Mandatory HMO Application

Housing Act 2004 PART 2



Please return and complete this application form to the following address:

Address:	ENVIRONMENTAL HEALTH East Staffordshire Borough Council, Town Hall, King Edward Place, Burton on Trent, Staffordshire, DE14 2EB
Telephone	01283 508 578
Email:	ehsupport@eaststaffsbc.gov.uk

For Office Use only:	
Licence Holder	
HSO Ref:	
Received Date	

HMO Application form Guidance

Below is guidance that should be used to assist you when filling in the proceeding application. An individual application should be made for each property to be licenced including individual flats. Where part one details remain the same however this need only be completed once for multiple applications.

Part One – Application Summary

For every licence there must be a named licence holder. The council has a duty to grant a licence to the most appropriate person and in most circumstances, this would be the owner of the property. In some circumstances however, it may be a leaseholder or a managing agent/manager. It is the owner's responsibility to ensure that an application for a licence is made for their property.

The proposed licence holder must have the power to:

- Collect rental income
- Set up and terminate tenancies
- Access all parts of the dwelling
- Authorise repairs and maintenance to the property

If the owner has nominated a managing agent to be the proposed licence holder, they must have the power to undertake the listed conditions above.

If the proposed licence holder is not available to manage the property, it is advisable to appoint a local manager who is authorised to deal with emergency repairs and any issues concerning antisocial behaviour. This manager will be named on the licence.

If the owner/freeholder of the property has leased the property to another person or company, the leaseholder will be the person having control of the property and may then be then be the most appropriate person to be a licence holder.

If a company applies to be licence holder, they must nominate an appropriate person to hold the licence within that company.

Part Two – Fit and Proper Person Details

In deciding whether an application should be granted, the Council must have regard to the evidence that shows that the proposed licence holder and manager are fit and proper persons. In some cases the Council may require a full declaration of suitability by requesting the Licence Holder and Manager to complete a Disclosure and Barring Service check.

Part Three – Property Details

A single household refers to persons who are all members of the same family such as: married or cohabiting couples or other relationships such as parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew, niece, cousin, half-blood relationship and stepchild. Additionally, a person living with his/her employer is classed a living in the same household, such as carer.

Part Four – Declarations

Please complete all the declarations applicable. It is a criminal offence to knowingly supply information that is false or misleading for the purposes of obtaining a licence. Under Section 238 of the Housing Act 2004, a person who commits an offence is liable to a fine not exceeding £30,000.

Documents

Documents can either be scanned and emailed to the Environmental Health Team at <u>ehsupport@eaststaffsbc.gov.uk</u>, posted to or brought in to Environmental Health, The Town Hall, King Edward Place, Burton on Trent, Staffordshire, DE14 2EB from 9:00AM to 5:00PM Monday – Friday.

Supporting Documents

To ensure your application is valid, you have to submit all documents listed below along with the application form and ensure you submit separate application forms if you are applying for more than one property.

- Proof of identity (photo ID) of proposed licence holder e.g. passport, driver licence (with photograph (copies only).
- Licence holder evidence of permanent residential address e.g. driving licence (if not used as proof of Photo ID), utility bill, bank statement dated within six months.
- Proof of ownership of property (e.g. land registry title).
- Authorisation letter from the property owner/co-owner (if the proposed licence holder is not the owner or is a joint owner) stating that the owner(s) give the proposed licence holder permission to manage the property on their behalf. The proposed licence holder must have the power to collect rental income, set up and terminate tenancies, access all parts of the dwelling and able to authorise repairs and maintenance to the property.
- If the property is leased, please provide a copy of the current lease (copies only).
- Copy of current gas safety certificate of the rented property (copies only).
- Property fire risk assessment (copies only).
- Satisfactory test certificate for fire detection (copies only).
- Satisfactory test certificate for emergency lighting (copies only).
- Electrical installation condition report (EICR) or similar (copies only).
- Portable appliance testing (PAT) certificate, if applicable (copies only).
- Copy of the latest tenancy agreement.

Payment for your licence

Following receipt of a valid and complete application, you will be sent an invoice for the fee of the licence. Details of how to pay this fee will be included with that documents. For further information on search Selective Licensing on our website: <u>http://www.eaststaffsbc.gov.uk</u>

PART ONE: APPLICATION SUMMARY This section must be completed in full

Please read the guidance notes carefully prior to completing this form. You may fill in this form digitally or in **blue** or **black** ink only. Please write clearly within the boxes provided. If you make a mistake, or do not complete all the relevant sections, it may delay the processing of the application and incur further charges. This is an application form and does not guarantee the granting of a licence. If you have any queries or require any assistance completing the form, please telephone **01283 508578** or email ehsupport@eaststaffsbc.gov.uk.

FAILURE TO APPLY FOR A HMO LICENCE FOR A PROPERTY THAT IS SUBJECT TO MANDATORY LICENSING IS A CRIMINAL OFFENCE AND MAY RESULT IN A FINANCIAL PENALTY UP TO £30,000.

ADDRESS OF PROPERTY TO BE LICENSED:		
	Postcode:	

Owner Manager/Managing Agent		Other (please state):	

Please indicate the type of application being made:			
Application for a new Licence	0		
Application for a variation of an existing Licence			
Renewal of a Licence			

Please indicate the type of property for which the application is being made:

House in multiple occupation	
Flat in multiple occupation	
House in a building used for both residential and business purposes	
Other	

Please indicate how the HMO is operating:	
House comprising of bedrooms with shared facilities	
House converted into bedsits with some shared facilities	
A dwelling-house with a live-in landlord and lodgers	
A hostel or care home	
Supported lodgings	

PART ONE: DETAILS OF INTERESTED PARTIES

This section must be completed in full

1.1 PROPOSED LICENCE HOLDER: In the case that this is a company, partnership, charity or trust please fill in section 1.7. Miss Title: Mr Mrs Ms Other: Full Name: **Business Name if relevant: Residential or Business Address:** Postcode: Home Telephone No: Work Telephone No: Mobile Telephone No: E-mail Address: Interest in the property:

OWNER: (where this is different from the Proposed Licence Holder) - if 1.2 there is more than one owner please add their details on separate sheets Title: Mrs Miss Ms Mr Other: Full Name: **Business Name if relevant: Residential or Business Address:** Postcode: Home Telephone No: Work Telephone No: Mobile Telephone No: E-mail Address:

1.3 If the proposed licence holder is not the owner/sole owner of the property, the owner/co-owner and proposed licence holder must sign the following declaration.

I, as the owner of the above property, hereby give my consent to the above named being licence holder.						
Name – please print:	ne – please print: Date:					
Signature:						

I consent to being named as the proposed licence holder of the above property.					
Name – please print:		Date:			
Signature:					

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1.4 MANAGING AGENT: (where this is different from the Proposed Licence Holder)

Title:	Mr	Mrs	Miss	Ms	Other:
Full Name:					
Business Name	e if relevant:				
Residential or	Business Address:				
			Postcod	e:	
Home Telepho	ne No:				
Work Telephor	ne No:				
Mobile Teleph	one No:				
E-mail Address	:				

1.5 LEASEHOLDER: (if not any of the above) – must be a named individual

Title	N.A.e	N.4	Mine	Ma	Othory			
Title:	Mr	Mrs	Miss	Ms	Other:			
Full Name:								
Business Na	Business Name if relevant:							
Residential	or Business Address:							
			Postcod	e:				
Home Telephone No:								
Work Telephone No:								
Mobile Telephone No:								
E-mail Addr	ess:							
Do you alone	or jointly with others,	hold a lease wi	th at least 5 yea	irs to run? Yes	No			
Please send	a copy of the current l	ease with the a	pplication form					

1.8	Have any of the above	Yes	No		
1.9	Have any of the above	Yes	No		
	Please provide details:				
	Local Authority	Date Ap	plied/Granted		

1.10	Please outline which addres notices. This will be the add			espondence including legal	
	Proposed Licence Holder	Owner	Managing Agent	Leaseholder	
1.11	Please indicate your preferre	ed contact m	ethod (for corresponder	nce regarding your application).	

PART TWO: FIT & PROPER PERSON DETAILS This section must be completed in full

When considering an application for a licence, the Local Authority must be satisfied that the proposed Licence Holder is a "Fit and Proper" person to hold a Licence. It is therefore necessary that the following details be supplied about the proposed Licence Holder and any other person that the applicant proposes will be involved in the management of the house.

2.1 **PROPOSED LICENCE HOLDER:**

Title:	Mr	Mrs	Miss	Ms	Other:
Full Name:					
Business Name if releva	nt:				
Residential or Business	Address:				
			Postco	ode:	
Home Telephone No:					
Work Telephone No:					
Mobile Telephone No:					
E-mail Address:					
Proof of identity and	Passport		Utility Bill	Birth certificate	Drivers Licence
current address (two to	Other:				
be supplied):					
Interest in property:	Owner		Manager	Leaseholder	
	Other:				

Title:	Mr	Mrs	Miss	Ms	Other:
Full Name:					
Business Name if relev	ant:				
Residential or Busines	s Address:				
			Postco	ode:	
Home Telephone No:					
Work Telephone No:					
Mobile Telephone No:					
E-mail Address:					
Please fill in the detai	s below if you are	e an individu	ual and not	part of a company.	
Proof of identity and	Passport	Ut	tility Bill	Birth certificate	Drivers Licenc
current address (two t	⁰ Other				
be supplied):					
Interest in property:	Owner	М	anager	Leaseholder	
	Other:				

2.3	Is the proposed licence holder a member of any landlords asso	ciation e.g. RLA NLA? please indicate:
	Organisation	Since

2.4	Please list any training courses attended – relevant to property	management – by the proposed
	licence holder in the last three years.	
	Training Course	Date

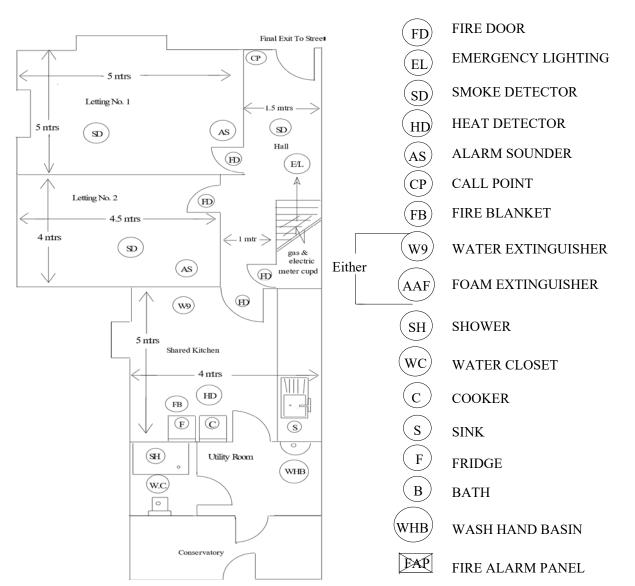
2.5	Has the proposed licence holder or manager:				
	Committed any offence (Subject to the Rehabilitation of Offenders Act 1974) involving fraud or other dishonesty	Proposed Lic Holder	ence	Manage	r
	(including benefit fraud), violence, drugs or any offence listed in Schedule 3 to the Sexual Offences Act 2003?	Yes	No	Yes	No
.6	Has the proposed licence holder or manager:				
	Practiced unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in or in connection	Proposed Lic Holder	ence	Manage	r
	with any business?	Yes	No	Yes	No
.7	Has the proposed licence holder or manager:		L		
	Contravened any legislation to housing, public health, environmental health or landlord and tenant law?	Proposed Lic Holder	ence	Manage	r
	environmental nearth of landior and tenant law:	Yes	No	Yes	No
2.8	Has the proposed licence holder or manager, been convicted notice under:	for non-compl	liance of a	statutory	
	Housing, Environmental Health, Landlord and Tenant, Public Health, Health and Safety, Building Regulations or Planning	Proposed Lic Holder	ence	Manage	r
	laws?	Yes	No	Yes	No
2.9	Has the proposed licence holder or manager ever been in con	trol of a prope	erty:		
		Proposed Lic Holder	ence	Manage	r
	Subject to a Control Order or Management Order	Yes	Na	Vee	Ne
	Where works have been carried out in default?		No	Yes	No
	Been refused a licence?	Yes	No	Yes	No
	Breached conditions of a Housing Act 2004 licence?	Yes	No	Yes	No

PART THREE: DETAILS OF PROPERTY TO BE LICENSED This section must be completed in full

Please attach a sketch plan, with measurements, showing the location and size of each room in the property. Below is an example showing the type of sketch and detail required. Please use the abbreviations listed below to mark details on the plan. Please provide a separate sketch of each floor level of the property. Please add additional sheets if you require further space. If you already have plans of the property you may submit these separately. If you are renewing a licence, and there have been no material changes to the layout, amenities and fire precautions in the previous 5 year period, please sign declaration 3.1 below and no sketch plan will be required.

EXAMPLE GROUND FLOOR PLAN

KEY TO SYMBOLS TO BE USED ON PLAN



I/We declare that there hat licence application. Plans	Exampleted by Owner / Manager if this is a ave been no material changes to the prope submitted at that time still provide a true i tions provided at the property to date.	erty in t	the last 5 years / since our last HMO
Name – please print:	Da	ate:	
Signature:			
Interest in the property			

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Notes

3.2 DETAILS OF PROPERTY TO BE LICENSED

	Detached	Semi-Detached	Mid- Terrad	ce	End Terrace
	Other:				
Please give		ate of construction of the pr	operty:		
	Pre 1920	1920-1945	1946-197		Post 1979
If the prope	erty has been conve	rted to a HMO, please give	the approximate d	late:	
If the prope	erty has been conve	rted to self-contained flats,	please give the ap	proximate	date:
If converted	d in accordance with	h 1991 Building Regulations	please provide a o	completion	certificate.
How many	storeys are there in	the property (including bas	ements and attic f	flats)?	
Is any part of	of the property use	d for separate commercial a	ctivity?	Yes	No
If yes, pleas	se provide details ar	nd location of the commerci	al activity below:		
	•				
		ere in the property? i.e. how		bedrooms	
How many	households/familie	s occupy the property at pre	esent?	bedrooms	
How many How many	households/familie individual persons c	s occupy the property at pre- occupy the property at prese	esent? ent?	bedrooms	
How many How many	households/familie individual persons c	s occupy the property at pre	esent? ent?	bedrooms Yes	No
How many How many Does the pr	households/familie individual persons o roperty owner, land	s occupy the property at pre- occupy the property at prese	esent? ent? the property?		No
How many How many Does the pr Is the prope	households/familie individual persons o operty owner, land osed licence holder	s occupy the property at pre occupy the property at prese lord or manager also live in	esent? ent? the property? or manager?	Yes Yes	No
How many How many Does the pr Is the prope	households/familie individual persons o operty owner, land osed licence holder	s occupy the property at pre occupy the property at prese lord or manager also live in the live-in owner, landlord o	esent? ent? the property? or manager?	Yes Yes	No
How many How many Does the pr Is the propo If the landlo property?	households/familie individual persons o roperty owner, land osed licence holder ord lives in the prop	s occupy the property at pre- occupy the property at prese lord or manager also live in the live-in owner, landlord o perty to be licensed, how ma	esent? ent? the property? or manager? iny of his/her fami	Yes Yes ly members	No s also live in the
How many How many Does the pr Is the propo If the landlo property?	households/familie individual persons o roperty owner, land osed licence holder ord lives in the prop	s occupy the property at pre occupy the property at prese lord or manager also live in the live-in owner, landlord o	esent? ent? the property? or manager? iny of his/her fami	Yes Yes ly members	No s also live in the
How many How many Does the pr Is the propo If the landlo property?	households/familie individual persons o roperty owner, land osed licence holder ord lives in the prop	s occupy the property at pre- occupy the property at prese lord or manager also live in the live-in owner, landlord o perty to be licensed, how ma	esent? ent? the property? or manager? iny of his/her fami	Yes Yes ly members	No s also live in the
How many How many Does the pr Is the propo If the landlo property? Which flat/	households/familie individual persons o roperty owner, land osed licence holder ord lives in the prop rooms in the prope	s occupy the property at pre- occupy the property at prese lord or manager also live in the live-in owner, landlord o perty to be licensed, how ma	esent? ent? the property? or manager? iny of his/her fami wner, landlord or i	Yes Yes ly members	No s also live in the

Please indicate the max. n. of **occupants** you would like the licence for:

3.3 DETAILS OF INSTALLATIONS AND APPLIANCES Please complete the following table, based on current occupation, ind

Please complete the following table, based on current occupation, indicating the number of facilities and whether they are shared or for sole use. Children of any age, including babies, must be included in the number of people.

		N. of facilities	N. of people sharing
Rooms providing living	In the case of dual use,		
accommodation	please count as		
Rooms providing sleeping	sleeping		
accommodation	accommodation		
Bathroom with toilet, wash	hand basin with bath		
and/or shower			
Separate bath with hot and	cold water		
Separate shower with hot a	nd cold water		
Separate toilet with wash ha	and basin		
Separate toilet without was	h hand basin		
Kitchen			
Cooker			
Sink with drainer with a sup	ply of hot and cold		
water			
Fridge freezer			
Fridge without freezer			
Separate freezer			
Microwave oven			
Food storage cupboard			

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Fixed work surface for food preparation – please			
ndicate quantity in linear metres			
Electrical sockets in kitchen area above work tops			
indicate single or double)			
Electrical sockets in kitchen area below work tops			
indicate single or double)			
Please indicate the type of ventilation installed in each shared kitc	hen area, su	ch as wind	ows, extract
ventilation, none, other:			
What refuse disposal facilities have been provided (including kitch	en areas/ou	tside)? Ple	ase note that
you should have notified the council waste management team that	you are oper	rating the	
			nte la aless
property as a HMO and you should ensure you have a sufficient bin	s/collection a	arrangeme	nts in place.
Diasso indicate the type of ventilation installed in each chared bat	hroom area	cuch ac wi	adours outras
	hroom area,	such as wi	ndows, extrac
	hroom area,	such as wi	ndows, extrac
Please indicate the type of ventilation installed in each shared bat ventilation, none, other:	hroom area,	such as wi	ndows, extrac
	hroom area,	such as wi	ndows, extrac
	hroom area,	such as wi	ndows, extrac
	hroom area,	such as wi	ndows, extrac
ventilation, none, other:			
rentilation, none, other:		such as wi Yes	ndows, extrac No
ventilation, none, other:			
ventilation, none, other: Does every unit of living accommodation contain a wash hand bas			
ventilation, none, other: Does every unit of living accommodation contain a wash hand bas DETAILS OF SERVICES & MANAGEMENT	in?	Yes	No
ventilation, none, other: Does every unit of living accommodation contain a wash hand bas DETAILS OF SERVICES & MANAGEMENT	in?	Yes	No
ventilation, none, other: Does every unit of living accommodation contain a wash hand bas DETAILS OF SERVICES & MANAGEMENT Some questions in this section are marked *. You must complete sapplication to be considered.	in? these questi	Yes ons to ena	No ble your
ventilation, none, other: Does every unit of living accommodation contain a wash hand bas DETAILS OF SERVICES & MANAGEMENT Some questions in this section are marked *. You must complete sapplication to be considered.	in? these questi	Yes ons to ena	No ble your
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Ventilation, none, other: Does every unit of living accommodation contain a wash hand bas DETAILS OF SERVICES & MANAGEMENT Some questions in this section are marked *. You must complete the application to be considered. This section also includes some questions providing information the assessment of the priority for inspection of the property. You are However, if you do not do so, we are likely to consider the propert	in? these questi- nat will enab not obliged	Yes ons to ena le us to ma to answer	No ble your ake an these questior
Ventilation, none, other: Does every unit of living accommodation contain a wash hand bas DETAILS OF SERVICES & MANAGEMENT Some questions in this section are marked *. You must complete the application to be considered. This section also includes some questions providing information the assessment of the priority for inspection of the property. You are However, if you do not do so, we are likely to consider the property Is there a schedule for:	in? these questi- nat will enab not obliged	Yes ons to ena le us to ma to answer	No ble your ake an these questior
	in? these questi- nat will enab not obliged	Yes ons to ena le us to ma to answer gher priorit	No ble your ake an these question ty for inspectio

	recautions:		
Is ther	e a system of smoke / heat detectors incorporating:	Yes	No
•	A fire alarm panel	Yes	No
•	Emergency lighting in the common hallways	Yes	No
•	Mains powered smoke / heat alarms in kitchen / common rooms and hallways	Yes	No
•	Battery operated smoke alarms	Yes	No
•	Sounders / alarms on all levels	Yes	No
Is a co	ntractor employed to maintain and inspect the fire alarm system?	Yes	No
	please state who:	Yes	No
	e a current emergency lighting test certificate? If yes, please provide	Yes	No

If yes please provide brief details below:

3.4

s there a service contract for the alarm and lighting systems? If yes, please	Yes	No
rovide copy.	103	
re fire extinguishers provided?	Yes	No
f yes, please state type and location:		
s the Fire detection system in full working order?	Yes	No
Are the kitchens / kitchen areas protected by fire doors?	Yes	No
f yes, are these fire doors fitted with:		·
Smoke seals	Yes	No
Intumescent strips	Yes	No
Self-closers	Yes	No
Are the remaining rooms opening on to the main escape route protected by fire doors?	Yes	No
If yes, are these fire doors fitted with:		
Smoke seals	Yes	No
Intumescent strips	Yes	No
Self-closers	Yes	No
Is the escape route kept clear of flammable material and other obstructions?	Yes	No
Are fire blankets provided in the kitchens?	Yes	No
Do you provide any fire safety training/advice to occupiers?	Yes	No

3.4.2 Heating and utilities

•~			
	What form of heating does the property have?		
	Gas-fired central heating	Yes	No
	Off-peak night storage heaters	Yes	No
	 Individual wall-mounted gas heaters 	Yes	No
	Individual wall-mounted electric heaters	Yes	No
	Other – please specify:	Yes	No
	Is heating provided in each unit of living accommodation?	Yes	No
	Is there a gas installation to the property? If yes, please enclose a copy of a valid landlords' Gas Safety Certificate.	Yes	No
	Has a competent electrical engineer issued an electrical safety certificate (Electrical Installation Condition Report, EICR) within the last five years, certifying that the whole electrical installation is safe for use? If yes, please enclose a copy.	Yes	Νο

3.4.3	Electrical appliances and furniture		
	Is furniture provided in the property?	Yes	No
	If yes , is all upholstered furniture compliant with current fire safety regulations?	Yes	No
	Are electrical appliances provided in the property?	Yes	No
	If yes , are all electrical appliances in full and safe working order?	Yes	No

3.4.4	Tenancy management		
	Please confirm whether the following is provided for the tenants:		
	Tenancy agreement/written details of terms of tenancy	Yes	No
	Rent book/receipts	Yes	No
	Repairs contact/procedure	Yes	No
	Emergency telephone numbers for all contractors	Yes	No
	Are other occupiers provided with a written statement of the terms of their	Yes	No
	occupancy?		

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3.4.5*	Financial status		
	A licence holder must have the financial arrangements necessary to make sur	e that the p	property is
	properly managed and maintained.		
	Is the proposed licence holder or any other person involved in the	Yes	No
	management of the house an undischarged bankrupt?		
	If yes, please provide details.		
	Are there any outstanding County Court judgements against the proposed	Yes	No
	licence holder or any other person involved with the management of the		
	house or any company of which they are director or secretary?		
	If yes, please provide details.		
	If the proposed licence holder does not hold a freehold interest or long lease	with full re	pairing
	obligations please answer the following questions:		
	Do they have power to carry out any works required by the local authority?	Yes	No
	Is there any financial limitation on the amount of work they can carry out?	Yes	No
	Please detail below the value of work that can be carried out without further	authorisati	on, and the
	procedure that must be followed if works exceed this limit.		
	Any further information that will help to assess the management skills of the	proposed li	cence holder /
	manager should be provided here. Please use extra sheets of paper if necessa	ary.	

This section must be completed in full

You must let certain people know in writing that you have made this application or give them a copy:

- Any mortgagee of the property.
- Any owner of the property to which this application relates if that is not you.
 Any other person who is a tenant or leaseholder of the property or any art of it, including any
- flat, who is known to you, other than a statutory tenant or other tenant whose lease or tenancy is of less than three years, including periodic tenancy.
- The proposed licence holder if that is not you.
- The proposed managing agent, if any that is not you.
- Any person who has agreed that they will be bound by any condition(s) in a licence if it is granted.

You must tell each of these people:

- Your name, address, telephone number and e-mail address.
- The name, address telephone number and email address of the proposed licence holder if it will not be you.
- This is an application under Part 2 (Houses in Multiple Occupation) of the Housing Act 2004.
- The address of the property it relates to.
- The name and address of the local authority to which the application will be made.
- The date of the application will be submitted.

Please provide full details of all persons with an interest in your property. E.g. your Mortgage Provider.

Name of mortgage provider: Full postal Address:

Postcode:

E-mail address: Date you informed them:

Name: Full postal Address:

Postcode:

E-mail address: Date you informed them:

Name of mortgage provider: Full postal Address:

Postcode:

E-mail address: Date you informed them:

Declarations of Applicant and Proposed Licence Holder
 I declare that the information contained in this application is correct to the best of my knowledge. I understand that a criminal offence is committed if I supply any information to a local housing authority in connection with this application for a licence that is knowingly false or misleading and on conviction may be fined £5,000. I, the Owner of the property, hereby consent to the licence holder having the authority to let and terminate tenancies, access all parts of the building to the same extent as myself and is authorised to arrange emergency repairs. I, the proposed licence holder, hereby authorise any statutory body holding information about me, which falls within the categories above, to provide information on request by the Council.
All information provided will be treated in confidence and in accordance with the General Data Protection Regulations 2018, and will only be used to process your application. As part of our duty under the Housing Act 2004 we may have to share and/ or check your information with other agencies including the Police, Fire & Rescue service, Office of Fair Trading, other Local Authorities and other relevant department within this Council, for example Council Tax, Revenues and Benefits and Debtors. Note if you are the Applicant/Owner and the Proposed Licence Holder and Manager you must sign all the relevant section below.
Applicant/Owner (Print Name):
Signature Date:

Proposed Licence Holder, if different, (Print Name):				
Signature	Date:			
Agent (Print Name):				
Signature	Date:			

Please do not send payment with this application form. You will be invoiced at a later date.

Privacy Notice

How is your information used?

We collect information to assess your suitability and fitness to be issued a selective licence and to assist us in processing your application. We may also use your contact details in the event that we need to contact you in relation to your application for a selective licence.

Who has access to your information?

Information is shared with other regulatory and enforcement authorities including, but not limited to, other Council services; Councillors; the Police; HM Revenues and Custom; Home Office Immigration; Cabinet Office; and other local authorities when allowed to by law for the purposes of the administration and enforcement of authorisations, and for the purposes of the prevention and detection of crime, public safety, public health, protection of the environment and prevention of fraud.

Certain information about licences (including in particular your name and the address of any premises to which a selective licence applies) will be published on a public register on our website when we are required to by law.

For further information about how your personal information will be used, please visit <u>www.eaststaffsbc.gov.uk</u> where you can see a full copy of our privacy notice. Alternatively you can request a hard copy from <u>ehsupport@eaststaffsbc.gov.uk</u>