

**Licensing of Houses in Multiple Occupation
Mandatory and Additional
Licensing Application Form
2014-2019**



Licensing of houses in multiple occupation ensures that certain types of rented property meet necessary standards to ensure a house is safe for the occupants, also that the landlord is competent, qualified and the most appropriate person to manage it. The houses must have adequate fire precautions and sufficient kitchen and bathroom amenities for the number of occupants. The Council will take into account any relevant criminal convictions that the landlord may have and may refuse to grant a licence if the landlord is considered not to be a 'fit and proper' person.

Please answer all questions carefully, and sign the declaration at the back of the form. If you have more than one property in multiple occupation you will need to complete a separate application form for each property. If you find there is insufficient space to supply your answers to a question, please use a continuation sheet and attach it to the application marking the sheet with the section number to which the information relates.

Complete the form carefully and legibly using black or blue ink

The following checklist provides details of the documentation that **must** be provided with this completed application form. (Please tick).

- **Correct fee (refer to fee and charges)**
- **Landlords Gas Safe Record**
- **Periodic Inspection Report for Electrical Installation.**
- **Fire alarm Installation/Inspection and servicing report.**

The following documents must be provided if required:-

- Emergency Lighting Periodic inspection & testing certificate.
- Fire Safety Risk Assessment.
- Building Regulations Completion Certificate.
- Planning Approval (for any conversion or change of use to HMO).
- Energy Performance Certificate.

For office use only
Flare No

Date received

Receipt No

Fee Required

Fee Received

If you need any advice or assistance concerning this application, then please contact:-

Tel: 01443425358
Email : publichealthhousing@rctcbc.gov.uk
Website: www.rctcbc.gov.uk

Housing Strategy & Standards
Rhondda Cynon Taf CBC Council
TY Elai
Dinas Isaf East
Williamstown
Rhondda Cynon Taf
CF40 1NY

1. Application Details

- 1a. Address of property to be licensed _____

_____ Postcode _____
- 1b. Type of licence required Mandatory HMO Additional HMO
- 1c. Type of application New Renewal Variation

2. Applicant Details (the person completing this application form)

Complete this section, if you are completing the form on behalf of the proposed licence holder. If you are the proposed licence holder, go to Section 3.

- 2a. Surname _____ First Name(s) _____
Address _____

_____ Postcode _____
- Date of Birth _____ Place of Birth _____
- Contact details
- Home Tel. No. _____ Work Tel. No. _____
- Mobile Tel. No. _____
- Email address _____
- 2b. What is your interest in the property? _____

3. Proposed licence holder details (person, business or organisation whose name will be on the licence)

- 3a. Status of the proposed licence holder.
- Individual or sole trader Company Partnership
- Charity or Trust Other _____
- 3b. If company, partnership, charity or Trust, please give details:-
- Business/organisation name (if registered, use the registered name) _____

- Registration No. (if applicable) _____

3. Proposed licence holder details (Cont'd).

3c. Name of proposed licence holder (if company, please give full company name)

Address _____

_____ Postcode _____

Contact details

Home Tel. No. _____ Work Tel. No. _____

Mobile Tel. No. _____

Email address _____

3d. Provide details about all, company directors and the secretary (if the proposed licence holder is a company), all partners (if it is a partnership), and all the trustees (if it is a charity or trust).

Name and address of company secretary (if applicable) _____

_____ Postcode _____

Names and addresses of directors/partners/trustees (is applicable)

1. _____

2. _____

3. _____

4. Ownership and control of the property to be licensed

4a. Is the proposed licence holder the owner of the property? Yes/No
If no please provide details in 4e.

4b. Does the proposed licence holder have control of the property? Yes/No
(i.e. is legally entitled to receive the rental income from the property).

4d. Does anybody else have a legal interest in the property (e.g. as freeholder, leaseholder, mortgage provider)? If Yes, please give details in Section 4e. Yes/No

4. Ownership and control of the property to be licensed (Cont'd)

4e. Please provide details about the owner(s) of the property (**including your mortgage provider**), anybody else who has a legal interest in the property and/or anybody who has agreed to be bound by the conditions of the licence (if it is granted). Please continue on a separate sheet if necessary.

1. Interest in the property _____

Name _____

Address (if an organisation, give the registered office or other official address)

_____ Postcode _____

Contact details: Home Tel. No. _____ Work Tel. No. _____

Mobile Tel. No. _____

Email address _____

2. Interest in the property _____

Name _____

Address (if an organisation, give the registered office or other official address)

_____ Postcode _____

Contact details: Home Tel. No. _____ Work Tel. No. _____

Mobile Tel. No. _____

Email address _____

3. Interest in the property _____

Name _____

Address (if an organisation, give the registered office or other official address)

_____ Postcode _____

Contact details: Home Tel. No. _____ Work Tel. No. _____

Mobile Tel. No. _____

Email address _____

5. Proposed manager of the property

5a. Will the proposed licence holder be the manager of the property? Yes/No
If yes, go to Section 6.

If no, please provide details about the manager.

Surname _____ First Name(s) _____

Business Name _____

Address (if an organisation, give the registered office or other official address)

_____ Postcode _____

Contact details

Home Tel. No. _____ Work Tel. No. _____

Mobile Tel. No. _____

Email address _____

6. Fit and Proper Person Test

6a. Has any person named in Parts 2, 3, 4 & 5 and/or any person associated with the property

- | | |
|--|--------|
| 1. Committed any offence involving fraud, or other dishonesty (including benefit fraud), violence, drugs, or any offence listed in Schedule 3 to the Sexual Offences Act 2003 (subject to the Rehabilitation of Offenders Act 1974)? | Yes/No |
| 2. Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with, any business? | Yes/No |
| 3. Contravened any legislation relating to housing, public health, environmental health or landlord and tenant law? | Yes/No |
| 4. Been refused a licence under Part 2 or 3 of the Housing Act 2004? | Yes/No |
| 5. Had a licence revoked for breach of any conditions under Parts 2 or 3 of the Housing Act 2004? | Yes/No |
| 6. Contravened any Code of Practice relating to the management of HMOs? | Yes/No |
| 7. Been subject to a Control Order under the Housing Act 1985 (in the past 5 years)? | Yes/No |
| 8. Been subject to a Management Order under the Housing Act 2004? | Yes/No |

Please see guidance notes on separate form for further information.

6. Fit and Proper Person Test (Cont'd)

9. Failed to comply with a Housing Notice (requiring works etc.) served by a local authority? Yes/No
10. Been subject to complaints from tenants or other sources, regarding serious or repeated breaches of the conditions of a licence under the Housing Act 2004. Yes/No
11. Been declared bankrupt? Yes/No

6b. If yes, please provide details of the person(s) involved together with full details.

Name	Offence	Date	Sentence	Court

Full details (including the address of the property concerned if applicable):- _____

7. Accreditation and qualifications

- 7a. Is the proposed licence holder and/or the manager:-
1. a member of a landlord or property accreditation scheme? Yes/No
2. a member of a landlords association? Yes/No
3. a member of a professional body relevant to the ownership and management of residential property? Yes/No
4. the holder of any relevant qualifications or undertaken any training courses relevant to the ownership and management of residential property? Yes/No

If yes, please provide details:-

Name of person	Organisation/Scheme/Awarding body	Membership No./ Qualification

8. Details of the property to be licensed.

8a. Type of property (HMO or house)

House in multiple occupation

Flat in multiple occupation

House converted into and comprising only self contained flats

Other (please specify) _____

8b. Type of building

Detached house

Semi-detached house

Terraced house

End terrace house

Mixed residential and commercial

Other (please specify)

8c. When was the building originally built?

Before 1919

1919-1945

1946-1964

1965-1980

After 1980

8d. How many storeys (include ground floor, basements, and attic conversion).

One

Two

Three

Four

Five

Six

Seven

8e. Give details of any commercial use e.g. shop on ground floor, shop, restaurant, office.

8f. Is the property to be licensed:-

Converted from a previous residential dwelling

Converted from a non-residential structure

If converted, approximately date of conversion

Do you have documents that give evidence of planning permission and/or building regulation approval of the conversion? You may be required to submit these documents with your application.

Yes/No

9. Occupancy/Tenancy Information

9a. How many separate households live in the property? Refer to guidance for definition of household.

At time of application _____ Proposed maximum _____

How many occupants live in the property?

Total No. at time of application _____ Maximum Occupancy _____

No of adults. _____ No. of children _____

9b. Is there a resident landlord? Yes/No

How many people are there in the landlord's household? _____

Which parts of the property does the landlord's household occupy? _____

10. Accommodation details

10a. Give details of the number of letting units in property. Please see guidance for further information.

Unit details	Total No.
Separate letting units in property (rooms or units).	
Self contained letting units (flats or bedsits).	
Non - self contained units (flats or bedsits).	

10b. Give details of the number of rooms and facilities available in the property?

Rooms/Facilities in property	Total no. in property	Use exclusive to one letting unit	Use shared between letting units
Bedrooms (exclude bedsits)			
Bedsits (i.e. combined living/bedroom)			
Living/dining rooms (exclude kitchen dining rooms and bedsits)			
Kitchens (include kitchen dining rooms)			
Sinks (exclude wash hand basins)			
Shower/bathrooms			
Toilets in shower/bathrooms			
Separate toilets with wash hand basins. (exclude external toilets).			
Separate toilets without wash hand basins. (exclude external toilets).			
Wash hand basins. (include all wash hand basins).			

10. Accommodation details (Cont'd)

- 10c Are all kitchens equipped with the following:-
- | | |
|--|--------|
| - a sink with draining board. | Yes/No |
| - a means of cooking food. | Yes/No |
| - electrical sockets. | Yes/No |
| - worktops for food preparation. | Yes/No |
| - storage cupboards. | Yes/No |
| - refrigerator and freezer (or freezer compartment). | Yes/No |
| - refuse storage facilities. | Yes/No |

11. Heating and Energy Efficiency

11a. What type of heating does the property have? (Please tick all that apply).

- | | | | |
|-------------------------|--------------------------|--|--------------------------|
| Gas central heating | <input type="checkbox"/> | Electrical central heating/night storage heaters | <input type="checkbox"/> |
| Fixed gas heaters/fires | <input type="checkbox"/> | Fixed electrical heaters/fire | <input type="checkbox"/> |
| Solid fuel fires | <input type="checkbox"/> | Other | <input type="checkbox"/> |

If other, please provide details. _____

11b. Do all the rooms in the property have a source of heating? (e.g. Radiator or fire) Yes/No

If no, please provide details. _____

11c. Do all bathrooms and kitchens have a means of natural or mechanical ventilation? Yes/No

If no, please provide details. _____

11d. Are windows double glazed? All/some/none

11e. Is the roof space insulated? All/some/none/na

If all or some, please provide details including the thickness of insulation in mm.

11f. Are cavity walls insulated? All/some/none/na

11g. Are hot water tanks lagged? All/some/none/na

11h. Is there an Energy Performance Certificate for the property? Yes/No

12. Gas and Electricity

12a. Does the property have a gas supply? Yes/No

Gas installations

You **must** supply with this application, a copy of the current gas safety certificate(s) covering all gas appliances in the property. (You are required to have all appliances etc. checked annually by a Gas Safe registered engineer).

12b. **Electrical installations**

You **must** supply with this application, a copy of a current and satisfactory electrical test report for the property, completed by a competent electrical engineer. Certificates with code 1 or code 2 defects are not accepted as satisfactory.

12c. **Electrical appliances**

Are any portable electrical appliances provided for use by the occupants? Yes/No
(e.g.) kettle, refrigerator, vacuum cleaner).

Are any of these appliances more than 12 months old? Yes/No

12d **Electricity Meter**

What type of electricity meter does the property have?

NB If a pre-payment electricity meter is currently installed at the property, the fire alarm system must be independent

13. Fire precautions

13a. What fire safety precautions have you provided?

13b Do all furniture and soft furnishings provided at the property comply with The Furniture and Furnishings (Fire) (safety) Regulations 1988 (as amended)? Yes/No

14. Management of the property to be licensed

14a. Are occupants given a tenancy agreement (or other written statement of terms of occupancy)? Yes/No

Please submit a copy of this document with your application.

14b. Does the written statement of terms include any clauses relating to antisocial behaviour and storage/disposal of waste? Yes/No

14c. Does the written statement of terms include guidelines on procedures for tenants to report necessary repairs and make complaints about the property? Yes/No

14d. Is a deposit required at the start of a new tenancy? Yes/No

14e. Are the terms of the tenancy deposit clearly set out in writing? Yes/No

14f. Is the proposed licence holder or manager a member of any government authorised scheme that protects tenants' deposits.
If yes, provide details of scheme provider and landlord reference no. Yes/No

14g. Are tenants given a rent book? Yes/No

14h Do you ask tenants for references Yes/No

14i Does the proposed licence holder have the powers necessary to manage the property? Including:- - Let to and evict tenants Yes/No

- Access to all parts of the premises. Yes/No

- Authorise any necessary expenditure. Yes/No

14j Provide details of any procedures/arrangements you have in place to:-

Ensure the property is clean, safe and fit to live in, before each new tenancy.

Agree an inventory with each tenant, detailing the furniture and appliances supplied, including the condition of individual items.

Review the general condition of the property (internal, external, garden, etc) sufficiently regularly to ensure it is maintained in good and safe repair.

Deal with repairs and complaints which have been reported within a reasonable time period.

Cover the cost of major emergency repair work or improvements to the property.

Receive and respond to complaints of antisocial behaviour involving or affecting the tenants and/or their children or visitors.

15. Other properties licensable under the Housing Act 2004

15a. Does the proposed licence holder and/or manager own or manage other properties which require a licence under the Housing Act 2004 including properties outside RCT Yes/No

If no, please go to question no. 17.

If yes, provide the following information:-

Address	Is property licensed? (Please v)

16. Notifying people about the licence application

Please refer to guidance notes for advice on the people (or organisations) who need to know you have made a HMO licence application. A form is provided at the end of this application form which may assist you with the process.

You will need to tell each of them the following information:-

- Your name, address, telephone number and email address (if any).
- The name, address, telephone number and email address (if any) of the proposed licence holder (if it will not be you).
- That this is an application for a 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.

Name of person notified	Address	Interest in property or application (e.g. Freeholder, leaseholder, mortgage provider, tenant, proposed licence holder or manager)	Date notified

17 Declarations

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

I/we declare that I/we have notified the people listed in Section 16 above about this application and that these are the only people known to me/us that are required to be informed that I have made this application.

I/we declare that any gas appliances, electrical appliances and furniture provided for the use of tenants in the property are in good safe working order and comply with all relevant safety legislation.

I/we declare that adequate financial resources are available to maintain the property ensuring the health and safety of the tenants and fulfil all other statutory obligations.

I/we understand that the Council may need to carry out investigations to assess whether I/we am/are a "fit and proper" person for the purposes of Part 2 of the Housing Act 2004. I hereby authorise the Council to make such enquiries and share information as it sees fit. Such enquiries may include Criminal Records Bureau checks, liaison with the Police, Fire Service and other Local Authorities.

I have enclosed a Disclosure Scotland Certificate of CRB Check

You are not required to provide these documents but if you do not your application may take longer to progress.

Applicant

Full name _____ Capacity _____

Signature _____ Date _____

Proposed licence holder

Full name _____ Capacity _____

Signature _____ Date _____

Proposed manager

Full name _____ Capacity _____

Signature _____ Date _____

Notification of Application for a Mandatory/Additional HMO Licence

The Licensing of (HMOs and Other Houses) Applications, Standards Publication of Designations and Keeping of Registers) Regulations 2006.

The above regulations require that I inform you that a licensing application under Part II of the Housing Act 2004 has been, or will be made in respect of:

Property to be licensed _____

Proposed Licence holder	Name Address Tel. No. Email
Person completing application form (if different from proposed licence holder).	Name Address Tel. No. Email
Local Housing Authority Applied to:-	Rhondda Cynon Taf CBC Housing Strategy & Standards Team Ty Elai Dinas Isaf East Williamstown Tonypany CF40 1NY
Date application made (to be made).	
Signature	
Date	

If you would like further information on the licensing of houses in multiple occupation in Rhondda Cynon Taf please contact the Housing Strategy & Standards Team at the above address or email us at publichealthhousing@rctcbc.gov.uk

Ethnic monitoring

We are continuously trying to update and improve the nature and quality of services to meet the changing needs of our customers, and to ensure that it can be accessed equally by all residents and communities in Rhondda Cynon Taf. Would you therefore please help us by taking a few moments to complete the following information.

Any information you give us will be used in the strictest confidence and solely for compiling statistics. Please tick if you would prefer not to answer the following questions.

Are you? Male Female

Do you consider yourself to be Welsh? Yes No

Please indicate which ethnic group you consider yourself to be part of?

1.	White	British	
		European	
		Irish	
		Any other additional white background (please specify)	
2.	Black	British	
		African	
		Caribbean	
		Any other additional black background (please specify)	
3.	Asian	British	
		Pakistani	
		Indian	
		Bangladeshi	
		Any additional Asian background (please specify).	
4.	Mixed race	White and black Caribbean	
		White and black African	
		White and Asian.	
		Any additional mixed race background (please specify).	
5.	Chinese or other far eastern	British	
		Chinese	
		Vietnamese	
		Japanese	
		Korean	
		Any additional Chinese/Far Eastern background (please specify).	
6.		Any additional ethnic background not already listed?	

