

**Rhondda Cynon Taf County Borough Council**

**APPLICATION FOR VARIATION OF HMO LICENCE**

**In order for the Local Authority to consider your request to vary your HMO licence please complete the following questions. If your variation request relates to the management arrangements for the property your manager will also need to complete and sign Section 5 of this form.**

**SECTION 1 – To be completed in all cases**

1.1 Address of licensed HMO \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

1.2 Licence Holder

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Email \_\_\_\_\_

Daytime Tel No \_\_\_\_\_ Mobile Tel No \_\_\_\_\_

**SECTION 2 – To be completed if there is an increase in maximum number of occupiers.**

2.1 Maximum number of occupiers on existing licence \_\_\_\_\_

2.2 Maximum number of occupiers requested under this variation \_\_\_\_\_

2.3 Please describe rooms in property to be used by additional occupiers (e.g. first floor rear room etc)

\_\_\_\_\_

2.4 Please describe additional amenities for use by additional occupiers (e.g. number and location of bathrooms, WCs, kitchen facilities)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 3 – To be completed if there is a change in address or other contact details (NB an HMO licence cannot be transferred from one person to another. If there is to be a change in licence holder, please complete a new HMO licence application).**

3.1 Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Email \_\_\_\_\_

Daytime Tel No \_\_\_\_\_ Mobile Tel No \_\_\_\_\_

Licence holder/management/key holder (please delete as appropriate and use additional sheets if necessary)

**SECTION 4 – To be completed if there are substantial changes to the layout or accommodation within the property**

4.1 Please describe the changes to the property below and enclose a layout plan on a separate sheet of paper (does not have to be to scale but should accurately reflect the changes proposed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 5 – To be completed if there is a change in management arrangements**

5.1 Proposed Manager

Name \_\_\_\_\_

Company represented (*if applicable*) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Email \_\_\_\_\_

Daytime Tel No \_\_\_\_\_ Mobile Tel No \_\_\_\_\_

Rent Smart Wales licence number for person managing HMO \_\_\_\_\_

## 5.2 Fit and Proper Persons

Before the local authority can grant the licence, it must determine whether the proposed licence holder and any manager of the house is a fit and proper person.

For this purpose, the following matters are relevant:

- (a) Any unspent convictions involving :
- Fraud or other dishonesty
  - Violence or drugs
  - Any offence listed in Schedule 3 to the Sexual Offences Act 2003.
- (b) Details of any finding by a court or tribunal of unlawful discrimination on the part of the proposed licence holder or manager on grounds of sex, colour, race, ethnic or national origin or disability in, or in connection with, the carrying on of any business.
- (c) 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 landlord and tenant law which led to civil or criminal proceedings resulting in a judgement being made against the proposed licence holder or manager.

Please note that persons mentioned above may be subject to checks with the Disclosure and Barring Service and cross checks with other regulatory bodies including Rent Smart Wales. Signing of this form will be deemed to be consent for any such checks.

- 5.3 If any of the above apply to the proposed manager, details should be provided below (please note that the provisions of the Rehabilitation of Offenders Act 1974 applies in respect of 'spent' convictions).

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- 5.4 Does the proposed manager own or have they ever owned a property for which a local authority has refused to grant a similar licence or revoked a similar licence? Please state the name of the local authority and address of properties.

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- 5.5 Does the proposed manager own or have they ever owned a property which has been the subject of an interim or final management order under the Housing Act 2004? Please state name of local authority and address of properties.

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5.9 I, as **manager** for the property, declare that I agree with the information given above as it relates to me and my management of the property and understand that I must comply with the HMO Management Regulations applying to the property.

Name (print) \_\_\_\_\_

Company represented \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

5.10 I, as **licence holder** for the property, declare that the information above is correct to the best of my knowledge. I understand that I commit an offence if I 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 and I am reckless as to whether it is false or misleading.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Both the licence holder and manager should sign the declaration before returning the completed form to the address at the end of the form in order for your application to be considered. By signing this form you are accepting the Data Processing Notice below.

In order to meet the obligations of Part 2 of the Housing Act 2004, the Local Authority must establish and maintain a register of all licences granted by them. The register must contain prescribed particulars and the contents of the register must be available to members of the public for inspection. Copies of the register, or extracts from it, must be supplied to a person requesting such and may be subject to payment of a reasonable fee.

A compact version of the register (without the licence holder's and manager's name and address) is published on the Local Authority's website [www.rctcbc.gov.uk/hmo](http://www.rctcbc.gov.uk/hmo)

Rhondda Cynon Taf County Borough Council is the Data Controller in respect of any personal data provided for these purposes. All information provided will be treated in confidence and in accordance with the Data Protection Act 1998. It will only be used for the purposes of Part 1 – 4 of the Housing Act 2004, however on occasions the Council may also share your personal data with regulatory bodies such as HM Revenue and Customs, or the Police, for the purpose of detecting and preventing fraud or for any other purpose permitted by law.

You are required to provide information that is accurate and up-to-date. This information will not be kept for any longer than necessary. More information about the Data Protection Act is available from the Information Commissioner's website <https://ico.org.uk/>

## **Note**

In respect of the Fit & Proper Person declaration the provisions of the Rehabilitation of Offenders Act 1974 (as reformed by the Legal Aid, Sentencing and Punishment of Offenders Act 2012) apply as below for those aged 18 or over on the date of conviction.

### **Disposal**

More than 30 months to 48 months imprisonment

More than 6 months to 30 months imprisonment

6 months or less imprisonment

Probation Order

Community Order

Fine

Conditional Discharge Order

Compensation

Absolute Discharge

### **Rehabilitation Period**

7 years from end of sentence (including time on licence)

4 years from end of sentence (including time on licence)

2 years from end of sentence (including time on licence)

12 months from the date of the Order

12 months from the date of the Order (or 2 years from date of conviction if Order does not specify last date it takes effect)

1 year from date of conviction

Last day on which Order has effect

Once compensation is paid in full

No rehabilitation period

**Please return the completed form to: HMO Applications, Public Health, Ty Elai, Dinas Isaf Ind. Est., Williamstown, CF40 1NY.**

We will contact you accordingly to confirm whether the Council intends to issue a variation to your HMO licence for this property. If you do not hear from us within that time please contact the HMO Team on (01443) 425478 or by e-mail [publichealthhousing@rctcbc.gov.uk](mailto:publichealthhousing@rctcbc.gov.uk)