



Northumberland

County Council

Application for a License for a House in Multiple Occupation (“HMO”)

**You must complete a separate application form,
and hold a separate HMO License, for each HMO
that you operate in Northumberland**

**This is an Application under
the Housing Act 2004, Part 2, section 63**

**YOU MUST let certain persons know in writing that you have made this application
or give them a copy of it. The persons who need to know about it are -**

- **any mortgagee of the property to be licensed;**
- **any owner of the property to which the application relates (if that is not you),
i.e. the freeholder and any head lessors who are known to you;**
- **any other person who is a tenant or long leaseholder of the property or any
part of it (including any flat) who is known to you other than a statutory
tenant or other tenant whose lease or tenancy is for less than three years
(including a periodic tenancy;**
- **the proposed license holder (if that is not you);**
- **the proposed managing agent (if any) (if that is not you);**
- **the person who has agreed that he/she will be bound by any conditions in a
License 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 license holder (if it will not be you);**
- **whether this is an application for an HMO license under Part 2 or for a house
license under Part 3 of the Housing Act 2004;**
- **the address of the property to which the application relates;**
- **the name and address of the local housing authority to which the application
will be made; and**
- **the date that the application will be submitted.**

When completed, this application form should be sent or delivered to:

**Northumberland County Council
Public Health Protection Unit
HMO Team
West Hartford Business Park
Cramlington
NE23 3JP**

If you prefer, you may e-mail a scanned copy of the signed Application form to:

public.protection@northumberland.gov.uk

Although some of the questions in this Application form and the likely answers to them may seem either obvious or irrelevant, we are nevertheless required to ask them so as to comply with the requirements of Regulation 7 and Schedule 2 of the *Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006*.

For assistance in completing this application form, or should you have any queries, please refer to the Guidance Notes or contact a member of the HMO Licensing Team:

- by telephone: 0345 600 6400 and ask to speak with the Environmental Health Team
- by e-mail: public.protection@northumberland.gov.uk
- by writing: to the address shown above.

Data Protection

Northumberland County Council has a legal duty to keep and process information about you in accordance with the law. Article 6 of the General Data Protection Regulations provide the lawful basis for processing data.

The information below explains why we ask for your personal information, how that information will be used and how you can access your records.

All of the information provided in this application will be processed in accordance with the provisions of the Data Protection Act 2018.

To comply with our duties under Part 2 of the Housing Act 2004, the Council requires you to provide the information for the following purposes:

- (a) to identify the persons involved in the management of an HMO and to take legal proceedings where necessary in respect of any offence connected with the licensing of the HMO;
- (b) to obtain information required to assess the fitness and competence of any persons involved in the management of an HMO;
- (c) to establish links between properties and persons involved in the management, control and ownership of HMOs;

- (d) to obtain information regarding the suitability of properties to be licensed as an HMO;
- (e) the information that you provide may be shared and verified by other agencies, such as the Police, other local authorities, and other departments within the Council;
- (f) some of the information that you provide will be entered onto a public register as required by section 232 of the Housing Act 2004;
- (g) the Council may be required to disclose certain information that you provide to government agencies;
- (h) the information may be used for research, analysis and statistical purposes;
- (i) the Council may also contact you regarding any other issues relevant to HMOs.

Privacy Notice:

The information that you provide is confidential and subject to the requirements of the Data Protection Act 2018. This personal data will be held and processed by the Council for the purposes of administering the Council's responsibilities as the local housing authority in respect of HMOs and preventing fraud or the misuse of resources.

The personal details that you provide may also be shared with other Council departments, or other local authorities for the purposes of, or as part of, any statutory duties requiring such disclosure and to protect the public funds it collects and administers

For further information on the Council's Privacy Notice, how you can access your records, etc., please see:

<http://www.northumberland.gov.uk/About/Contact/Information.aspx>

IMPORTANT

- Please answer all questions unless otherwise directed;
- The **Declarations** at the end of the Application must be given and the application signed and dated; and
- Your Application must be accompanied by **the appropriate fee** (please see the Table of fees in **Part 4** of this Application; and
- This Application is in respect of HMOs under **Part 2** of the Housing Act 2004 only.
- HMO Licensing does not apply to self-contained flats **unless** the building, or part of the building, has been converted into self-contained flats but not in accordance with Building Regulations (section 257 Housing Act 2004). A separate application form is available from the Council for such cases.

This Application consists of 4 Parts:	
Part 1	Address of the property
Part 2	Applicant/License Holder's details
Part 3	Information about the property and its occupation
Part 4	Fees payable

Application no.		(for office use only)
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Part 1 Address of the property for which this Application is being made		
1	The full address and postcode of the property is:	
	Address:	
	Postcode:	

Part 2**Applicant/License Holder's details**

(See notes about disclosure of License Holder's address in the HMO Register)

2.1**The Applicant** *(To be completed if the Applicant is an **individual**, otherwise please complete **2.2** below)*

Your surname:

Your forename(s):

Your address:

Postcode:

Telephone no. (work)

Telephone no. (home):

Telephone no. (mobile):

E-mail:

Are you the proposed License Holder? *(Please tick)***YES****NO**If you are **not** the proposed License Holder, please complete **1.3** below.**2.2****The Applicant** *(To be completed if the Applicant is a **company** or **partnership**)*

Full name of company or partnership

Company no.

Address of principal or registered office:

Telephone no.

E-mail:

Is this the proposed License Holder? *(Please tick)***YES****NO**If you are **not** the proposed License Holder, please complete **1.3** below.

2.3	The proposed License Holder if not the Applicant	
	Surname:	
	Forename(s):	
	Address:	
	Postcode:	
	Telephone no. (work)	
	Telephone no. (home):	
	Telephone no. (mobile):	
	E-mail:	

2.4	The proposed Manager of the HMO if different from above	
	Surname:	
	Forename(s):	
	Address:	
	Postcode:	
	Telephone no. (work)	
	Telephone no. (home):	
	Telephone no. (mobile):	
	E-mail:	

2.5	The person in control of the HMO if different from above	
	Surname:	
	Forename(s):	
	Address:	
	Postcode:	
	Telephone no. (work)	

	Telephone no. (home):	
	Telephone no. (mobile):	
	E-mail:	

2.6	Provide details of any person who has agreed to be bound by any condition contained in the License		
	Surname:		
	Forename(s):		
	Address:		
	Postcode:		
	Telephone no. (work)		
	Telephone no. (home):		
	Telephone no. (mobile):		
	E-mail:		

Fitness to hold a License for an HMO					
2.9	Are there any unspent convictions that may be relevant to the proposed License Holder's fitness to hold a License, or to the proposed manager's fitness to manage the HMO or house? (Please tick whichever applies)	YES		NO	
	<p>If YES please provide details and continue on a separate sheet if necessary.</p> <p>In particular, provide details if any such conviction is in respect of any offence involving fraud or other dishonesty, or violence or drugs, or any offence listed in Schedule 3 to the Sexual Offences Act 2003.</p>				

2.10	<p>Has there been any finding by a court or tribunal against the proposed License Holder or the proposed manager that he/she has practiced unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability in, or in connection with, the carrying on of any business?</p>	YES		NO	
	<p>If YES please provide details and continue on a separate sheet if necessary:</p>				
2.11	<p>Have there been any contraventions on the part of the proposed License Holder or the proposed manager of any provision of any enactment relating to housing, public health, environmental health or landlord & tenant law which led to civil or criminal proceedings resulting in a judgment being made against him/her?</p>	YES		NO	
	<p>If YES please provide details and continue on a separate sheet if necessary.</p>				

2.12	Has any HMO or house owned by the proposed License Holder or managed by the proposed manager been the subject of:			
	A Control Order under section 379 of the Housing Act 1985 in the period of 5 years preceding this application?	YES		NO
	If YES , please provide details:			
	Any appropriate enforcement action described in section 5(2) of the Housing Act 2004 and listed below (<i>please tick whichever apply</i>):			
	An Improvement Notice under section 11 of the 2004 Act	YES		NO
	A Prohibition Order under section 20 of the 2004 Act	YES		NO
	A Hazard Awareness Notice under section 28 of the 2004 Act	YES		NO
	Emergency Remedial Action under section 40 of the 2004 Act	YES		NO
	An Emergency Prohibition Order under section 43 of the 2004 Act	YES		NO
	A Demolition Order under section 265(1) or (2) of the Housing Act 1985	YES		NO
If YES to any of the above, please provide details and continue on a separate sheet if necessary:				

2.13	Has any local authority refused to grant an Application for a License under Part 2 or Part 3 of the Housing Act 2004 for any HMO or house which the proposed License Holder or the proposed manager owns or manages, or has owned or managed?	YES		NO	
	If YES , please provide details and continue on a separate sheet if necessary				
2.14	Has any local authority revoked a License in consequence of the License Holder having breached the conditions of a License?	YES		NO	
	If YES , please provide details and continue on a separate sheet if necessary:				
2.15	Has any HMO or house which the proposed License Holder or proposed manager owns or manages, or has owned or managed, been the subject of an interim or final Management Order under Part 4 of the Housing Act 2004?	YES		NO	
	If YES , please provide details and continue on a separate sheet if necessary:				

Part 3
Information about the property and its occupation

Approximate age of the property

3.1	What is the approximate age of the property? <i>(Please tick whichever applies)</i>	
	Before 1919	
	1919 - 1945	
	1945 - 1964	
	1965 - 1980	
	After 1980	

Type of HMO

3.2	Which of these types of HMO best describes your property? <i>(Please tick whichever applies)</i>	
	A house in single occupation	
	A house in multiple occupation	
	A flat in single occupation	
	A flat in multiple occupation	
	A house converted into and comprising only of self-contained flats	
	A purpose built block of flats	
	Other <i>(please specify)</i>	

Accommodation and amenities:

3.3	Please specify the number of:	
	Storeys comprising the HMO or house and the levels on which those storeys are situated:	
	Separate letting units:	
	Habitable rooms <i>(excluding kitchens):</i>	

	Bathrooms and shower rooms:				
	Toilets and wash basins:				
	Kitchens:				
	Sinks:				
	Households occupying the HMO or house:				
Fire safety and precautions					
3.4	Is the property fitted with a fire alarm system (also known as a fire detection and warning system or automatic fire detection (“AFD”)?	YES		NO	
	If YES , how many smoke and heat alarms are fitted?				
	If YES , please show the location of all smoke and heat alarms on a plan and enclose this with your application.				
3.5	Has the fire alarm system been inspected by a competent person (e.g. a contractor with appropriate qualifications in fire safety engineering) in the last 12 months?	YES		NO	
	If YES please confirm the date of the inspection and provide a copy of the inspector’s test certificate and report with this Application.				
3.6	Please provide details of any other fire precautions equipment provided at the property:				
3.7	Please provide details of any fire escape routes at the property and please show these on the plan accompanying you application:				

3.8	Please provide details of any fire safety information provided to occupiers:				
3.9	Is the property fitted with an emergency lighting system?	YES		NO	
	If YES, has this been tested by a competent person in the last 12 months?	YES		NO	
	If YES please confirm the date of the inspection and provide a copy of the inspector's test certificate and report with this Application.				
3.10	You must sign the Declaration at the end of this application that any upholstered furniture that is provided under the terms of any tenancy or license meets any safety requirements contained in any enactment.				
3.11	You must sign the Declaration at the end of this application that any gas appliances in the HMO or house meets any safety requirements contained in any enactment.				

Part 4 Fees payable		
4.1	A first application for an HMO License or for the renewal of an existing License	£105.00 per dwelling unit (i.e. bedsit or flat)
	Plus administration fee	15% of the above amount
4.2	The total amount of the above fee will be increased by a further 20% in any of the following circumstances: <ul style="list-style-type: none"> • when an incomplete or invalid application is submitted; • when no fee, or an incorrect fee, is submitted; or • where an application for an already existing but unlicensed HMO is made after 01 July 2006. 	
	<p>NOTE: You may wish to confirm the amount of the fee payable with the Council prior to submitting your application.</p> <p>This is an Application under Part 2 of the Housing Act 2004 and the following provisions apply to the fees paid:</p> <p>A local housing authority must refund an applicant in full any fee that he/she has</p>	

	<p>paid in respect of an application as soon as reasonably practicable after it learns that, at the time the fee was paid, the house was not an HMO, or was not an HMO that was required to be licensed.</p> <p>Further provisions apply to HMOs under Part 3 of the Act</p>
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DECLARATIONS:

NOTE:

Where the applicant proposes that another person should be the License Holder, both the applicant and the proposed License Holder must give the Declarations below and sign the Application form.

I/we hereby make the following Declarations:

1	I/We declare that the information contained in this application is correct to the best of my/our knowledge. I/We understand that I/we commit an offence if I/we supply any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading or am/are reckless as to whether it is false or misleading.																			
2	<p>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.</p> <p><i>(please see the notes on page 1 of this application for details of persons who must be informed and the information that you must give to them):</i></p> <table> <tr> <th>Name of person / body served</th><th>Address</th><th>Description of the person's interest in the property or the application</th><th>Date of service</th></tr> <tr> <td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td></tr> </table>				Name of person / body served	Address	Description of the person's interest in the property or the application	Date of service												
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3	I/We declare that any furniture in the HMO or house that is provided under the terms of any tenancy or license meets any safety requirements contained in any enactment.			
4	I/We declare that any gas appliances in the HMO or house meets any safety requirements contained in any enactment.			

Signed:

(all applicants must sign)

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Dated: