



Our Reference: PSH/HMO Licence

To HMO Licence Applicant

Housing Standards
Private Sector Housing
Environmental Health
Development Directorate
Town Hall
Lancaster Road
Preston, PR1 2RH
www.preston.gov.uk
tel. (01772) 906907

Dear Applicant,

HOUSING ACT 2004, PART 2, THE LICENSING OF HOUSES IN MULTIPLE OCCUPATION

RE: HMO PROPERTY IN PRESTON

The Housing Act 2004 has made it a requirement that a landlord letting an HMO which meets certain criteria will need to obtain a licence from the Local Authority; the above property has been assessed as needing a licence. The aim of the scheme is to increase the protection of tenants and neighbours by making sure accommodation is safe, well managed and of good quality.

I am enclosing an application form for a new licence and supporting information to help you complete the application form correctly. You need to complete and return the form, together with the information requested. Please ensure that you read the guidance notes before completing it. **The Council will be ceasing to accept paper copies of application forms and supporting documents from January 2020. Any applications made after this date must either be emailed to hmolicensing@preston.gov.uk, or brought in to the Town Hall and scanned by the applicant using the Councils self-scan system located in the ground floor reception area.**

One of the requirements of the licence is for you to provide evidence that both you and any managing agent (if applicable) is a "fit and proper" person to manage a HMO. As part of this procedure, those affected must provide a disclosure from an organisation called Disclosure Barring Service (DBS). You can apply online at <https://www.gov.uk/request-copy-criminal-record> you will need to pay them a fee, currently £25, and provide certain evidence to them.

You and any proposed manager will need to allow sufficient time for your application to DBS to be dealt with, so it is better that you do not delay. Please note, the disclosure statement is valid for 28 days, and you must provide us with the original document with your application within this time. **Your application will only be treated as complete once we have all the information we need.**

Cont.

The fee chargeable for a new 5 year HMO license is currently set at £500.00, payable in two parts. At the time of application, you must make an initial fee of £150 (non-refundable) to cover the cost of assessing and processing your submitted application up to the issuing of a proposed license. Upon receipt of the proposed license you should make any representations to the council with any observations. If you're happy with the content, you should arrange for the required balance of the license fee to be paid and the HMO license will be issued. This remaining fee covers the council's costs for monitoring the license over its 5 year life.

Remember that the application will not be treated as complete, until we receive everything needed. If you are having any difficulty completing your licence application contact us as soon as possible at the above address, as an incomplete application will incur an additional penalty charge of £100.

The preferred method of payment is debit/credit card, either over the phone or Chip & Pin here at the Councils office. Please ring on 01772 906907. If you prefer to pay by cheque forward this with your application. The cost of a licence will rise to £600.00 if you fail to supply a complete application, including all documents, certificates, etc. as indicated on the enclosed checklist.

At some point in the future we will inspect your HMO. Before we do so we will contact you in advance to arrange this appointment. It is very important that you read the mandatory and any additional licence conditions included with your new licence, which explains the Council's requirements, to ensure that your property is correctly managed and is free from hazards that may affect you tenants.

I look forward to receiving you completed application and supporting information.

Please Note:

Landlords who operate a licensable HMO without a licence are liable to prosecution leading to an unlimited fine in the magistrates' court or a Civil Financial Penalty of up to £30,000. Your Tenants are able to reclaim any rent paid during the time the property is unlicensed, up to a maximum of 12 month rent, regardless of any formal action taken by the Council. We may choose to reclaim any Housing Benefit that has also been paid.

Yours sincerely,

Housing Standards Team

HMO Licence Documentation checklist

HOUSING ACT 2004, PART 2, THE LICENSING OF HOUSES IN MULTIPLE OCCUPATION.

(Mandatory Conditions of Licenses) (England) Regulations 2018

Re HMO:-

In addition to the application form supplied, we will require the original copies of the following current valid certification:

Required	PLEASE RETURN THIS FORM WITH THE APPLICATION	Applicant please tick if enclosed	For office use only
<input checked="" type="checkbox"/>	HMO Licence Application Form.	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	HMO Licence Fee Payment. The preferred method of payment is debit or credit card.	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Disclosure Service (DBS) basic level disclosure certificate dated within the last twenty-eight days. (https://www.gov.uk/request-copy-criminal-record)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	You are required to provide floor plans of your property. The drawing must be to a scale of 1:50 or 1:100 and an example has been enclosed.	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Gas Safe Registered Engineer's Certificate issued within the last twelve month period. (<i>Renewable on an annual basis</i>).	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Periodic Electrical Installation Condition Report issued within the last five years. (<i>Renewable on a five yearly basis</i>).	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Periodic Fire Alarm Test Certificate (BS:5839-1 clause 45) issued within the last twelve month period. (<i>Renewable on an annual basis</i>).	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	A copy of your written Fire Safety Risk Assessment, (Required under the Regulatory Reform Fire Safety Order 2005). (<i>Which is to be reviewed on an annual basis</i>).	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Periodic Emergency Lighting Test Certificate (BS:5266) issued within the last twelve month period. (<i>Renewable on an annual basis</i>).	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Portable Appliance Test (PAT) Certificate for all relevant appliances that you provide. (Recommended annually). <u>Please confirm in writing if you do not supply portable appliances</u>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Copy of Current Tenancy Agreement. (If changed significantly from last licence application).	<input type="checkbox"/>	<input type="checkbox"/>

All the original test certificates will be returned to you as soon as possible
If you would like any further assistance, please do not hesitate to contact this office.

Telephone Number: (01772) 906907

email: hmolicensing@preston.gov.uk

**HOUSING ACT 2004, PART 2, THE LICENSING OF HOUSES IN MULTIPLE OCCUPATION
(Mandatory Conditions of Licenses) (England) Regulations 2018**

APPLICATION FOR MANDATORY LICENSING SCHEME

Please ensure that all parts of the form are completed in either black or blue ink. **If you do not complete the form correctly and the form has to be returned to you, an additional administrative fee may be charged.**

If you need any assistance in completing the form, please consult a member of the Support Team of the Housing Services Section on Telephone Number: **01772 906907**.

This is a New Application for a Mandatory Licence

PART 1 – FULL POSTAL ADDRESS OF PROPERTY REQUIRING HMO LICENCE.

1.1 Address:

Postcode:

1.2 Details of Storeys in Property:

	Number of storeys available for residential use	Number of storeys <u>not</u> available for residential use	Please give brief description of use of non-residential areas (e.g.: storage, commercial use)
Basement	<input type="text"/>	<input type="text"/>	
Lower Ground Floor	<input type="text"/>	<input type="text"/>	
Ground Floor	<input type="text"/>	<input type="text"/>	
First Floor	<input type="text"/>	<input type="text"/>	
Second Floor	<input type="text"/>	<input type="text"/>	
Third Floor	<input type="text"/>	<input type="text"/>	
Attic or loft rooms	<input type="text"/>	<input type="text"/>	
Total	<input type="text"/>	Total <input type="text"/>	

1.5 Fire Safety: Has a fire risk assessment been carried out?
(see guidance notes for further details)

- Does the building have a fire alarm panel?
- Does the building have smoke detectors?
- Does the building have heat detectors?
- Does each bedroom or bed-sitting room have a mains-wired smoke alarm which is not linked to the main system (for the protection of the occupant)?
- Does the building have alarm sounders?
- is there a log book of all maintenance, inspections and checks? *If Yes: Log Book to be enclosed with application.*
- Does the fire alarm system have a current periodic inspection certificate (e.g. NICEIC, ECA, etc.)?
(Actual certificate to be enclosed with application)
- Please provide Certificate Number:
- Date of last inspection of the alarms:
- Who inspected the system?
(Please provide the name and address of contractor) _____

Postcode _____

For further information on this issue, please refer to the current guidance used by Preston City Council regarding this matter: **Housing - Fire Safety**. (see guidance note)

1.6 Emergency Lighting: Has the Fire Safety Risk Assessment highlighted the need for Emergency Lighting?

If yes provide the following:

- a log book of all maintenance, inspections and checks?
If Yes the Log Book to be enclosed with application
- a valid periodic safety inspection certificate
e.g.: NICEIC or ECA (or similar approved)
(Actual certificate to be enclosed with application)
- Date of the last inspection?
- Who inspected the system?
(Please provide the name and address of the contractor) _____

Postcode _____

1.7 Main Escape Route: Is the main escape route:

- protected by self-closing fire resisting doors?
- kept clear of flammable material and other obstructions?

1.8 Gas Installation and Appliances:

Do you provide gas installations/appliances to any part of the property?

If yes, the current Gas Safe Registered Landlords Gas Safety Record must be enclosed with your application.

- details of the Gas Safe Registered Landlords Gas Safety Record
(Actual certificate to be enclosed with application)
- who undertook last inspection?
(Please give name and address of contractor) _____

Postcode _____

1.9 Electrical Installations and Fittings:

- details of periodic Electrical Installation Condition Report
(Actual report to be enclosed with application)
- who undertook last inspection?
(Please give name and address of contractor)

Report Number	
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Postcode

1.10 Portable Electrical Appliances:

e.g.: kettle, fridge or any other appliance fitted with a plug

Do you provide portable electrical appliances to any part of the property?

Yes / No

- a valid portable appliance test safety certificate for all landlord supplied appliances
(Actual certificate to be enclosed with application)

Certificate Number	
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- who undertook last inspection?
(Please give name and address of contractor)

Postcode

1.11 Furniture and Soft Furnishings:

Are furniture/soft furnishings provided to any part of the property?

Yes / No

If YES – are the furniture/soft furnishings in good and safe condition

Yes / No

Do the furniture/soft furnishings conform to current Fire Safety Regulations?

Yes / No

1.12 Provide details of any Fire Safety Advice provided to occupiers:

(see guidance notes) – continue on a separate sheet if necessary

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1.12a Provide a copy of your written Fire Safety Risk Assessment :- Tick box to confirm enclosed

Enclosed	<input type="checkbox"/>
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1.13 Tenancy Arrangements:

Do you provide tenants with a written statement / tenancy agreement detailing the terms of their occupancy?

Yes / No

If Yes: Enclose an example with your application

1.14 Anti-Social Behaviour:

Do you take steps to prevent or reduce anti-social behaviour by persons, either occupying or visiting the property?

Yes / No

If **Yes:** Please provide brief details of measures taken to reduce anti-social behaviour:

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Part 2 – DETAILS ABOUT THE APPLICANT(S), MANAGER(S), PROPOSED LICENCE HOLDER AND PERSON HAVING CONTROL.

Please Note: - The Council is required, by law, to maintain a Register of Licensed HMO's and make it available for public inspection. The law requires the Register to contain the name and contact address for the License Holder and the Manager (if Applicable).

2.1 Details of the Applicant:

Name: Mr/Mrs/MS (delete as appropriate)

Address: _____

_____ **Postcode:** _____

Tel. No: _____

E-mail: _____

2.2 Details of the Proposed Licence Holder:

Full Name: Mr/Mrs/MS (delete as appropriate)

Maiden Name
(If applicable) _____

Date of Birth

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Place of Birth _____

Address _____

Postcode: _____ **Tel No:** _____

E-mail: _____

2.3 Details of the Person Managing the Premises:

Full Name: Mr/Mrs/MS (delete as appropriate)

Address: _____

Postcode: _____ **Tel No:** _____

E-mail: _____

2.3a Details of any other person(s) who has agreed to be bound by a condition contained in the licence:

(Please use additional sheet if required)

Full Name: Mr/Mrs/MS (delete as appropriate)

Address: _____

Postcode: _____ **Tel No:** _____

E-mail: _____

2.4 Details of the Company or Persons owning the Premises:

Full Name: Mr/Mrs/Ms (delete as appropriate) _____

Maiden Name
(If applicable) _____

Date of Birth

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Place of Birth _____

Address: _____

Postcode: _____ **Tel No:** _____

E-mail: _____

2.5 Details of any other properties that are already licensed under Parts 2 or 3 of the Act by the Proposed Licence Holder;

Address: _____ Post Code _____

Address: _____ Post Code _____

Address: _____ Post Code _____

Address: _____ Post Code _____

Address: _____ Post Code _____

2.6 If any of the applicants are a company, partnership, or trust, please indicate which and complete the following:

Company/Partnership/Trust Information: including Registered Address or Principal Trading Address where appropriate

Tel: _____ **E-mail:** _____

Names and Addresses of all Directors/Partners/Trustees *(please use separate sheet if necessary)*

Tel: _____ **E-mail:** _____

Name and Address of Company Secretary

Tel: _____ **E-mail:** _____

2.7 Please Confirm by Signature of all Partners / Trustees an Address for Service:

(please use separate sheet if necessary)

Signed: _____	Name: _____	Director	Partner	Trustee
Signed: _____	Name: _____	Director	Partner	Trustee
Signed: _____	Name: _____	Director	Partner	Trustee
Signed: _____	Name: _____	Director	Partner	Trustee
Signed: _____	Name: _____	Director	Partner	Trustee

2.8 You must provide details of the following in respect of the proposed licence holder and proposed manager. If you answer yes to any question, provide details at the end of this section.

- a) information concerning any unspent convictions that may be relevant to the proposed licence holder's fitness to hold a licence or proposed manager's fitness to manage the premises and in particular any offence involving fraud or other dishonesty, or violence or drugs or any offence listed in Schedule 3 to the Sexual Offences Act 2003; Yes/No
- b) details of any finding by a court or tribunal against the proposed licence holder or manager that he/she has 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
- c) details of any contravention on the part of the proposed licence holder or manager of any provision of any enactment relating to housing, environmental health or landlord and tenant law; which led to civil or criminal proceedings in which judgement was made against him/her; Yes/No
- d) Information about any property which the proposed licence holder or manager owns or manages or has owned or managed for which a licence under Parts 2 or 3 of the Act has been refused, or revoked as a result of the licence holder breaching the conditions of his licence; Yes/No
- e) information about any condition of a licence granted under Parts 2 or 3 of the Act that the proposed licence holder has breached; Yes/No
- f) information about any property that the proposed licence holder owns or has owned that has been the subject of any proceedings (whether court or otherwise) by a local authority, including details of any work that the local authority has carried out as a result of default on the part of the proposed licence holder; Yes/No
- g) information about any property 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 or a special interim management order under the Act; Yes/No

If any of the items described in a) to h) above apply, please provide details below.

(please continue on a separate sheet if necessary)

PART 3 – NOTIFICATION OF APPLICATION

Important information about your obligations to let others know you have made this application

3.1 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:-

1. any mortgagee of the property to be licensed (e.g. Building Society)
2. 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
3. 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)
4. the proposed licence holder (if that is not you)
5. the proposed managing agent (if any) (if that is not you)
6. any person who has agreed that he will be bound by any condition or conditions in a licence if it is granted.

You must tell each of these persons:-

1. your name, address, telephone number and e-mail address or fax number (if any)
2. 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)
3. whether this is an application for a house in multiple occupation under Part 2 or for a house licence under Part 3 of the Housing Act 2004
4. the address of the property to which the application relates
5. the name and address of Preston City Council's Private Sector Housing, Housing Standards Section to which the application will be made
6. the date the application will be submitted

I/we declare that I/we have served 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:

Name	Address	Description of person's interest in the property /application	Date notice served

(please write on a separate sheet if necessary)

GENERAL DATA PROTECTION REGULATIONS

YOUR PERSONAL DATA

Preston City Council will use your information in a manner compatible with the GDPR. Any disclosures or sharing of information will only take place where permitted by law.

For further information please see our privacy notice at:

<https://www.preston.gov.uk/privacy>

PART 4 – DECLARATION

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 and which I/we know is false or misleading or I/we are reckless as to whether it is false or misleading. I understand and accept that if I withhold information or provide false or misleading information this may result in my application being rejected.

To be completed by all applicants and, where different persons, proposed licence holder

Print Full Name

Signature _____ **Date:**

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Print Full Name

Signature _____ **Date:**

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Print Full Name

Signature _____ **Date:**

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Print Full Name

Signature _____ **Date:**

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(please write on a separate sheet if necessary)

