



Houses in Multiple Occupation

Application for Renewal Licence

This form is to be used for making an application for a new HMO licence under Section 63, Housing Act 2004. The Council's Mandatory and Additional HMO Licensing Schemes apply to this application and any subsequent HMO Licence.

If you are making an application to renew an existing HMO Licence please use the Application for Renewal of a Licence form.

A fee must accompany this application (see guidance notes).

Please read the Guidance Notes carefully before completing this form.

If you have more than one house in multiple occupation you will need to complete a separate application form for each property.

Please fill in the form using BLOCK CAPITALS and black ink.

If you require more space to answer any question please use additional sheets, specifying which question your answer relates to and attach the sheets to the application form.

PART 1 Persons involved with the property

1.1 Address of HMO to be licensed:

Postcode:

1.2

Applicant Details:

Title: Mr Mrs Miss Ms Other

Last Name:

First Name:

☐☐☐☐

Address:

Postcode:

E-mail:

Daytime Telephone No:

Mobile Number:

1.3

Current Licence No:

Expiry Date:

If the proposed licence holder is **not** the owner of the property, **the owner and proposed licence holder must sign the following consent.**

1.9

I, as the owner of the property, hereby give my consent to the person named below being the licence holder:

Name (print):

Date:

Signature:

1.10

I consent to being named as the proposed licence holder of the above property.

Name (print):

Date:

Signature:

1.11

Details of any other person who has agreed to be bound by a condition in the licence (you should also serve a notice of the application on this person—see Declaration on Page 8 and guidance note 10)

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Last Name:

First Name:

Address:

Postcode:

E-mail:

Daytime Tel:

Mobile Number:

PART 2 Fit and Proper Persons (Proposed Licence Holder and any Manager)

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 judgment being made against the proposed licence holder or manager.

Please note that the proposed licence holder and manager may be subject to checks with the Disclosure and Barring Service and cross checks with other regulatory bodies including Rent Smart Wales for this purpose. Signing of the HMO licence application will be deemed to be consent for any such checks.

2.1 If any of the above apply to either the proposed licence holder or manager, details should be provided below (please note that the provisions of the Rehabilitation of Offenders Act 1974 applies in respect of 'spent' convictions – see guidance note 4 for further information).

2.2 What is the Rent Smart Wales registration number for the owner of the property? (see guidance note 8)

2.3 What is the Rent Smart Wales licence number for the person managing the property? (see guidance note 8)

2.4

Has the proposed licence holder applied, or are they required to apply, for a similar licence for a property in another local authority area? Please state name of local authority and address of properties.

2.5

Please provide addresses of all other properties within Rhondda Cynon Taf for which the proposed licence holder has obtained/intends obtaining a licence.

2.6

Does the proposed licence holder or 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 local authority and address of properties.

2.7

Does the proposed licence holder or 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.

2.8

Has the proposed licence holder or the managing agent ever been declared bankrupt? Please give details.

2.9

If there have been any changes in the management arrangements since the previous licence, please provide details (continue on additional sheet if necessary).

2.10

Details of the emergency keyholder, other than the licence applicant:

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Last Name:

First Name:

Address:

Postcode:

E-mail:

Daytime Tel:

Mobile Number:

2.11

I, as manager for the property, declare that I agree with the information given in Part 2 of this application 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. (See guidance note 11)

Name (print):

Company represented:

Signature:

Date:

PART 3 The Property

3.1 If there have been any changes to the layout of the property, including means of escape, kitchen or bathroom facilities, extensions or conversions, please provide details (continue on additional sheet if necessary).

3.2 What is the maximum number of people that will occupy the property?

3.3 What is the maximum number of households that will occupy the property?

3.4 Does the owner, applicant, manager or proposed licence holder live at the property?

Yes ☐ No ☐ Name: _____

3.5 Is all furniture compliant with the Furniture and Furnishings (Fire Safety) Regulations 1988 (as amended)?

Yes ☐ No ☐

3.6 You must provide a copy of these current certificates for the property (see guidance note 12).

Landlord gas safety record	<input type="checkbox"/>
Electrical installation condition report	<input type="checkbox"/>
Fire alarm safety and condition report	<input type="checkbox"/>
Fire extinguishers servicing and conditioning report	<input type="checkbox"/>

Declarations of Applicant and Proposed Licence Holder

3.7

Please note that it is a criminal offence to knowingly supply information that is false or misleading for the purposes of obtaining a licence. The Local Authority reserves the right to require evidence in relation to any statements made in this application at a later date. If we subsequently discover something that is relevant and which you should have disclosed, or which has been incorrectly stated, your licence may be revoked and further action taken. Operating an HMO that should be licensed without a licence is an offence liable to a fine up to £20,000. In addition, a rent repayment order could be made requiring you to repay any rents received during the unlicensed period.

I/we declare that I/we have served a 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. (*see guidance note 10*)

Name (Print)	Address	Description of the person's interest in the property on the application	Date of service

By submitting this form you are accepting the Data Processing Notice which can be read in guidance note 11 of this form.

I/we further 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.

Name (print):	Date:	Signature:
Name (print):	Date:	Signature:
Name (print):	Date:	Signature:
Name (print):	Date:	Signature:

Layout Plan

Please provide a layout plan of the property. This need not be to scale and can be hand drawn, but should indicate the use of all rooms and the presence of all fire precaution equipment.

Additional Information

Houses In Multiple Occupation

Application Form Guidance Notes

- (1) These notes should be read before completing the application form and the following noted:
- (2) If you are the person filling in this application form, then you are the **applicant**. As the applicant you are required to complete every part of the application form and sign the declaration on page 9 of the form, confirming that the information you have provided is correct to the best of your knowledge.
- (4) In respect of the **Fit and Proper Persons** declarations the provisions of the Rehabilitation of Offenders Act 1974 (as reformed by the Legal Aid, Sentencing & Punishment of Offenders Act 2012) apply as below for those aged 18 or over on the date of conviction.

- (3) The **proposed licence holder** is the person whose name will be on the licence (if issued). The proposed licence holder must be the person who is the most appropriate person to hold the licence for the property. This is likely to be the person who receives the rent for the property. (i.e. the income from the property).
- Not all sections of the form will be relevant to all applicants. Simply insert 'N/A' against those that are not relevant to your application.
 - Where something is relevant but not yet in place at your property, please state your intentions in that respect.
 - The legislation provides that the Local Authority must be satisfied that the proposed licence holder is the most appropriate person to be so. Ordinarily, this Authority would expect that person to be either the property owner or a competent manager and justification will be required where this is not the case.
 - The **manager** will also be named on the licence (if issued). The Authority cannot issue a licence unless it is satisfied that satisfactory management arrangements are in place for the property
 - If a company, rather than an individual, is either the owner, or proposed manager, then full details should be provided, including the

Disposal	Rehabilitation Period
More than 30 months to 48 months	7 years from end of sentence (including imprisonment time on licence)
More than 6 months to 30 months	4 years from end of sentence (including imprisonment time on licence)
6 months or less imprisonment	2 years from end of sentence (including time on licence)
Probation Order	12 months from the date of the Order
Community Order	12 months from the date of the Order*
Fine	1 year from date of conviction
Conditional Discharge Order	Last day on which Order has effect
Compensation	Once compensation is paid in full
Absolute Discharge	No rehabilitation period

* Or 2 years from the date of conviction if order does not specify last date it takes effect

- (5) The plan you are required to include will assist officers in processing your application. It can be hand-drawn, but needs to accurately represent the full layout of the property. This should include all doors and exits, the presence of any fire precautions and indicate the use of all rooms.
- (6) Spare pages are available at the end of the form for any additional information you wish to provide, or for continuation of answers which should be referenced accordingly.
- (7) **Definitions**
For the purpose of this application, the Housing Act 2004 provides the following definitions:
Single household - Persons are not to be regarded as forming a single household unless they are all members of the same family. For this purpose, a person is a member of the same family as another person if:
(a) they are married or living together as husband and wife (or an equivalent relationship for same sex couples);
(b) one is a relative of the other;
(c) one of them is a relative of one member of a couple and the other is a relative of the other member of the couple.
Letting Unit - is for example an individual room in a shared house or one self contained flat.
- (8) **Rent Smart Wales** is the licensing authority for landlord registration and agent and landlord licensing under Part 1, Housing (Wales) Act 2014 that was introduced on 23rd November 2015. See www.rentsmart.gov.wales for further information and details on how to register and apply for a licence. This is separate from and in addition to HMO licensing.
- (9) **Fees**
The licence fee payable depends on the maximum number of occupiers living at the property. Details are on the enclosed sheet.
- (10) **Declaration**
You must let certain persons know in writing that you have made this application or give them a copy of it. Those persons are:
• Any mortgagee of the property (e.g. a bank, building society or finance company who has issued a mortgage for the property).
• 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.
• 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).
• 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 that they will be bound by conditions in a licence if it is granted. You must tell each of these persons:
• 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 it will not be you).
• That this is an application for an 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 Authority to which the application will be made.
• The date the application is submitted.
You must sign the Declaration on page 8 to confirm that you have done this.

(13) Data Processing Notice

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.

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/>.

(12) Certificates

The following certificates (as required under your HMO licence conditions) must be provided with this application:

- Landlord's gas safety record (provided by a Gas Safe registered engineer within the last year)
- Electrical installation condition report (provided by qualified and competent electrician within the last 5 years)
- Fire alarm safety and condition report (provided by a qualified and person within the last year)

- Fire extinguishers servicing and condition report (provided by a qualified and competent person within the last year)

(13) Licence Fee and Submitting Your Application

See fee structure (on page 20).
Cheques should be made payable to Rhondda Cynon Taf County Borough Council.

Please post the completed application, fee and enclosures to:

**HMO Applications,
Public Health,
Ty Elai,
Dinas Isaf Ind. Est.,
Williamstown.
CF40 1NY
Tel: 01443 425478**

You may also pay and submit your application in person at the Councils One4aLL Centres where you can pay by cash, cheque, debit or credit card. **Please advise an officer from the Housing Team if you are making payment via One4aLL Centre.**

(14) Further Information

Further information is available on our website www.rctcbc.gov.uk/hmo

(15) Final Note

The licensing provisions relating to HMOs increase and formalise the obligations for the persons responsible for such properties. You should take time to look through the application form ahead of completing it and consider how these obligations will be met.

You can read the Council's HMO Licensing Policy on our website at www.rctcbc.gov.uk/hmo.

Ultimately, the named persons will be accountable for meeting the conditions included with any licence granted.

FOR OFFICE USE ONLY

Flare Number

Date Received

Receipt Number

Fee Received