

Copeland Borough Council

The Copeland Centre

Catherine Street, Whitehaven

Cumbria, CA28 7SJ

Switchboard: 01946 598300

Fax: (01946) 59 83 07

HOUSING POLICY Direct Dial: (01946) 598427

Email: Debbie.Cochrane@copelandbc.gov.uk

Dear Sir/Madam

Re: HMO LICENSING

Please find enclosed a HMO Licence application which is in the form of three documents,

Section A – Declarations, Section B – Applicant and Managers Information and Section C a property condition report. Please would you complete and return all three forms and any supporting information required as soon as possible.

There is a minimum charge of £330 for up to five letting rooms. Each letting room thereafter would cost £25 up to a maximum of £500 in total. You will be sent an invoice once the application has been received and the property inspected.

The Licence will run for five years and is not refundable or transferable.

Please contact me on 01946 598427 or via email as above should you have any queries.

Yours sincerely

Debra Cochrane

Housing Service Manager

Section A – Declarations

Mandatory HMO Licensing Application

(Under Part 2 of the Housing Act 2004)

Property Address _____

Name and Address of applicant _____

By law, you must let certain people 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) who are known to you, i.e. the freeholder and any head lessors
- any person who is a tenant or long leaseholder of any part of the property (including any flat) who is known to you, other than statutory or other tenants whose leases/tenancies are 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 to be bound by any condition or conditions in a licence if granted

You must tell each of these people:

- 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 that is not you)
- whether this is an application under Part 2 or for a house licence under Part 3 of the Housing Act 2004
- the address of the property to which the application relates

- the name and address of the local housing authority to which the application will be made
- the date the application will be submitted

Please tell us in part (a) who you have served a notice to and sign the declaration. Alternatively, if there is no-one that you need to inform, please only sign the declaration in part (b).

a) I/we declare that I/we have served a notice of this application on the following people and these are the only people known to me/us that are required to be informed that I/we have made this application.

Signed.....

Date.....

Name
Address
Description of the person's interest in the property or application
Date of service

Name
Address
Description of the person's interest in the property or application
Date of service

Name
Address

Description of the person's
interest in the property or application
Date of service

If necessary, please attach a separate sheet and continue.

If you do attach an extra sheet, please tick this box

b) Alternatively, I/we declare that there are no persons required to be informed that I/we have made this application.

Signed.....

Date.....

You must also complete the following declaration for all applications.

I/we declare that the information contained in this application is correct to the best of my/our knowledge. I/we understand that it is an offence to 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 are reckless as to whether it is false or misleading.

Signed.....

Date.....

Signed.....

Date.....

Signed.....

Date.....

(In the case of partnerships or trustees, all partners or trustees must sign. In the case of a limited company, the form must be signed by a Director or Company Secretary or another authorised officer, in which case we will require proof of authority.)

Please note that it is a criminal offence to knowingly supply information which is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application with regard to the property concerned may be required at a later date. If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled or other action taken.

Please return the completed application form with supporting documentation to:

Mrs Debra Cochrane

Housing Service Manager

Copeland Borough Council

The Copeland Centre

Catherine Street

WHITEHAVEN

Cumbria

CA28 7SJ

Section B - Applicant(s) and Manager(s) Information

Mandatory HMO Licence Application

(Under Part 2 of the Housing Act 2004)

Note - a photocopy of this form is acceptable for multiple applications by the same Applicant(s) and the same Manager(s) and made within the same financial year (April-March).

A) Name & Address of Applicant(s) and Manager(s)

Please complete the following details - draw a line through any rows that do not apply.

Interest Name Address Phone/fax e-mail

Interest	Name	Address	Phone/Fax	E-mail
Proposed Licence Holder				
Manager				
Person having control				
Anyone else bound by licence condition				

B) If any of the above are a company, partnership, or trust, please indicate their business name and complete the following:

i. Company/partnership/trust information including registered address or principal trading address where appropriate

.....

Tel e-mail

ii. Names and addresses of all directors, partners or trustees (please continue on a separate sheet if necessary)

.....

iii. Name and address of Company Secretary

.....

Tel e-mail

Please give us an address for service and confirm with the signature of all directors, partners or trustees:

.....

Signed.....Name..... Position.....

Signed..... Name..... Position.....

Signed..... Name.....Position.....

Signed..... Name..... Position

Signed..... Name..... Position

C) Fit & proper person

Where relevant, the local authority 'must have regard (among other things) to evidence which shows that any person associated or formerly associated with the property (whether personally or on a work basis) is 'fit and proper'.

We may require your cooperation in obtaining Criminal Records Bureau information and may approach other local authorities and statutory bodies such as the police, Fire and Rescue Service, Office of Fair Trading, etc. for information and confirmation.

We may also share the information given on this form with other local authorities where you are a landlord or involved in property management.

We may also take up references with any organisation to which you say you belong or on whose lists you state you appear. Making this application will be taken as your agreement to any such action.

The following information must therefore be supplied in relation to any person that the applicant proposes will be involved in the management of the house:

(i) Details of any unspent convictions that may be relevant to the proposed licence holder's fitness to hold a licence, or the proposed manager's fitness to manage the HMO or house and in particular any such conviction in respect of any offence involving:

- fraud or other dishonesty
- violence or drugs
- any offence listed in Schedule 3 to the Sexual Offences Act 2003

(ii) Details of any finding by a court or tribunal against the proposed licence holder or manager that they have practised unlawful discrimination in, or in connection with, the carrying on of any business, on grounds of:

- sex
- colour
- race
- ethnic or national origin
- disability

(iii) details of any contravention on the part of the proposed licence holder or manager of any provision of any enactment relating to **housing, public health, environmental health or of landlord and tenant law** which led to civil or criminal proceedings resulting in a judgement being made against them (iv) information about any HMO or house that the proposed licence holder or manager owns or manages (or has owned or managed) which has been the **subject of:**

- a **control order** under section 379 of the Housing Act 1985 in the five years preceding the date of the application, or
- any appropriate enforcement action described in section 5(2) of the Housing Act 2004
- service of an improvement notice (s.11)
- making a prohibition order(s.20)
- serving a hazard awareness notice(s.28)
- taking emergency remedial action (s.40)
- making an emergency prohibition order (s.43)
- making a demolition order (Housing Act 1985, s.265(1) or (2))
- declare a clearance area (Housing Act 1985,s.289(2))

(v) information about any HMO or house the proposed licence holder or manager owns or manages (or has owned or managed) for which a local housing authority has **refused a licence** under Parts 2 or 3 of the Act, or has revoked a licence in consequence of the licence holder breaching the conditions of his licence.

(vi) Information about any HMO or house the proposed licence holder or manager owns or manages (or has owned or managed) that has been the subject of an interim or final management order under the Act.

If any of the above apply to you or anyone involved in the management of the property, please tell us which, the address involved and the date when the offence occurred or the adverse finding made in the civil jurisdiction, and any measures you have taken to ensure that the situation is remedied where possible.

Please use a separate numbered and headed sheet for each person involved in any offences to give us all the appropriate information. Please also complete the following table as appropriate:

	No Offences	Yes – number of pages attached
Applicant		
Proposed Licence Holder		
Person Managing		
Person having control		
Any other person bound by licence conditions		

If you are you a member of any landlords association or other professional body, please tell us which and the date you joined
.....

If you are an accredited landlord in this or another authority, please tell us which.....
and the date of accreditation.....

Are you on the lists for any academic or other organisation/institution?
.....

Please list any training courses you have undertaken or conferences attended in the last three years which you feel make you a better landlord.

.....
.....

Please give us any further information which may help us decide if the person managing is a fit and proper person. You may do this on a separate sheet.

D) Other licensable properties under the same ownership?

If you have other properties under your control that need to be licensed under Parts 2 (Mandatory Licensing) or 3 (Selective Licensing) of the act in this or any other local housing authority area, you are also required to provide a list showing details of these.

Where applicable, you need to prepare and attach a schedule to this application for each relevant licensing authority (with contact details) showing:

- the address of the property
- the number of floors
- the number of occupiers
- whether the property is licensed under Part 2 or Part 3 of the Housing Act 2004

Please return the completed form and any supporting evidence to:

Mrs Debra Cochrane
Housing Service Manager
Copeland Borough Council
The Copeland Centre
Catherine Street
Whitehaven
Cumbria
CA28 7SJ

Section C – Property Condition

Mandatory HMO Licensing Application

(Under Part 2 of the Housing Act 2004)

CERTIFICATION BY LANDLORD OF PROPERTY CONDITION

1. General Details

Property Address:				
Applicant's Name:				
Applicant Address:				
	No. of Letting Rooms		No. Occupants	
	No. of Habitable Rooms		No. Households	
	No. Living Rooms		No. Floors (ie., basement, ground, first etc.	
Location of Bathroom (and W.C)			How many	
No. of Wash Hand Basins			How many	
Location of Kitchen			How many	

2. Gas Safety

Gas Appliances & amounts of each							
Boilers		Fires		Cookers		Others	

It is a requirement under the Gas Safety (Installation and Use) Regulations 1994 to have the entire gas installation in any privately rented dwelling checked and serviced by a competent person every year (i.e. a person registered with Gas Safe).

Please provide a copy of the current safety certificate with this application.

3. C O Detectors (Carbon Monoxide Detectors)

(As a minimum a battery operated detector must be provided)

Carbon Monoxide Detectors	Yes/No	Battery	Yes/No	Mains	Yes/No
If Yes, how many and where located					
Date Installed					
Last test date					

4. ELECTRICAL SAFETY

Regular and appropriate inspections of the electrical wiring installation is recommended to ensure that the health and safety of your tenants is not compromised.

Landlords are advised that only electricians approved by the NICEIC or ECA are considered competent for this purpose.

Has the property been re-wired/checked in the last 5 years?	Yes		No	
If YES, what was the date (please attach electricians report)				
If NO, please attach electrician's report/periodic inspection confirming current condition.				

5. FIRE SAFETY – AUDIBLE ALARMS

Your HMO must be fitted with a mains interlinked smoke alarm system, with battery back up and the system should be checked and serviced at least once a year. The check should be carried out either by a specialist contractor or a NICEIC/ECA electrician.

Does the house have an automatic fire detection system?	Yes		No	
Type of system				
Date Installed				
Date of check by competent contractor (Please attach test certificate/Annual Inspection)				
Date of last test (Weekly)				

6. FIRE SAFETY – EMERGENCY LIGHTING SYSTEM

If your house has been fitted with an emergency lighting system, the system should be checked and serviced at least once a year.

Does the house have an emergency lighting system?	Yes		No	
Type of system				
Date Installed				
Date of check by competent contractor (Please attach test certificate/Annual Inspection)				
Last test dates (Mains failure)				
Full Duration (Annual)				

7. FIRE SAFETY – FIRE DOORS

Fire doors provide a vital part of a properties protected escape route in the event of a fire. Doors should be fully self-closing and all latches should connect without resistance. Each door should close squarely and lie flush against the rebates of the frame. Smoke seals must be undamaged and form a good seal between the edges of the door and the frame.

How many doors are present in the property?	
Have you checked that every fire door is functioning properly and complete?	
Date fire door check carried out	

8. FIRE SAFETY – CEILINGS, PARTITIONS, WALLS & ENCASEMENT PIPES, METERS ETC

Half hour fire resisting materials enclosing meters, pipes etc. in the common exit route should be undamaged. Walls, Ceilings and Partitions should be undamaged and capable of providing the appropriate fire resistance.

Have you checked that the condition of the walls, floors, ceilings and encasement of meters/pipes etc. are in an undamaged condition so as to provide an adequate degree of fire protection?	
Date of check carried out	

9. FIRE SAFETY – FIRE FIGHTING EQUIPMENT

Do you have any Fire Extinguishers present in the house?	Yes		No	
If YES, how many?	9 Litre water			
	6 Litre general purpose. AFFF			
	2.5 kg dry powder			
	2.5 kg CO ²			
	Last annual check date			
	Are there any fire blankets			
	If YES, how many?			

10. FIRE SAFETY – FURNITURE

AS from 31st December 1996, all upholstered furniture provided with rented accommodation must comply with the Furniture and Furnishings (Fire Safety) (Amendment) Regulation 1993. This means that all covering materials must have passed cigarette and match ignition tests and the filling materials must have passed flammability tests.

If your furniture complies, it should have label attached permanently to the lining giving details as appropriate. If you replace any items of upholstered furniture between now and the above date or are letting your house for the first time, then all such furniture must now comply.

Do you provide upholstered furniture?
Does it all comply with the Regulations?

11. PROPERTY MAINTENANCE AND IMPROVEMENTS

Have you carried out any works of repair improvement in the last three years?
If yes, please state description of works and date carried out:

PROPERTY ADDRESS

(HMO) _____

STATEMENT OF LANDLORD/PERSON HAVING CONTROL OF PROPERTY I certify that, in recognition of my legal responsibility for the health, safety and welfare of the tenants, the information given above is a truthful and accurate description of the condition of this property.

Signed:..... Date:.....

Name: (Block capitals please).....

Interest in Property (e.g. owner/managing agent/leaseholder etc.).....

Please return this Form, along with a completed FIRE SAFETY RISK ASSESSMENT, CURRENT GAS SAFE CERTIFICATE, ELECTRICAL CERTIFICATE AND PROOF THAT PROPERTY HAS AN UP TO DATE AND RELEVANT FIRE PROTECTION SYSTEM WHICH HAS BEEN SERVICED IN THE LAST YEAR to:

Mrs Debra Cochrane

Housing Service Manager

Copeland Borough Council

The Copeland Centre

Whitehaven

Cumbria CA28 7SJ