

Housing Act 2004 Part 2  
**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: Environmental Health Department, Tewkesbury Borough Council, Gloucester Road, Tewkesbury, GL20 5TT or email to [ehenquiries@tewkesbury.gov.uk](mailto:ehenquiries@tewkesbury.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 first application <input type="checkbox"/>	A renewal <input type="checkbox"/>
		Full Name Or Registered Company Name	Companies House Registration Number (where applicable)
1.1.3	Proposed Licence Holder		
1.1.4	Manager		
1.1.5	Owner(s)		
1.1.6	If the proposed licence holder is not the property owner, state the reasons why. Describe the relationship between the owner and proposed licence holder: -		

## Section One Part Two Ownership Details

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 section is	Freeholder		Leaseholder		If "other" state the connection below e.g. "trustee"
		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 address			1.2.7	Mobile No.:	
1.2.8	Date of Birth					
1.2.9	Companies House Registration Number (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?		If Yes, enter details below			

**Section One      Part Three**  
**Description of the Property**

1.3.1	Please tick box to indicate the type of house for which the application is being made.  <i>Please note that some of the options opposite are unlikely but are required by law to be included in the options</i>	House in single occupation		<input type="checkbox"/>
		House in multiple occupation		<input type="checkbox"/>
		Flat in single occupation		<input type="checkbox"/>
		Flat in multiple occupation		<input type="checkbox"/>
		A house converted into and comprising only self-contained flats		<input type="checkbox"/>
		A house or flat in a building used for both residential and business purposes		<input type="checkbox"/>
1.3.2	Please tick box to indicate the type of property	Other		<input type="checkbox"/>
		Detached		<input type="checkbox"/>
		Semi-detached		<input type="checkbox"/>
		Terraced		<input type="checkbox"/>
		End of terrace		<input type="checkbox"/>
1.3.3	If "other" please describe the type of property	Other		<input type="checkbox"/>
		Detached		<input type="checkbox"/>
		Semi-detached		<input type="checkbox"/>
		Terraced		<input type="checkbox"/>
		End of terrace		<input type="checkbox"/>
1.3.4	Please tick box to indicate approximate age of property	Pre 1919		<input type="checkbox"/>
		1919-1945		<input type="checkbox"/>
		1946-1964		<input type="checkbox"/>
		1965-1980		<input type="checkbox"/>
		Post 1980		<input type="checkbox"/>
1.3.6	How many storeys does the property have (including attics and basements used for residential purposes)?			<input type="checkbox"/>
1.3.7	How many storeys are above ground level?			<input type="checkbox"/>
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"		<input type="checkbox"/>	
1.3.9	Are any parts of the building used for non-residential purposes such as an office, shop, warehouse etc.			<input type="checkbox"/>
1.3.10	If yes, please describe the parts of the building and their use	Parts	<input type="checkbox"/>	
		Use	<input type="checkbox"/>	

**Section One      Part Four**  
**Planning and Building Regulations**

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.	

**Section 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	
	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.

	Amenity	Total Number	Number Shared
1.5.6	Bath/shower rooms		
1.5.7	Toilets within bath/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 wash basin + hot and cold water in same room		
1.5.10	Washbasins with hot +cold water supplies not entered above		
<b>Kitchen Facilities</b>			
1.5.11	<p><b>Please refer to guidance notes and tick the kitchen facilities 'Level Number' that matches what is provided in the HMO</b></p> <p>If you let to more than 15 persons, you will need to contact the Council to agree the level of kitchen facilities required</p>	Level 1 (1-5 persons)	
		Level 2 (6 persons)	
		Level 3 (7-10 persons)	
		Level 4 (11-12 persons)	
		Level 5 (13-15 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	What provisions for room heating are there in the property?	Gas fired central heating	
		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	

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	
1.6.11	What type of windows are fitted in the property?  Select the description which applies to most habitable rooms.	Single glazed with timber frames					
1.6.12		Single glazed with metal frames					
1.6.13		Single glazed with secondary glazing					
1.6.14		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?	Yes		No			

### Section One Part Seven Occupancy Details

1.7.1	How many separate Letting Units are there in the HMO?	
1.7.2	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?	
1.7.5	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 One Part Eight Gas, Electrical and Fire Safety

1.8.1	Does the property have a gas supply?	Yes	
		No	
1.8.2	If Yes, do you have a 'Landlord's Gas Safety Record' issued within the last twelve months? (Please enclose a copy of original document with your application)	Yes	
		No	
1.8.3	Do you supply your tenants with portable electrical appliances (eg kettles, toasters, microwaves, televisions, table lamps etc.)?	Yes	
		No	
1.8.4	If yes, have you had all your portable appliances tested by a competent electrician within the last two years (PAT Test)? (Please enclose a copy of original PAT certificate or proof of purchase if less than twelve months old, with your application)	Yes	
		No	
1.8.5	Have you had the electrical wiring installation (power and lighting circuits etc) inspected by a competent electrician within the last five years? (Electrical Installation Condition Report) (Please enclose a copy of original EICR with your application)	Yes	
		No	
1.8.6	Is the property fitted with a fire alarm system (also known as a fire detection and warning or automatic fire detection system [AFD])?	Yes	
		No	
1.8.7	If yes, has the system been inspected by a competent person within the last twelve months? (Please enclose a copy of the latest test certificate with the application.)	Yes	
		No	
1.8.8	How many smoke and heat alarms/detectors are fitted? (Their positions should be shown on the plans submitted with the application)	Yes	
		No	

1.8.9	Is the property fitted with an emergency lighting system to the communal areas, staircases, hallways and landing?	Yes	
		No	
1.8.10	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	
		No	
1.8.11	Do you supply, as part of any tenancy, any upholstered furniture to which the Furniture and Furnishings (Fire)(Safety) Regulations 1988 (as amended) apply?	Yes	
		No	
1.8.12	If Yes, can you confirm that all such upholstered furniture complies with the relevant fire safety criteria?	Yes	
		No	

## Section One                      Part Nine Tenure, Mortgage Services & Accreditation

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?			
1.9.4	If Yes, please give the name and address of the mortgage lender and the mortgage account number	NAME		
		ADDRESS		
		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 parts etc.	Yes		
		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 Accreditation Scheme?	Yes		
		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)		
1.9.9	Is any accreditation application pending?	Yes	
		No	
1.9.10	If Yes, please give the date of your application		
1.9.11	Is the property included on any approved accommodation list of a University or College?	Yes	
		No	
1.9.12	If Yes, please indicate which University or College		
1.9.13	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  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 income of the property for repairs etc.	Yes	
		No	

## 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. <b>In either case include clear and accurate dimensions of every room</b>	
Clear indication of which floor is which (e.g. ground, first etc.)	
Clear indication of room use including proposed occupancy level (eg single,double) 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)	

## Section Two Licence Holder

This section should be completed by the person 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		2.1.8	Companies House Registration No (where applicable)
2.1.9	Position in Company			
2.1.10	Please indicate the extent of your ownership of the property	Owner		
		Joint owner		
		Not the owner		

## Section two 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

Please give details of your membership of any professional or trade organisations relevant to your responsibilities as the proposed licence holder:

Date membership gained	Nature of membership e.g. "associate"	Organisation

## Section two Part three Fit and Proper Person Details

It is important that the licence holder is a fit and proper person and The Council will undertake appropriate checks to ensure this is the case. In order to achieve this, the licence holder is required to provide their current home address and previous addresses if you have not lived at your current address for at least 3 years. The Council will require the last 5 years addresses that you have resided in. The only address included in the public register however will be the one set out in 2.1.2.

2.3.1	Please give your current full residential address	
2.3.2	If you have lived at the above address for less than three years. Please state previous addresses so we have at least five years of consecutive addresses	

2.3.3	<b>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.....</b>					
2.3.4	Committed any offence involving:					
	a) Fraud or dishonesty?	Yes		No		Not sure
	b) Violence?	Yes		No		Not sure
	c) Drugs?	Yes		No		Not Sure
	d) Matters listed in Schedule 3 to the Sexual Offences Act 2003?	Yes		No		Not Sure
2.3.5	Or received a caution, informal reprimand or formal warning in respect of any of the above	Yes		No		Not sure
2.3.6	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
2.3.7	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
2.3.8	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
2.3.9	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
2.3.10	Breached the conditions of an HMO Licence in England or Wales	Yes		No		Not Sure
2.3.11	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
2.3.12	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 above questions, please give full details below – continue on a separate sheet if necessary						

## Section Three Manager

This part of the form only needs to be completed if the proposed licence holder intends to appoint someone else to take on responsibility for the management of the property.

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 Basic Details

3.1.1	Full Name				
3.1.2	Address				
3.1.3	Post Code		2.1.4	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

Please give details of your membership of any professional or trade organisations relevant to your responsibilities as the proposed licence holder:

Date membership gained	Nature of membership e.g. "associate"	Organisation

### Section Three Part Three Fit and Proper Person Details

It is important that the manager is a fit and proper person and the Council will undertake appropriate checks to ensure this is the case. In order to achieve this, the manager is required to provide their current home address and previous addresses if you have not lived at your current address for at least 3 years. The Council will require the last 5 years addresses that you have resided in. The only address included in the public register however will be the one set out in 2.1.2.

3.3.1	Please give your current full residential address					
3.3.2	If you have lived at the above address for less than three years. Please state previous address so we have at least 5 years of consecutive addresses					
3.3.3	<b>Please answer the following in respect of yourself as the manager. 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.....</b>					
3.3.4	Committed any offence involving:					
	e) Fraud or dishonesty?	Yes		No		Not sure
	f) Violence?	Yes		No		Not sure
	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 sure	

If you answered "Yes" or "Not sure" to any of the above questions, please give full details below – continue on a separate sheet if necessary

## 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	Your Answer	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?		<i>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</i>
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>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</i>
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>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.</i>

### 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>I have a yearly check done by ABC gas contractors.</i>
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### Section Four Part Three Electrical Safety

4.3.1	What arrangements are in place to ensure that the electrical installation and appliances are kept in a safe and good working order?		<i>I keep an eye on all the electrical equipment myself but have it tested properly every five years by a proper electrician.</i>
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## 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?		<i>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.</i>
4.4.2	Do you have contracts or arrangements with firms or contractors to attend to maintenance work?		<i>No. I can do most of the jobs myself. I will select a contractor if there's a job I can't handle.</i>
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>I have built in a contingency budget within my business plan for letting my property.</i>
4.4.4	What arrangements are in place to review the general condition of the property and to plan for programmed maintenance work?		<i>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.</i>
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>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.</i>
4.4.6	What arrangements are in place to ensure the gardens, yards and fencing are kept in good order?		<i>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.</i>
4.4.7	What procedures do you have for dealing with any complaints tenants have concerning conditions in the property?		<i>Obviously I investigate them straight away and arrange to put them right as soon as I can after consulting the tenant.</i>

## Section Four Part Five Security

4.5.1	If there are key operated locks on the windows, what steps do you follow to ensure that each new tenant has keys available?		<i>I keep the original keys and I get copies cut if any go missing. I ensure new tenants always have keys. I deduct £5 from tenants' bond money if they cannot return all keys at the end of their tenancy.</i>
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?		<i>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</i>

	Mention the procedure to be followed if the alarm sounds when the house is unoccupied		<i>have informed the noise people at the council who they should contact if anyone is annoyed by it.</i>
<b>Section Four Part Six Tenancy Management</b>			
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?		<i>Yes, they are all given a copy at the start of their tenancy and further copies are available on request</i>
4.6.2	Is the tenants' rent payable weekly, monthly or over some other term? If weekly, is a rent book provided?		<i>Weekly, but I give my tenants a written receipt for each payment</i>
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>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.</i>
4.6.4	What procedures do you have to deal with disputes between tenants?		<i>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</i>
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>I would discuss the matter with the tenant and warn them in writing that continued trouble will lead to them being evicted</i>
4.6.6	Do you require a bond or deposit from tenants? Are the terms of the deposit clearly set out in writing?		<i>Yes, I ask for four weeks rent in advance - this is included in the tenancy agreement</i>
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>I protect tenant's deposits through the correct processes by lodging them with a recognised tenancy deposit scheme.</i>
4.6.8	Do you provide each tenant with an inventory of furniture and items provided?		<i>Yes - and I take photos.</i>
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?		<i>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</i>
4.6.10	Does the property have buildings insurance?		<i>Yes, with Cover U Insurance Company</i>
4.6.11	Does the property have contents insurance		<i>My own contents are insured with Cover U Insurance</i>

## 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 apply under Part 2 of the Housing Act 2004 to for an HMO licence in	Tewkesbury Borough Council
respect of	<small>Address of HMO to be licensed</small>
The Licence holder will be	<small>Proposed Licence Holder</small>
Of	<small>Address of proposed Licence Holder</small>
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*

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

<b>Name</b>	<b>Address</b>	<b>Description of the person's interest in the property or application</b>	<b>Date of Service</b>

## Section Six 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 Tewkesbury Council area and those for which you have a licence in other local authorities.

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

### Enclosures

I enclose the following (please tick boxes). All original forms will be returned to you (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.		

<b>Clear plans of the property (please see guidance for what is required on the plans)</b>		
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		
<b>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.</b>		
<b>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)</b>		
A clear copy of the Energy Performance Certificate for the property		
<b>A clear copy of the relevant insurances associated with letting an HMO</b>		
<b>A clear copy of a photographic ID i.e. passport (front cover, back cover and inside photo page) or clear copy of photo card driving licence</b>		
<b>A passport type/sized photograph of licence holder</b>		
<b>Current photos of the property to be licensed</b>		
<ul style="list-style-type: none"> <li>• <b>All bedrooms</b></li> <li>• <b>All living areas</b></li> <li>• <b>All bathrooms</b></li> <li>• <b>All kitchens</b></li> <li>• <b>Communal hallway</b></li> <li>• <b>Fire alarm panel if applicable</b></li> <li>• <b>Front external</b></li> <li>• <b>Rear External</b></li> <li>• <b>Communal garden</b></li> </ul>		
<b>Initial Fee Payment (see page 25)</b>	Enter payment receipt reference here or attach copy of receipt	

**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 [ehenquiries@teWKesbury.gov.uk](mailto:ehenquiries@teWKesbury.gov.uk), 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 refer. 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.

## Declarations & Signatures

**I/We declare** that the information contained in this application (all forms) 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.

**I/We understand** that the Council may need to carry out investigations to assess whether I/we am/are a “fit and proper” person(s) for the purposes of Part 2 of the Housing Act 2004.

**I/We 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 the police, fire service, immigration and other local authorities. Applicants may have to bear the costs of such checks.

Property Owner(s) to sign:		Date:
Print all property owners names		
Proposed Licence Holder to sign:		Date:
Print Licence holder name		
Manager (if there is to be a separate manager) to sign:		Date:
Print Manager name		



## Fee payment

The application will not be considered duly made unless the initial payment is made when the application is submitted.

The total cost of the Licence for a five occupant HMO is **£890.30** payable in two instalments as follows:


1. An initial payment of **£290.30** which must accompany the application
2. A secondary payment of **£600.00**, which will be requested prior to the issue of any licence, should the application be successful.
3. An additional charge of **£40 per person** will be added to the secondary payment for each additional occupant above 5.

Should an application be unsuccessful, or the secondary payment not made when requested, the initial payment will not be refunded.

Should an applicant fail to submit a full and valid (duly made) application, including all of the relevant and correct documentation, additional charges may be made based on an hourly rate reflecting the actual costs incurred by Tewkesbury Borough Council

Payment of the initial fee should be made on-line by visiting

[https://webpayments.tewkesbury.gov.uk/live/webpayments/ml\\_webpayselect.asp](https://webpayments.tewkesbury.gov.uk/live/webpayments/ml_webpayselect.asp)

 **tewkesbury.gov.uk**

Welcome to our online payments web site. Here you can make payments for a number of services using a current debit or credit card.

Please note that we will only accept payment by debit card for the following payment types : Planning PPA

**Please specify details of your payment(s)**

Select the type of payment you want to make from the list below, then enter your reference number and amount to pay, then press the Add button. You may enter as many payments as you want.

**Type of Payment**

Licensing  
HMO Initial Payment

Enter your a/c reference  
LICIS/9260

Amount to Pay (£)  
Add