



HOUSE IN MULTIPLE OCCUPATION (HMO) LICENCE APPLICATION

Please refer to the Application Form Guidance Notes when completing this form.

Address of property: _____

 _____ Postcode: _____

Application for:
 First time licence ☐ Renewal of licence ☐
 (tick appropriate box)

Section 1: Ownership and management details (see notes Section 1)

1.1 Your (The applicant) details:

Title (Mr/Mrs etc): _____
 First name (s): _____
 Family name: _____
 Address: _____
 _____ Postcode: _____
 Tel No: _____ Mobile No: _____
 Email: _____
 Are you the: Freeholder ☐ Leaseholder ☐ Manager ☐ Other ☐
 Please specify: _____

1.2 Proposed licence holder details:

Title (Mr/Mrs etc): _____
 First name (s): _____
 Family name: _____
 Address: _____
 _____ Postcode: _____
 Tel No: _____ Mobile No: _____
 Email: _____

For Office use only:

Date
Received

Reference
number

Amount
received

1.3 Freeholder details: *(If freeholder is a limited company please provide the Registered address)*

Title (Mr/Mrs etc): _____

First name (s): _____

Family name: _____

Address: _____

_____ Postcode: _____

Tel No: _____ Mobile No: _____

Email: _____

For companies only, please specify below details of the Principal address, where different from the Registered address.

In the case of a Limited Company, Partnership or Trust registered outside the UK specify the address within the UK where any documents may be served.

Address: _____

_____ Postcode: _____

Tel No: _____ Mobile No: _____

Email: _____

Contact name: _____

1.4 Leaseholder details: *(If leaseholder is a limited company please provide the Registered address)*

Title (Mr/Mrs etc): _____

First name (s): _____

Family name: _____

Address: _____

_____ Postcode: _____

Tel No: _____ Mobile No: _____

Email: _____ Length of lease: _____

For companies only, please specify below details of the Principal address, where different from the Registered address.

In the case of a Limited Company, Partnership or Trust registered outside the UK specify the address within the UK where any documents may be served.

Address: _____

_____ Postcode: _____

Tel No: _____ Mobile No: _____

Email: _____

Please provide any additional leaseholders on a separate sheet.

1.5 Manager details: *(If a limited company, please provide the full Registered name and address)*

Title (Mr/Mrs etc): _____

First Name (s): _____

Family Name: _____

Address: _____

_____ Postcode: _____

Tel No: _____ Mobile No: _____

Email: _____

For Companies provide contact name: _____

Manager's background:

1.5.1 How long has the manager been involved in any form of property management? (Years/ Months) _____

1.5.2 Is the manager currently managing other privately rented property in Adur & Worthing or elsewhere? Yes ☐ No ☐

If yes, please provide the following information for each property:

Address	Borough/ Authority	Licensable HMO?

*Continue on separate sheet if necessary*1.5.3 Is the manager a member of a landlord association or other professional body? *(See note 1.5.3)* Yes ☐ No ☐

If yes, please provide details: _____

_____**1.6 Mortgage lender details:**

Name: _____

Address: _____

_____ Post code: _____

Tel No: _____ Mobile No: _____

Mortgage account or roll number: _____

1.7 Person who collects the rent:

Title (Mr/Mrs etc): _____

Name (in full): _____

Address: _____

_____ Postcode: _____

Tel No: _____ Mobile: _____

Email: _____

Interest in property: _____

For companies, provide all contact names: _____

1.8 Other relevant persons details:

Title (Mr/Mrs etc): _____

Name (in full): _____

Address: _____

_____ Postcode: _____

Tel No: _____ Mobile: _____

Email: _____

Interest in property: _____

For companies, provide all contact names: _____

*Please provide details of any other relevant persons on a separate sheet***1.9 Other licensable properties under the same ownership**

Do you have any other properties under your control that need to be licenced in this or any other local housing authority area?

Yes ☐ No ☐

If YES please provide further information:

Address of property	Number of floors	Number of occupants	Licenced under Part 2 or Part 3

Continue on a separate sheet if necessary.

1.10 Fit and proper person assessment

The Councils must be satisfied that both the proposed licence holder and the proposed manager are fit and proper persons to hold a licence or to manage an HMO. As the applicant, it is your responsibility to ensure the questions below are answered in respect of all of the following persons:

- the proposed licence holder
- the proposed manager
- any other person proposed to be involved in the management of the property or collecting the rent.

It is essential that you answer these questions truthfully. IMPORTANT: Other local authorities and authorities such as the Police and Local Fire Brigade may be contacted for information and confirmation of the details provided. Signing this application gives your agreement to this.

1.10.1 Have any of the above persons, to your knowledge, been convicted of any of the following:

- offences involving fraud, dishonesty, violence or drugs? Yes ☐ No ☐
- offences under schedule 3 of the Sexual Offenders Act 2003? Yes ☐ No ☐
- unlawful discrimination in connection with any business on the grounds of sex, disability, colour, race, ethnic or national origins? Yes ☐ No ☐
- offences relating to housing, public or environmental health? Yes ☐ No ☐
- offences relating to landlord and tenant law? Yes ☐ No ☐ (see note 1.10.1)

1.10.2 Have any of the above persons, to your knowledge, owned or managed a house or HMO which has been the subject of any enforcement action described in section 5(2) of the Housing Act 2004? Yes ☐ No ☐ (see note 1.10.2)

1.10.3 Have any of the above persons, to your knowledge, owned or managed an HMO that has been the subject of an interim or final management order made under the Housing Act 2004? Yes ☐ No ☐ (see note 1.10.3)

1.10.4 Have any of the above persons, to your knowledge, owned or managed an HMO for which a licence under Parts 2 or 3 of the Housing Act 2004 has been refused or revoked? Yes ☐ No ☐ (see note 1.10.4)

If you have ticked 'Yes' to any of 1.10.1 to 1.10.4 above, please provide full details below:

Continue on a separate sheet if necessary.

Section 2: Property Details (see notes Section 2)**2.1 When was the property built?**

Pre 1919 <input type="checkbox"/>	1919 to 1945 <input type="checkbox"/>	1946 to 1964 <input type="checkbox"/>	1965 to 1980 <input type="checkbox"/>	Post 1980 <input type="checkbox"/>
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2.2 Description of propertyHouse ☐ Purpose built flat ☐ Flat in converted building ☐ Bungalow ☐Mixed residential & commercial building ☐

2.3 If your property is a flat what floor is it on? _____

2.4 If your property is a purpose built flat, how many other flats are there in the block? _____

2.5 If the flat is within a converted building, what year was the building converted? _____

Was the conversion carried out in accordance with the relevant Building Regulation in force at the time? Yes ☐ No ☐ Not known ☐2.6 Does the property have a basement? Yes ☐ No ☐

2.7 How many storeys are there within the property? _____

2.8 Type of HMO (Tick all that apply)Shared House ☐ Bedsits ☐ Self-contained flats ☐

Hostel (dormitory type accommodation, including some B&Bs)

☐ Other (Please specify): _____**2.9 Property Details - Letting rooms** (Please use continuation sheet if necessary)

Please list every room suitable for occupation on every floor of the property.

Location of letting e.g. Ground floor front right room. Locations are to be as viewed from the front of the property.	Room N°/ name e.g. 1, 2, 3	Description e.g. bedsit, bedroom, studio flat etc.	Type of heating in letting e.g. radiator, night storage heater	Floor area (m ²)	Does the letting have sole use of a bathroom/shower room?	Does the letting have sole use of a WC?	Does the letting have sole use of cooking facilities/kitchen?

2.10 Property Description—Shared Amenities (Please use continuation sheet if necessary)

Shared bathrooms, shower rooms and WC's

Type of facility e.g. WC, Bathroom, shower room	Location of facility e.g. ground/ first floor etc.	Does the facility have a bath?	Does the facility have a shower?	Does the facility have a WC?	Does the facility have a wash hand basin?	Does the facility have heating?

Shared kitchens, diners and living rooms

Location and type of room e.g. ground floor kitchen	Floor area of room (m ²)	No. of sinks with drainer and hot and cold water supply	No. of gas or electric cookers	Available area of work top (m ²)	No. of cupboards for dry storage	No of fridges

2.11 Heating costs (this information is supplementary and does not have to be provided)

	Included in the rent	Individual electricity supply and meter	Coin or card sub meter controlled by the landlord	Other (please specify)
How is the heating within letting units paid for?				

2.12 Gas & Electrical Supplies

	Yes	No
Is there a gas supply to the property? If YES, do you have a current landlords gas safety record (within 12 months) for all gas appliances provided within the property? If YES, you will be asked for copies of the current landlord's gas safety record during the inspection, or you can provide copies with this application.		
Do you have an electrical safety certificate/Electrical Installation Condition Report from a competent electrical engineer within the last five years confirming the electrical installation is safe? If YES, you will be asked for a copy of Electrical Installation Condition Report during the inspection, or you can provide copies with this application.		

2.13 Appliances & Furniture

	Yes	No
Do you provide furniture?		
If YES is all the furniture you provide compliant with current fire safety regulations?		
Do you provide appliances?		
If YES have you carried out a Portable Appliance Testing on these appliances in the last 2 years?		

2.14 Current occupiers (Please use continuation sheet if necessary)

Room/ flat N° or name e.g. 1, 2, 3	Number of current occupiers in room/ flat	Names of current occupiers (Discretionary)	Start date of tenancy (Discretionary)

Section 3: Fire Safety (see notes Section 3)

- 3.1 Does the property have a mains powered fire detection and alarm system? Yes ☐ No ☐
 If YES is the system interlinked? Yes ☐ No ☐
- 3.2 Do you have a current (within 12 months) Type 3 fire risk assessment? Yes ☐ No ☐
 If YES please supply a copy.

3.3 Does the system include:

Yes

No

A zone control panel or similar

Interlinked heat detectors in the kitchen

Interlinked smoke detectors in the bedroom

Interlinked smoke detectors in the common areas

Sounders/ alarms on all floors

Call points in the communal areas and points of final exit in the building

Has the system been regularly tested in accordance with BS 5839? (If yes please provide a copy of the current test & maintenance certificate showing compliance with BS 5839.)

Is there a logbook of inspection and testing?

If YES what is the last date of entry: _____

Name of person responsible for the day to day monitoring of the fire alarm system:

Does the property have an emergency lighting system?

If YES, has the system been tested in accordance with BS 5266 Part 1: 1998 at least every 3 years?

If YES please provide a copy of the most recent periodic inspection and test certificate.

Do you have a contract to inspect, maintain and test your fire and or emergency lighting system?

If YES please give details of the contractor:

3.4 Are all the doors, including cupboard doors, opening onto the main fire escape route (communal hallways, stairs and landings) FD30s fire doors and door sets?

All ☐Some ☐None ☐Don't Know ☐

3.5 Is there a fire blanket in each kitchen/kitchenette? Yes ☐ No ☐

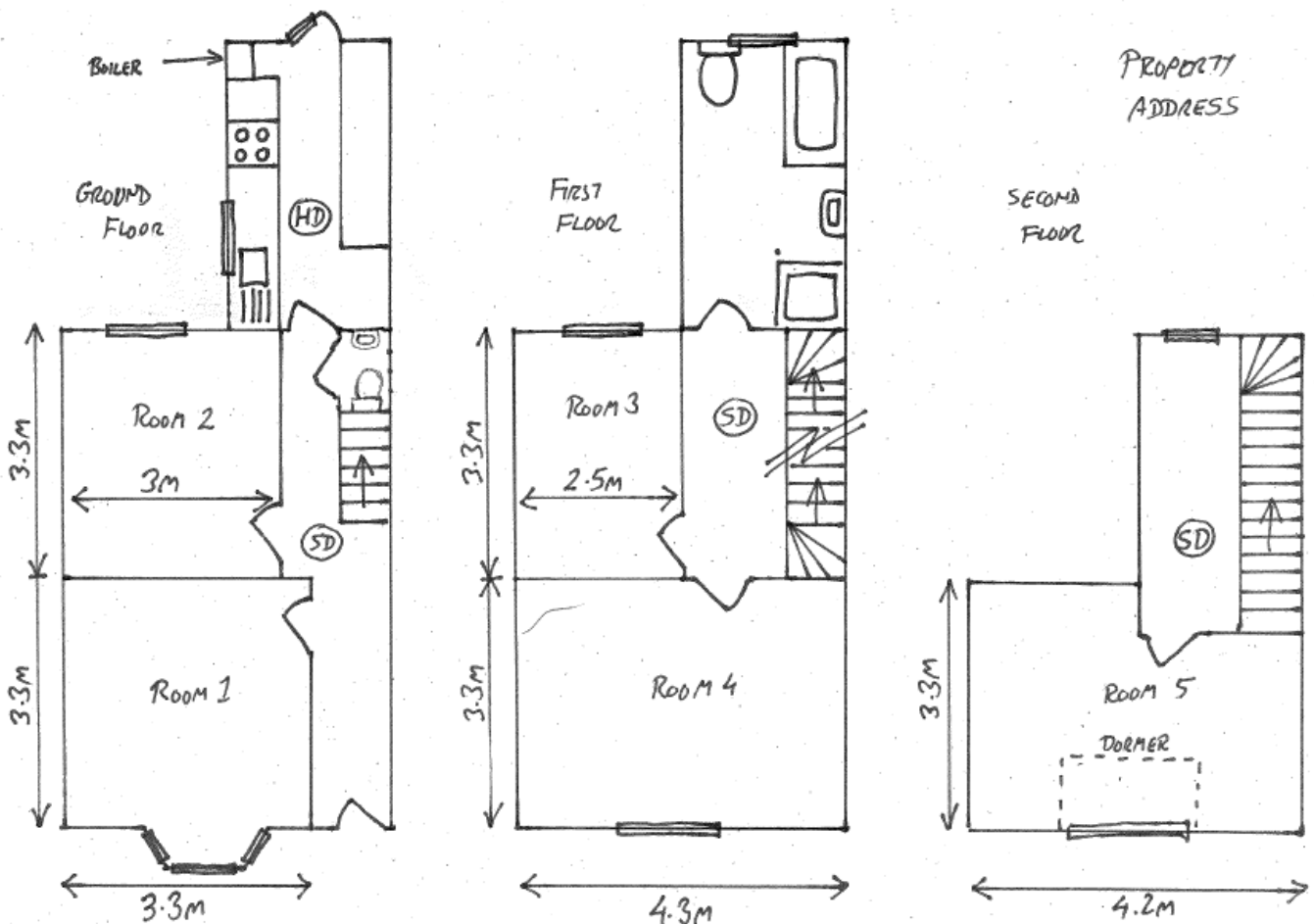
Section 4: Layout

We require you to provide a plan of the property including any common parts in order to provide information on the likely adequacy of fire precautions equipment and fire escape routes. The plan should ideally be to scale or at least be dimensioned and should:

- Label the use of each room within the HMO e.g. bedroom, living room, kitchen
- Show the room numbers for the letting rooms.
- Indicate the size of the bedroom and living rooms within each letting and of any communal rooms e.g. 9m² or 3m x 3.5m.
- Indicate the position of fire detector heads/ alarms.

If you are unable to provide a suitable plan, we can attend the property and draw the plan for you as part of an assisted application. The cost of this service is £100 in addition to your licence fee.
(see note 6.3)

Example of an acceptable plan to accompany the application.



Section 5: Notifications and Declarations (see notes Section 5)

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 -

any mortgagee of the property to be licensed

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 he will be bound by any 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)

whether this is an application for an HMO licence under Part 2 or for a house licence under Part 3 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

5.1 Name of the persons and their interest in the property or application

I/WE DECLARE THAT I/WE HAVE SERVED NOTICE OF THIS APPLICATION ON THE FOLLOWING PERSONS WHO ARE THE ONLY PERSON KNOWN TO ME/US THAT ARE REQUIRED TO BE INFORMED THAT I/WE HAVE MADE THIS APPLICATION.

Name of Applicant (s) : _____

Signature (s) : _____ Date: _____

Continue on separate sheet if necessary

Name:	Interest:
Address:	Date of service:
Name:	Interest:
Address:	Date of service:
Name:	Interest:
Address:	Date of service:
Name:	Interest:
Address:	Date of service:
Name:	Interest:
Address:	Date of service:

5.2 Declaration

IMPORTANT NOTE TO APPLICANTS

Please note that it is a criminal offence to knowingly supply information which is false or misleading for the purpose of obtaining a licence. Evidence of any statements made in this application with regard to the property concerned may be required at a later date. If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled or other action taken.

DECLARATION MUST BE COMPLETED FOR ALL APPLICATIONS

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 am/are reckless as to whether it is false or misleading.

Full name of applicant	Signed	Date

(In the case of partnerships or trustees, all partners or trustees must sign. In the case of a limited company, the form must be signed by a Director or Company Secretary or another authorised officer, in which case we will require proof of authority).

5.3 Public Register of Licensed Houses in Multiple Occupation

Once a Licence is issued the relevant information is added to the Public Register of Licensed HMOs that the Local Authority is required to keep.

5.4 Check list for submitting an application

IMPORTANT: An application will not be complete unless ALL the appropriate documents listed below have been received together with the correct fee.

I enclose:	Yes	No	N/A
Copy of the current fire alarm maintenance certificate for the alarm system (required annually).			
Copy of the current maintenance certificate for the emergency lighting system (required annually).			
A copy of the current Gas Safety record (required annually).			
Copy of the Electrical Installation Condition Report, issued by an approved contractor within the last 5 years.			
A copy of any tenancy agreement or written details of the terms of the tenancy, including sanctions for anti social behaviour.			
A sketch plan of the property, detailing room layouts, numbers and dimensions.			
The appropriate application fee (see page 13)			

Section 6: Fee Calculation (see notes Section 6)

Fee on application for 5 or fewer units with 5 occupants (see note 6.1)		£ 750
Each extra unit of accommodation over 5 units	<input type="text"/> x £55 per unit	£ _____
(see note 6.2)		
Fee associated with an assisted application (see note 6.3)	£100	£ _____
Total fee on application due with this application (see note 6.3)	Total	£ _____
Fee on grant of licence (payable within 1 month of approval of licence)		£ 450

Prices from 1st April 2023 to 31st March 2024. Prices are subject to an annual increase in April, prices correct as at 1st April 2023

Please note the 'fee on application' is non refundable and payment of an incorrect fee will delay the processing of your application. A full fee is payable if the licence has to be re-issued as a result of a change of licence holder.

Ways to pay:

	Please tick to indicate method of payment
BACS: Lloyds Bank - Sort code: 30-80-12 Account: 11723668 (Worthing) Account: 11766960 (Adur) Quote: 'HMO' and give property address e.g. HMO 1 Street Lane, Worthing	
By Cheque: Please ensure that cheques are made payable to the correct authority i.e. Adur District Council if your HMO is located in Adur Worthing Borough Council if your HMO is located in Worthing and send to: - Private Sector Housing, Portland House, 44 Richmond Road, Worthing, BN11 1HS	
By phone to the cash office: - 01903 221231 by credit or debit card and quote HMO licence fee amount and HMO address.	

Information on how your personal data will be handled can be found in the Housing Privacy Notice that is accessible on the webpage below:

<https://www.adur-worthing.gov.uk/housing/privacy-notice/>

Please return your completed form to:

Private Sector Housing, Town Hall, Chapel Road, Worthing, BN11 1HA

Or via email to private.sectorhousing@adur-worthing.gov.uk