundry, cleaning of rooms and/or common			Yes	
1.9.5	parts etc.	nary, dearning or	TOOMS AND/OF COMMON	No	

1.9.6	If so, please give brief details.	
1.9.7	Is the property or the proposed licence holder accredited under any recognised	Yes
	Accreditation Scheme?	No
1.9.8	If Yes, please give the title of the accreditation scheme and the reference number (if any) (Please provide a copy of the accreditation certificate with your application form)	<u>,                                      </u>
1.9.9	Is any accreditation application pending?	Yes
1.3.3	is any accreditation application pending:	No
1.9.10	If Yes, please give the date of your application	·
4.0.44	Is the property included on any approved accommodation list of a	Yes
1.9.11	University or College?	No
1.9.12	If Yes, please indicate which University or College	
	If a separate manager is to be employed, please confirm that the manager has authority to:  a) Create and tenancies in accordance with the law	Yes
1.9.13	b) access all parts of the premises to the same extent as the landlord c) authorise expenditure of up to 25% of the yearly rental	No
	income of the property for repairs etc.	

## Section one Part ten

Plan of the Property

In order to license a House in Multiple Occupation, the Council must obtain certain information from you about the property so that it can assess the type of property it is, and what amenities and installations there are.

A plan is the most effective way of providing this information and can very quickly sum up the nature of a property on just one page. Sometimes it takes more but one page is often sufficient.

The Council is not insisting that you have plans professionally drawn although for some people a professionally drawn plan may be the best option. Detailed plans such as those required for a Buildings Regulations application are not required - just sufficient to understand the proportions and layout of the house along with the locations of amenities and fire safety measures.

You may already have some plans of the property drawn for some other purpose. It is perfectly acceptable to use these so long as they show all the information the Council requires.

The Guidance notes to be read in conjunction with this application show you how to go about producing plans for yourself. You may have a friend or relation who could do the job for you so long as you are satisfied that the plans produced are reasonably accurate

However the plans are produced, you should ensure that your plans contain all the following:

Please tick the boxes below to confirm all these features are included in the plan:

Address of property	
Date the plan was drawn	
Scale used (e.g. 1:100) or indicate your plan is not to scale. In either case include clear and accurate dimensions of every room	
Clear indication of which floor is which (e.g. ground, first etc.)	
Clear indication of room use and letting room numbers	
Clear indication of positions of windows	
Location of smoke and heat detectors/alarms and other fire alarm equipment	
Indication as to which fire alarms are interlinked or stand-alone and confirmation they are mains powered	
Location of all doors identifying which are fire doors	
Location of all fire blankets and any other equipment associated with the means of escape	
Location of emergency lighting units (where provided)	

## **LICENCE HOLDER SECTION TWO**

This section should be completed by the <u>person</u> who proposes to hold the HMO Licence

Section two Part one		Licence Holder's Basic Details
2.1.1	Full Name	
2.1.2	Address	
2.1.3	Post Code	2.1.4 Telephone No
2.1.5	Email address	2.1.6 Mobile No
2.1.7	Date of Birth	Companies House 2.1.8 Registration No (where applicable)
2.1.9	Position in Company	
2.1.10	·	Owner

Please indicate the extent of your ownership of the property		Joint owner		
	lownership or the b	лорену	Not the owner	
04'	Acces Don't Acces		O !!!! !	
Section	two Part two		Qualificat	lions
			aining courses you have	attended which are
elevant to	your responsibilities as	s the proposed licend	ce noider:	
ate Award	led	Qualification/Course	Name of Av	varding Body
				J ,
			sional or trade organisatio	ns relevant to your
	e details of your memb ities as the proposed li		sional or trade organisatio	ns relevant to your
esponsibil		cence holder:  Nature of membership		
esponsibil	ities as the proposed li	cence holder:		
esponsibil	ities as the proposed li	cence holder:  Nature of membership		
esponsibil	ities as the proposed li	cence holder:  Nature of membership		
esponsibil	ities as the proposed li	cence holder:  Nature of membership		
esponsibil	ities as the proposed li	cence holder:  Nature of membership		
esponsibil	ities as the proposed li	cence holder:  Nature of membership		
esponsibil	ities as the proposed li	cence holder:  Nature of membership		
esponsibil	ities as the proposed li	cence holder:  Nature of membership		
esponsibil	ities as the proposed li	cence holder:  Nature of membership	o e.g. Organisatio	n
esponsibil	ities as the proposed li	cence holder:  Nature of membership	o e.g. Organisatio	
Date mem	two Part three	Nature of membership "associate"	Fit and Proper	Person Details
Date mem  Section (	two Part three	Nature of membership "associate"  der is a fit and prope	Fit and Proper	Person Details City Council will
Date mem  Section to the indertake	two Part three ant that the licence hole	Nature of membership "associate"  der is a fit and properensure this is the case	Fit and Proper r person and Gloucester (se. In order to achieve this	Person Details City Council will s, the licence holder is
Date mem  Esponsibil  Esponsib	two Part three ant that the licence hole appropriate checks to a provide their current holes for at least 3 years.	der is a fit and proper ome address and propers. The Council will re	Fit and Proper r person and Gloucester ( se. In order to achieve this evious addresses if you h equire the last 5 years add	Person Details City Council will s, the licence holder is ave not lived at your dresses that you have
Date mem  Esponsibil  Esponsib	two Part three ant that the licence hole appropriate checks to a provide their current holes for at least 3 years.	der is a fit and proper ome address and propers. The Council will re	Fit and Proper r person and Gloucester (se. In order to achieve this evious addresses if you h	Person Details City Council will s, the licence holder is ave not lived at your dresses that you have
Date mem  Esponsibil  Esponsib	two Part three ant that the licence hole appropriate checks to a provide their current holes for at least 3 years.	der is a fit and proper ome address and propers. The Council will re	Fit and Proper r person and Gloucester ( se. In order to achieve this evious addresses if you h equire the last 5 years add	Person Details City Council will s, the licence holder is ave not lived at your dresses that you have
Date mem  is is important address equired to current address esided in.	two Part three  ant that the licence hole appropriate checks to a provide their current he dress for at least 3 yea The only address inclu	der is a fit and properensure this is the case ome address and properence and pro	Fit and Proper r person and Gloucester ( se. In order to achieve this evious addresses if you h equire the last 5 years add	Person Details City Council will s, the licence holder is ave not lived at your dresses that you have
Date mem  bection to the indertake equired to the equirent additional	bership gained  wo Part three  ant that the licence holy appropriate checks to exprovide their current holders for at least 3 year. The only address inclusively please give your curre	der is a fit and properensure this is the case ome address and properent of the Council will record the public regions.	Fit and Proper r person and Gloucester ( se. In order to achieve this evious addresses if you h equire the last 5 years add	Person Details City Council will s, the licence holder is ave not lived at your dresses that you have
Date mem  cis importance required to urrent addesided in.	two Part three  ant that the licence hole appropriate checks to a provide their current he dress for at least 3 yea The only address inclu	der is a fit and properensure this is the case ome address and properent of the Council will record the public regions.	Fit and Proper r person and Gloucester ( se. In order to achieve this evious addresses if you h equire the last 5 years add	Person Details City Council will s, the licence holder is ave not lived at your dresses that you have

-	If you have lived at the above address for less than three	
	years. Please state previous addresses so we have at least 5 years of consecutive addresses	

Please answer the following in respect of yourself as the licence holder. The Council may require similar declarations from anyone who will be involved in the management of the property..(do not include "spent convictions). Have you......

	Committed any offence involving:			
	a) Fraud or dishonesty?	Yes	No	Not sure
	b) Violence?	Yes	No	Not sure
2.3.4	c) Drugs?	Yes	No	Not Sure
	d) Matters listed in Schedule 3 to the Sexual Offences Act 2003?	Yes	No	Not Sure
	Or received a caution, informal reprimand or formal warning in respect of any of the above	Yes	No	Not sure
2.3.5	Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in or in connection with the carrying on of any business	Yes	No	Not sure
2.3.6	Contravened any provision of the law relating to housing or of landlord & tenant law. You must include any civil proceedings in which judgement was made against the proposed licence holder	Yes	No	Not sure
2.3.7	Acted in contravention of any relevant Approved Code of Practice (a code of practice issued by the government under section 233 of the Housing Act 2004 relating to the management of HMOs)	Yes	No	Not sure
2.3.8	Been refused a licence for an HMO under Parts 2 or 3 of the Housing Act 2004 anywhere in England or Wales	Yes	No	Not Sure
2.3.9	Breached the conditions of an HMO Licence in England or Wales	Yes	No	Not Sure
2.3.10	Been subject to a HMO Control Order or Management Order in England or Wales in the five years preceding the date of this application	Yes	No	Not Sure
2.3.11	Failed to comply with a housing notice (requiring works etc.) served by a Local Authority in respect of any property currently or previously owned by the proposed licence holder. Give details of the notice below and detail any work that the Council carried out as a result of default on the part of the proposed licence holder	Yes	No	Not Sure
2.3.12	Been declared bankrupt	Yes	No	Not Sure

If you answered "Yes" or "Not sure" to any of the a	bove questions, please give full details below – continue on
a separate sheet if necessary	
MANAGER	SECTION THREE
This part of the form only needs to be complet	ed if the proposed licence holder intends to appoint

If the proposed licence holder also intends to manage the property, please leave this section blank and proceed to Section 4.

Section three Part one				Manager's	s Basic Details
3.1.1	Full Name				
3.1.2	Address				
3.1.3	Post Code	2	1.1.4	Telephone No	
3.1.5	Email address	2	1.6	Mobile No	
3.1.7	Date of Birth	2	.1.8	Companies House Registration No (where applicable)	

## Section three Part two

## Qualifications

Please give details of any qualifications you have or training courses you have attended which are relevant to your responsibilities as the proposed licence holder:

Date Awarded	Qualification/Course	Name of Awarding Body

	give details of your memb ibilities as the proposed li			onal or trade	organisa	ations rel	levant to your
Date me	embership gained	Nature o	of membership ate"	e.g.	Organis	ation	
O 1" - 1	n three Part three			Fit an	d Pron	or Pors	son Dotoile
							son Details
It is impo appropri provide i address	ortant that the manager is ate checks to ensure this their current home address for at least 3 years. The only address included in t	is the cass and p Council	ase. In order t revious addre will require the	on and Gloud to achieve thi esses if you had e last 5 years	ester Cits, the licave not laddress	ty Counce ence holived at yoses that y	cil will undertake Ider is required to your current you have resided
It is impo appropri provide i address	ortant that the manager is tate checks to ensure this their current home addres for at least 3 years. The	is the cass and p Councily he public	ase. In order t revious addre will require the	on and Gloud to achieve thi esses if you had e last 5 years	ester Cits, the licave not laddress	ty Counce ence holived at yoses that y	cil will undertake Ider is required to your current you have resided
It is imposite in the control of the	ortant that the manager is tate checks to ensure this their current home address for at least 3 years. The only address included in the Please give your curre	is the cass and p Council whe public the public the public the public the public the public the public the public	ase. In order t revious addre will require the	on and Gloud to achieve thi esses if you had e last 5 years	ester Cits, the licave not laddress	ty Counce ence holived at yoses that y	cil will undertake Ider is required to your current you have resided
It is imposite in the control of the	ortant that the manager is late checks to ensure this their current home address for at least 3 years. The only address included in the Please give your currefull residential address for less than the years. Please state previous the control of t	nt sis the cass and p Council when public nt sis ee ious east 5	ase. In order t revious addre will require the	on and Gloud to achieve thi esses if you had e last 5 years	ester Cits, the licave not laddress	ty Counce ence holived at yoses that y	cil will undertake Ider is required to your current you have resided
It is imposite in provide in address in. The control of the contro	ortant that the manager is ate checks to ensure this their current home address for at least 3 years. The only address included in the property of the propert	nt spect of who will	yourself as the	on and Gloud to achieve thiseses if you have last 5 years wever will be to	ester Cits, the licave not I address he one s	ence holived at y ses that y set out in	cil will undertake Ider is required to vour current you have resided 2.1.2.
It is imposite in provide in address in. The control of the contro	Please give your curre full residential address for less than three years. Please state prevaddress so we have at least so we	nt spect of who will e you	yourself as the be involved in	on and Gloud to achieve thiseses if you have last 5 years wever will be to	ester Cits, the licave not I address he one s	ence holived at y ses that y set out in	cil will undertake Ider is required to vour current you have resided 2.1.2.
It is imposite in provide in address in. The control of the contro	Please give your curre full residential address for less than through years. Please state prevaddress so we have at least so w	is the cass and p Council whe public the public int ove ee ious east 5 dresses spect of who will e you	yourself as the be involved in	on and Gloud to achieve thiseses if you have last 5 years wever will be to	The Cou	ence holived at y ses that y set out in	cil will undertake Ider is required to vour current you have resided 2.1.2.

	g) Drugs?	Yes	No	Not sure	
	h) Matters listed in Schedule 3 to the Sexual Offences Act 2003?	Yes	No	Not sure	
	Or received a caution, informal reprimand or formal warning in respect of any of the above	Yes	No	Not sure	
3.3.5	Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in or in connection with the carrying on of any business	Yes	No	Not sure	
3.3.6	Contravened any provision of the law relating to housing or of landlord & tenant law. You must include any civil proceedings in which judgement was made against the proposed licence holder	Yes	No	Not sure	
3.3.7	Acted in contravention of any relevant Approved Code of Practice (a code of practice issued by the government under section 233 of the Housing Act 2004 relating to the management of HMOs)	Yes	No	Not sure	
3.3.8	Been refused a licence for an HMO under Parts 2 or 3 of the Housing Act 2004 anywhere in England or Wales	Yes	No	Not sure	
3.3.9	Breached the conditions of an HMO Licence in England or Wales	Yes	No	Not sure	
3.3.10	Been subject to a HMO Control Order or Management Order in England or Wales in the five years preceding the date of this application	Yes	No	Not sure	
3.3.11	Failed to comply with a housing notice (requiring works etc.) served by a Local Authority in respect of any property currently or previously owned by the proposed licence holder. Give details of the notice below and detail any work that the Council carried out as a result of default on the part of the proposed licence holder	Yes	No	Not sure	
3.3.12	Been declared bankrupt	Yes	No	Not	
-	wered "Yes" or "Not sure" to any of the above questions, ple	ase give f	ull details bel	sure ow – continue o	n

## Section four

## **Tenancy and Property Management**

Before issuing a licence, the Council is required to be satisfied that the arrangements for managing the property are satisfactory. The following questions are designed to assess the procedures you have, or intend to have in place to ensure good management of the property. An example answer is given alongside each question

Section	four Part one	Fire Safety
	Question	Example answer (not necessarily the correct answer)
4.1.1	What arrangements are in place to ensure that fire detection and warning devices continue to work correctly?	All visible detectors checked by manager daily for damage or warning indicators. Every month I test the alarm system to check it is working and can be heard throughout the building. I keep a book on the premises which records these checks
4.1.2	What measures are there to ensure that the escape routes are kept free of obstructions and that the final exit doors are openable from the inside without the use of a key?	I check for obstructions each time I visit and if I find any I warn tenants that they must be removed immediately. If they are not removed I dispose of them myself
4.1.3	What arrangements have been made to ensure that tenants are made aware of fire safety procedures and the proper use of fire safety installations and equipment?	I explain to all new tenants what the fire safety precautions are and how they should be used. I also explain why they are there and why they should not be abused. In particular I explain how to use the fire blankets in the kitchen.
Section	four Part two	Gas Safety
4.2.1	What arrangements are in place to ensure that the gas installation and appliances are kept in a safe and good working order?	I have a yearly check done by ABC gas contractors.
Section	four Part three	Electrical Safety
4.3.1	What arrangements are in	I keep an eye on all the

place to ensure that the electrical installation and appliances are kept in a safe and good working order?	electrical equipment myself but have it tested properly every five years by a proper electrician.
--	--

Section	four Part four	Maintenance & Repairs
4.4.1	What arrangements are in place to ensure that the common parts (e.g. shared kitchens, stairwells, bathrooms) are kept clean and in good order?	A cleaner is employed to visit and clean the common parts of the property weekly. The cleaner reports any problems and these are acted upon quickly.
4.4.2	Do you have contracts or arrangements with firms or contractors to attend to maintenance work?	No. I can do most of the jobs myself. I will select a contractor if there's a job I can't handle.
4.4.3	Do you have arrangements in place to cover the cost of major emergency repair work (e.g. a central heating boiler) if it became necessary?	I have built in a contingency budget within my business plan for letting my property.
4.4.4	What arrangements are in place to review the general condition of the property and to plan for programmed maintenance work?	I generally have a quick look round every so often and decide if anything needs doing. I have a budget for programmed maintenance of the property.
4.4.5	What arrangements are in place for the storage of refuse before it is collected? How do you ensure refuse is efficiently collected?	I have three "wheelie bins" on a hard standing in the back yard. Tenants empty their bins into this whenever it suits them. I take the bins to the kerbside for emptying every Tuesday. And return them after the bin-men have been.
4.4.6	What arrangements are in place to ensure the gardens, yards and fencing are kept in good order?	I have a good look round at least once a year and do any maintenance needed. I have a bit of a tidy up and stop any weeds growing.
4.4.7	What procedures do you have for dealing with any complaints tenants have concerning conditions in the property?	Obviously I investigate them straight away and arrange to put them right as soon as I can after consulting the tenant.
Section	four Part five	Security
4.5.1	If there are key operated locks on the windows, what steps do you follow to ensure	I keep the original keys and I get copies cut if any go missing. I ensure new tenants

	that each new tenant has keys available?	always have keys. I deduct £5 from tenants' bond money if they cannot return all keys at the end of their tenancy.
4.5.2	If you have an intruder alarm with an audible sounder, what arrangements are there to ensure that activations and false alarms are properly dealt with and that the sounder is silenced within a reasonable time? Mention the procedure to be followed if the alarm sounds when the house is unoccupied	The alarm system has been explained to all the tenants. They all have the code to silence the alarm and there's a card by the control panel reminding them what to do. I have given my emergency number to neighbours and have informed the noise people at the council who they should contact if anyone is annoyed by it.
Section	four Part six	Tenancy Management
4.6.1	Is each tenant provided with a true copy of a written tenancy agreement or a written statement of the terms on which they occupy the property?	Yes, they are all given a copy at the start of their tenancy and further copies are available on request
4.6.2	Is the tenants' rent payable weekly, monthly or over some other term? If weekly, is a rent book provided?	Weekly, but I give my tenants a written receipt for each payment
4.6.3	What arrangements have been made for minimising potential problems between tenants? Such problems might include noise, use of hot water, sharing cooking equipment etc.	I enforce a general rule that no-one can play music which can be heard in other rooms after 11pm. Otherwise most people seem to get on OK.
4.6.4	What procedures do you have to deal with disputes between tenants?	I don't usually have any problems but if I did have a dispute of some kind I would try to involve some independent arbitrator
4.6.5	What procedures will you adopt if you are satisfied that a particular tenant is the cause of anti-social behaviour towards people sharing the property or people living in the neighbourhood?	I would discuss the matter with the tenant and warn them in writing that continued trouble will lead to them being evicted
4.6.6	Do you require a bond or deposit from tenants? Are the terms of the deposit clearly set out in writing?	Yes, I ask for four weeks rent in advance - this is included in the tenancy agreement
4.6.7	Are you a member (or do you intend to become a member) of any scheme which protects tenants' deposits? Give details	I protect tenant's deposits through the correct processes by lodging them with a recognised tenancy deposit scheme.
4.6.8	Do you provide each tenant	Yes - and I take photos.

	with an inventory of furniture and items provided?	
4.6.9	What arrangements are in place to ensure the tenants can contact the licence holder or other responsible person in the event of an emergency?	My name and address is displayed in the hallway along with my mobile telephone number and my brother's phone number if I am not available
4.6.10	Does the property have buildings insurance?	Yes, with Cover U Insurance Company
4.6.11	Does the property have contents insurance	My own contents are insured with Cover U Insurance

## Section five

## Advising others of your application

Under Schedule 2 contained in the

Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006

there is an obligation to advise other people that an application for an HMO licence is to be submitted

You must let certain people 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 (mortgage lender) 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 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 e-mail address or fax number (if any)
- The name, address, telephone number and e-mail address or fax number (if any) of the proposed licence holder (if it will not be you)
- This is an application for an HMO licence under Part 2 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

To help you comply with the requirements of these regulations the Council has produced a form which is printed on the next page. Use Section 5A to supply the required information to the persons who are required to be notified by law as listed in the paragraph above.

Fill in the lower part of the form with your details, then photocopy it as many times as you need and fill in the name & address of the person you must notify.

Complete the box at the top with the names and addresses of persons you need to notify about your application and deliver them individually

When you have completed and given/sent copies to everyone that you need to, you must fill in Section 5B to confirm to the Council that you have notified everyone about your licence application.

#### Section 5A

## Notification of Intention to apply for an HMO Licence

Name and Address of the person you must notify

To:

This document is to inform	
you that I	
Of	
My telephone number is	
	-
My email address is	
	-
Intend on	
	(intended date of application)
To small condon Dont O of	
To apply under Part 2 of	Gloucester City Council
the Housing Act 2004 to	
for an HMO licence in	
respect of	
respect of	Address of HMO to be licensed
The Licence holder will be	
	Proposed Licence Holder
Of	
	Address of proposed Licence Holder
Licence holder's telephone	
Licence holder's email	
	-

# Section 5B Confirmation that notification of intention to apply for HMO licence has been served on all relevant persons

Please continue on a separate sheet if necessary

### OTHER HOUSES LICENSED TO PROPOSED LICENCE HOLDER

Under Schedule 2 contained in the

Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006,

there is a requirement that the proposed licence holder for an HMO licence must provide details of other HMOs or houses which he/she holds a licence under Part 2 of the Housing Act 2004.

You must provide details of such HMOs both within the Gloucester City Council area and those for which you have a licence in other local authorities.

	not been awarded a licence in respect of any houses he one for which you are now applying, please select e.	
If you tick th	nis box you may ignore the rest of this section	
6.1.1	List all other HMOs or houses for which you hold a licence the Housing Act 2004 Please attach a list if you hold more than five licences.	under Part 2 or 3 of
Address of	the property including post code	Local Authority
1		
2		
3		
4		
5		

DECLARATIONS AND ENCLOSURES		
I enclose the following (please tick boxes). Send clear copies, not original documents (please see guidance for further clarification)	Hard copy Included with application	Sent as e-mail attachment. (clearly labelled)
A clear copy of any relevant planning consent, Building Regulations approval or completion certificate		
Clear copies of tenancy agreement(s)or written terms of tenancy, including sanctions for anti-social behaviour for all current tenants.		
Clear plans of the property (please see guidance for what is required		

on the plans)	
A clear report of the last professional inspection of the fire detection &	
warning system (See guidance for accepted competencies)	
A clear report of the last professional inspection of the emergency lighting	
system (See guidance for accepted competencies)	
A clear copy of a recent fire risk assessment in respect of the property	
A clear copy of original certificate showing that the gas installation	
and	
appliances have been inspected by a competent person (must be a	
GAS	
SAFE registered inspector) in the last 12 months. Provision of this	
certificate is obligatory if there is a gas supply.	
A clear copy of original certificate of electrical inspection showing that the	
electrical installation has been inspected by a competent electrician in	
the last 5 years (See guidance for accepted competencies)	
A clear copy of the Energy Performance Certificate for the property	
A clear copy of the relevant insurances associated with letting an	
НМО	
A clear copy of a photographic ID i.e. passport (front cover, back	
cover and inside photo page) or clear photo card driving licence	
A management to made in a distance had a management to make the management of the ma	
A passport type/sized photograph of licence holder	
Current photos of the property to be licensed  All bedrooms	
All living areas	
All bathrooms	
All kitchens	
Communal hallway	
Fire alarm panel if applicable	
Front external	
Rear External	
Communal garden	

Items in bold above are required to be submitted before the application will be considered "Duly made"

We prefer to receive the application and enclosures electronically to <a href="mailto:psh.focus@gloucester.gov.uk">psh.focus@gloucester.gov.uk</a>, but postal applications will be accepted.

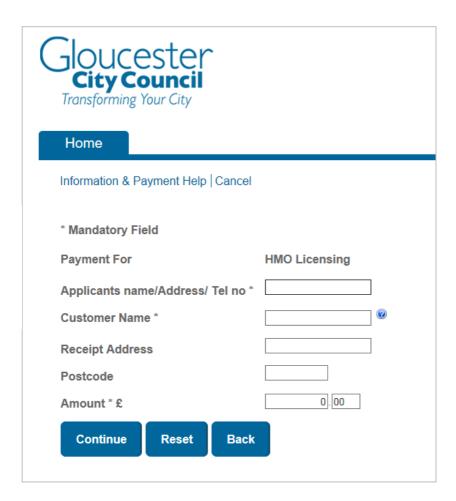
Please ensure that you name your application file with the property address and name the enclosures to describe what they are and please put your name and details of the property in the email to us to ensure it is very clear what the files are and to which application they pertain to. You may bring in the application and send other documents by email. Just ensure we know what you are sending and to which application it relates.

If you send the application by post and we do not send you an acknowledgement email within 5 working days of postage, please contact us as we may not have received it – it is your responsibility to ensure the documents reach us.

#### Fee payment

Your application will not be considered duly made unless the licence application fee (£775 - for Renewal, £915 for New application - up to a Five year licence) has been made.

Payment of the fee should be made online (selet Licensing > HMO Licensing).



Payment receipt reference	

#### **Declaration and Signatures**

I declare that the information contained in this application (all forms) is correct to the best of my knowledge. I understand that I commit an offence if I supply any information to a local housing authority in connection with any of their functions under any of Parts1 to 4 of the Housing Act 2004 which I know to be or am reckless as to whether it is false or misleading.

I understand that the Council may need to carry out investigations to assess whether I am a "fit and proper person" for the purposes of Part 2 of the Housing Act 2004. I authorise the Council to make such enquiries and share information as it sees fit in connection with this application. Such enquiries may include Criminal Records Bureau checks, credit checks, liaison with police, fire service, immigration and other local authorities. Applicants may have to bear costs of such checks.

Applicant	Signature	Date
Full Name (please print)		
Property Owner(s) (if not applicant)	Signature	Date
Full Name (please print)		
Full Name (please print)		
Full Name (please print)		
Manager (if not applicant)	Signature	Date
Full Name (please print)		

1