



Housing Act 2004

CHELTENHAM BOROUGH COUNCIL HMO LICENSING SCHEME

APPLICATION FORM

This is the application form to apply for a Licence to operate a House in Multiple Occupation ^(note 1) (HMO) within Cheltenham for a 3-year period. Be sure that you need to apply for a Licence ^(note 2) before submitting this form. A guidance booklet "A Landlords Guide to HMO Licensing" can be downloaded from the website www.cheltenham.gov.uk/propertylicensing.

The cost of the Licence will be £630

If an applicant fails to submit a full valid application including all of the relevant and correct documentation required for their Licence application, additional costs will be charged based on an hourly rate reflecting the actual costs incurred by Cheltenham Borough Council.

This property will automatically be added to the Gloucestershire Fit To Rent scheme.

If you would like your phone number to be omitted please tick this box

If you do not want this property to be included please tick this box

NOTE: Please complete in BLOCK CAPITALS using black or blue ink.

GENERAL DATA PROTECTION REGULATION (GDPR)

You are required to provide the information asked for in this form for the following purposes:

1. To identify the persons involved in the management of the HMO and to facilitate legal proceedings in the event of any offence connected with the licensing of the HMO.
2. To obtain information needed to assess the fitness and competence of the persons involved in the management of the HMO.
3. To link properties and persons involved in the management of the HMO.
4. To obtain information concerning the suitability of the property involved to be licensed as an HMO.

Information may need to be shared to the extent that it may need to be verified with other agencies, such as the police and other government agencies.

Some of the information you provide will be entered into a public register.

The information may also be used for research, analysis and statistical purposes and to contact you regarding other issues relevant to HMO's.

Your personal information will be stored, and when necessary deleted, safely and securely in line with GDPR regulations.

Part 1 - Application for HMO Licence

ADDRESS OF HMO TO BE LICENSED:

.....Post code.....

THE INTENDED LICENCE HOLDER MUST COMPLETE THIS PART OF THE FORM.

The first thing to establish is who will hold the Licence.
The persons likely to be involved in making an application are:

1. The Owner of the house.
2. An Agent for the Owner (e.g. a firm of letting agents or a relative).
3. The Manager of the house.

Details must be provided of any persons involved in ownership, managing or running the house.

The Local Authority has a duty to award the Licence to the person it thinks is the most appropriate person to be the Licence Holder. Unless you can provide a good reason why someone else should be the Licence Holder, the Council will expect the Licence Holder to be the owner, but in any event, the Council will expect the Licence Holder to have the power to:-

- (a) let to and evict tenants.
- (b) access all parts of the premises to the same extent as the owner.
- (c) authorise expenditure up to 25% of the yearly rental income of the house for repairs etc.

APPLICANTS FULL NAME			
ADDRESS			
POST CODE		TEL. No.	
EMAIL ADDRESS			

(The email address will be used for all application and future licence correspondence, such as a renewal reminder, which will be provided two months prior to the licence expiring)

I am:

- The Owner Complete parts 1 and 2
- A Manager or Agent Complete parts 1, 2 and 3

The property will be managed by:

- The Owner Complete parts 1 and 2
- A Manager or Agent Complete parts 1, 2 and 3

Information about the Property to which this Application Relates

1	What type of HMO does this application relate to?	<input type="checkbox"/> House in Multiple Occupation <input type="checkbox"/> Flat in Multiple Occupation <input type="checkbox"/> A house converted into only self contained flats <input type="checkbox"/> A purpose built block of flats <input type="checkbox"/> Other (describe)
2	State how many persons live in the house at the date of application?	
3	State how many households <small>(note 3)</small> there are in the house at the date of application?	
4	State the maximum number of persons <small>(note 4)</small> you intend to house in the property.	
5	State the maximum number of households <small>(note 3)</small> you intend to house in the property.	
6	State the number of separate letting units.	
7	State the number of habitable rooms (excluding kitchens).	
8	State the number of bathrooms and shower rooms <small>(note 5)</small>	
9	State the number of toilets and wash basins.	
10	State the number of kitchens.	
11	State the number of sinks.	
12	Is there a mortgage outstanding on the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	If Yes, please give name and address of mortgage lender:	Name: Address:
14	Approx. date of construction <small>(circle dates that apply)</small> .	Pre 1919 1919-45 1945-64 1965-80 After 1980

15	Number of storeys (include basements and habitable attics)?	
16	Does the property have a gas supply?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, you must enclose an original "Landlord's Gas Safety Record."
17	Do you have a report carried out by a competent person in the last 5 years indicating the state of the electrical installation and appliances?	Yes <input type="checkbox"/> No <input type="checkbox"/> Installation Yes <input type="checkbox"/> No <input type="checkbox"/> Appliances If Yes, you must enclose an original certificate of inspection such as an Electrical Installation Condition Report.
18	Does the property have a solid fuel burning combustion appliance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19	If Yes, please state whether the property is provided with a carbon monoxide detector and state where it is located.	Yes <input type="checkbox"/> No <input type="checkbox"/> Location:
20	Is any furniture to which the Furniture & Furnishings (Fire) (Safety) Regulations 1988 apply provided by the landlord?	Yes <input type="checkbox"/> No <input type="checkbox"/>
21	Is the property provided with a fire detection and warning system, with fire doors and other fire precautions? (see www.cheltenham.gov.uk/firesafetyguide)	Yes <input type="checkbox"/> No <input type="checkbox"/>
22	Are the fire detection and warning system, fire doors, extinguishers and blankets inspected by a competent person at regular intervals?	Yes <input type="checkbox"/> No <input type="checkbox"/> You must enclose an original certificate of inspection for the fire detection system
23	Please confirm that you have the authority; (a) To let and evict tenants. (b) To authorise expenditure of up to 25% of the yearly rental income in urgent situations.	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
24	Does the Owner or any person connected with the Owner live on the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
25	If Yes, please give details.	
26	Provide details of the arrangements that are in place for dealing with requests and complaints from tenants including responding to emergencies and holiday cover. <small>Note 8</small> (Continue on a separate sheet if necessary)	

I enclose: (Please tick ✓ and enter details where applicable)

- Duly completed part 2 (owner); or,
- A fully completed Part 2 has already been submitted and the details remain correct.
- Duly completed part 3 (manager); or,
- A fully completed Part 3 has already been submitted and the details remain correct.
- Floor Plans of the property (suitably scaled, showing the layout of the property, smoke alarms and amenities provided)
- The Fee of £630 to be paid online via our website (www.cheltenham.gov.uk/payments)

Reference number

Note: further fees may be payable in the case of incomplete, invalid or incorrect applications.

- An original Certificate showing that the gas installation and appliances have been inspected by a Gas Safe registered Inspector in the 12 months prior to this application.

Certificate number

- An original Certificate showing that the electrical installation and appliances have been inspected by a competent person in the 5 years prior to this application.

Certificate number

- An original Certificate showing that the fire detection and warning system has been inspected by a competent person in the 12 months prior to this application.

Certificate number

- A sample copy of the written terms for tenants.

Note: You will not be considered to have made a valid application unless all of the documents listed above have been received and are in good order. All original documents will be returned to you.

I declare that all 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 declare that the smoke alarms and any carbon monoxide detectors installed in the house as shown on the attached floor plan are in good safe working order and comply with all relevant safety information.

I declare that the information contained in this application is correct to the best of my knowledge and belief. 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 or am reckless as to whether it is false or misleading.

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

Signed:..... Print Name:
Licence Applicant

Date:.....

NOTES

1. A House in Multiple Occupation (HMO) means a building or part of a building that:
 - is occupied by two or more households, where two or more household shares an amenity, such as a bathroom, toilet or cooking facilities; or
 - is occupied by more than one household and which is a converted building, but not entirely self-contained flats (whether or not some amenities are shared), but is not a purpose-built flat situated in a block comprising three or more self-contained flats; or
 - is converted self-contained flats, but does not meet as a minimum standard the requirements of the 1991 Building Regulations and at least one third of the flats are occupied under short tenancies.
2. A Mandatory Licence for which this is an application relates to HMO's that meet the above criteria and:
 - Have 5 or more people in two or more households, and
 - Share amenities such as bathrooms, toilets and cooking facilities.
3. A household is
 - A family (including single people, couples and same sex couples) – husband, wife, child, step-child, foster-child, grandchild, parent, step-parent, foster-parent, grandparent, brother, half-brother, sister, half-sister, aunt, uncle, niece, nephew, cousin.
 - Other relationships, such as fostering, carers and domestic staff.
4. Planning permission - change of use. It is recommended that you contact the planning department at Cheltenham Borough Council to seek advice on whether consent is needed www.cheltenham.gov.uk/planning. Should the necessary consents not be in place then this could result in enforcement proceedings under planning legislation.
5. An HMO must have an adequate number of facilities for everyone living there and the rooms must be of adequate size. By rule of thumb, one complete kitchen and bathroom is required per 5 occupiers and the minimum bedroom size is 6.5sqm. Further information is available at www.cheltenham.gov.uk/HMOstandards.
6. The LACORS guide; '*Housing – fire safety guidance on fire safety provisions for certain types of existing housing*' is available at www.cheltenham.gov.uk/firesafetyguide.
7. It is accepted that landlords may not be able to control the behaviour of their tenants however reasonable and practicable steps would include:
 - Inclusion of a clause within Tenancy agreement in relation to suitable behaviour of tenants & visitors, stating that anti-social behaviour is grounds for possession.
 - In the event of anti-social behaviour occurring the manager should contact the tenant and request that the behaviour should cease. It is advised that any verbal warning is also confirmed in writing.
 - Where anti-social behaviour persists the manager should end the tenancy and seek possession on the grounds of anti-social behaviour (assured short hold tenancies).
8. Compliance with the management requirements set out within The Management of House in Multiple Occupation Regulations 2006 within 6 months will be a condition of the issue of the Licence.
9. Information on HMO licensing can be found on the website of the Department for Communities and Local Government. <http://www.communities.gov.uk/corporate/>

Part 2 OWNER'S DETAILS

Please complete the details below relating to the ownership of the property to be licensed.

OWNERS DETAILS:

In the case of a limited Company or partnership, state the full name and registered office of the Company or partnership. In the case of an ordinary partnership, give the name and address of the principal partner and fill in the names of other partners in the connected ownership section on page 12.

In the case of individuals with co-ownership, please give one name and details below and the remainder in the connected ownership section on page 12. (In most cases the first named owner will be the Licence Holder and applicant).

If you act as Trustee, please give your details below adding "as Trustee" to your name and give ownership details in the connected ownership section on page 12.

If you are a leaseholder, give your own name below and detail all superior Landlords or Freeholders in the connected ownership section on page 12.

FULL NAME			
ADDRESS			
POST CODE		TEL. No.	
EMAIL ADDRESS			
<input type="checkbox"/> Freeholder	<input type="checkbox"/> Leaseholder	<input type="checkbox"/> Other	

If Property is Leasehold	
Give Length of Lease	
Length of Lease remaining	

Have you:

(a) Committed any offence or received a caution, informal reprimand or formal warning involving:	
Fraud or dishonesty (including benefit fraud)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Violence	Yes <input type="checkbox"/> No <input type="checkbox"/>
Drugs	Yes <input type="checkbox"/> No <input type="checkbox"/>
Matters listed in Sched.3 to the Sexual Offences Act 2003	Yes <input type="checkbox"/> No <input type="checkbox"/>

(b) Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in or in connection with the carrying on of any business.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Breached the conditions of an HMO Licence.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) Been subject to a HMO Control Order or Management Order	Yes <input type="checkbox"/> No <input type="checkbox"/>
(e) Failed to comply with a Housing Notice (requiring works etc.) served by a Local Authority in the UK.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(f) Been prosecuted for breach of the HMO management Regs.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(g) Been prosecuted for breach of Landlord and Tenant legislation	Yes <input type="checkbox"/> No <input type="checkbox"/>
(h) Acted in contravention of any relevant Approved Code of Practice relating to the management of HMOs	Yes <input type="checkbox"/> No <input type="checkbox"/>
(i) Been declared Bankrupt	Yes <input type="checkbox"/> No <input type="checkbox"/>
(j) Been refused a Licence under Part II of the Housing Act 2004	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered Yes to any of the above questions, please give details below including dates. Continue on a separate sheet if necessary.

I certify that to the best of my knowledge and belief, the information given by me is true and correct. I understand that the Council may need to carry out investigations to assess whether I am a “fit and proper” person for the purposes of Part II of the Housing Act 2004. I hereby authorise the Council to make such enquiries and share information as it sees proper in connection with this application. Such enquiries may include additional Criminal Records Bureau checks.

Owners Signature:..... Date:

Print Name:

Please Note that it is a criminal offence to knowingly supply information, which is false or misleading for the purpose of obtaining an HMO Licence. Evidence to substantiate any statements made in this application may be required at a later date. If the Council subsequently become aware of something which is relevant and which you should have disclosed or which is incorrectly stated or described, the Licence may be cancelled or other action taken. This may affect other HMO Licences with which you have any connection.

Owner Details – Connected Ownership

1.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS			

2.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS			

3.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS			

4.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS			

Continue on a separate sheet if necessary

Part 3 MANAGER Details

Please complete the details below which relate to the management of the property to be licensed.

MANAGERS DETAILS:

In the case of a limited Company or partnership, state the full name and registered office of the Company or partnership. In the case of an ordinary partnership, give the name and address of the principal partner and fill in the names of other partners in the connected persons section on page 15.

If you sign this form as a Partnership or Company, you must ensure that any persons to whom you delegate management duties are fit and proper persons for the purposes of their duties. Any failure in management duties or responsibilities by such persons may result in you losing your acceptability to manage HMO's and may lead to any or all Licences for HMO's which you manage, being withdrawn.

FULL NAME			
ADDRESS			
POST CODE		TEL. No.	
EMAIL ADDRESS			

Have you or any person who will be involved in the management of the property:

(a) Committed any offence or received a caution, informal reprimand or formal warning involving: Fraud or dishonesty (including benefit fraud) Violence Drugs Matters listed in Sched.3 to the Sexual Offences Act 2003	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Practise unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in or in connection with the carrying on of any business.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Breached the conditions of an HMO Licence.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) Been subject to a HMO Control Order or Management Order	Yes <input type="checkbox"/> No <input type="checkbox"/>
(e) Failed to comply with a Housing Notice (requiring works etc.) served by a Local Authority in the UK.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(f) Been prosecuted for breach of the HMO management Regs.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(g) Been prosecuted for breach of Landlord and Tenant legislation	Yes <input type="checkbox"/> No <input type="checkbox"/>

(h) Acted in contravention of any relevant Approved Code of Practice relating to the management of HMOs	Yes <input type="checkbox"/> No <input type="checkbox"/>
(i) Been declared Bankrupt	Yes <input type="checkbox"/> No <input type="checkbox"/>
(j) Been refused a Licence under Part II of the Housing Act 2004	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered Yes to any of the above questions, please give details below including dates. Continue on a separate sheet if necessary.

I certify that to the best of my knowledge and belief, the information given by me is true and correct. I understand that the Council may need to carry out investigations to assess whether I am a “fit and proper” person for the purposes of Part II of the Housing Act 2004. I hereby authorise the Council to make such enquiries and share information as it sees proper in connection with this application. Such enquiries may include additional Criminal Records Bureau checks.

Managers Signature:..... Date:

Print Name:

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Manager – Connected Persons

1.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS			

2.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS			

3.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS			

4.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS			

Continue on a separate sheet if necessary

Please submit your form to:

enforcement@cheltenham.gov.uk

Enforcement Division
Cheltenham Borough Council
Municipal Offices
Promenade
Cheltenham
GL50 9SA

Tel: 01242 264119

www.cheltenham.gov.uk