

APPLICATION FOR AN HMO LICENCE

within the Harlow District

1		
1.1	Address of the HMO to be licenced:	<p>.....</p> <p>.....</p> <p>Postcode:</p>
	Signature:	
	Date:	

1.2 List addresses of all other houses you control within the Harlow District area that have or require a HMO Licence: (please provide additional list if there is insufficient space)	
<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>	<p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p>

1.4 The person to contract to arrange for an inspection of the house:	
Applicant <input type="checkbox"/> Manager <input type="checkbox"/> Another <input type="checkbox"/> [Other, please Specify:]	
1.5 Does the house have existing planning permission (class use: C4) to be occupied as a HMO?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

APPLICATION FOR AN HMO LICENCE COVER SHEET

Please see below a checklist for the documents and fees required to accompany this application. For further information on fees please visit www.harlow.gov.uk or call 01279 446111. Once completed please return this form to: **HMO Licensing, Harlow Council, 3rd Floor The Civic Centre, The Water Gardens, Harlow, Essex CM20 1WG**

Your application is only valid when all of the following have been submitted.

Documents to be provided	
	<p>Tick <input checked="" type="checkbox"/> the documents (photocopies only) that you have attached to this application. All certificates must be current at the time of application.</p>
1	Fire alarm test certificate <input type="checkbox"/>
2	Emergency lighting test certificate (if applicable) <input type="checkbox"/>
3	Landlords Gas Safety Certificate (if applicable) <input type="checkbox"/>
4	Electrical Safety Certificate <input type="checkbox"/>
5	Payment of the Fee (Please complete below to indicate fee, cheques made payable to Harlow District Council) <input type="checkbox"/>
6	Payment of all additional charges (you will be informed if any apply to your application) <input type="checkbox"/>
7	Sketch Plan of the property <input type="checkbox"/>
8	Relevant Fees (see below) <input type="checkbox"/>

Fees to be Provided		
1	Initial Application Fee for Mandatory HMO Licence [i.e. properties with 5 or more occupiers forming at least 2 households]	£650
2	Accredited Landlord Discount* RLA/NLA no: _____	£495

* To qualify for this discount the proposed Licence Holder must declare their accreditation number

Apr 2022

Note: The applicant must be a named individual

2**Part Two: APPLICANT**

Details of the person making this application

The Applicant must be one named individual. A representative must be named for all organisations.

2.1

Title:

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other:

Full legal name:

Given Names:

[Do not give initials]

Surname:

Residential address:

[Essential – you must provide this information]

Postcode:

Home Telephone:

Mobile Telephone:

Email address:

2.2

Do you have control of the HMO?

Yes ☐ No ☐**2.3**

Are you the proposed Licence Holder?

*If YES only the name and address given in 2.1 will be entered onto the public register.*Yes ☐ *[Please go to question 3.2]*No ☐ *[Please go to question 3.1]*

3**Part Three: PROPOSED LICENCE HOLDER**

Details of the person you propose to be the Licence Holder

The proposed Licence Holder must be one named individual. A representative must be named for all organisations.

3.1

Title:

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other:

Full legal name:

Given Names:

[Do not give initials]

Surname:

Residential address:

*[Essential – you must provide this information]*Preferred address for correspondence ☐

Postcode:

Business address:

*[if applicable]*Preferred address for correspondence ☐

Postcode:

Home Telephone:

Work Telephone:

Mobile Telephone:

Email address:

3.2

What is your interest in the property?

Sole Freeholder ☐ - and the property is mortgaged ☐
Joint Freeholder ☐ - and the property is mortgaged ☐
Leaseholder ☐ *[If mortgaged give details at 7.5]*
Manager ☐
Other ☐ Specify

Part Four: MANAGER

Details of the Manager or Managing Agent

4.1

This part is required only if the person is different from the person proposed as the Licence Holder.

Go to Part 5 if you do not intend to appoint a Manager.

The Manager must be one named individual. A representative must be named for all organisations.

Title:

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other:

Full legal name:

Given Names:

[Do not give initials]

Surname:

Residential address:

*This will be entered
onto the public register
unless a Business
Address is entered
below*

Postcode:

Business Name:

Business address:

[if applicable]

Postcode:

Home Telephone:

Work Telephone:

Mobile Telephone:

Email address:

Part Five: Fit and Proper Persons

Details of the Licence Holder and Manager

5.1

The local authority must consider evidence whether the licence holder, manager and any person associated or formerly associated with them, whether on a personal, work or other basis, is a fit and proper person to be involved in the management of a HMO.

If you answer YES to anything in 5.1 to 5.5, please attach additional pages with full details

Has the proposed licence holder, manager, or anyone associated with the property, ever accepted a simple caution (previously known as a former caution) or been convicted of an offence (subject to the Rehabilitation of Offenders Act 1974) involving any of the following?

	Manager/Managing Agent		Licence Holder	
	Yes	No	Yes	No
Fraud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Offences Act 2003, Schedule 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landlord and Tenant Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.2

Has the proposed licence holder, manager, or anyone associated with the property, ever been subject to proceedings dealing with unlawful discrimination relating to any of their business (subject to Rehabilitation of Offenders Act 1974) involving any of the following?

	Manager/Managing Agent		Licence Holder	
	Yes	No	Yes	No
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnic or national origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.3

Has the proposed licence holder, manager, or anyone associated with the property, ever been in control of a property or house subject to any of the following?

	Manager/Managing Agent		Licence Holder	
	Yes	No	Yes	No
Control Order or Management Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where works have been carried out in default	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where a licence or registration certificate has been refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where conditions of a licence or registration certificate have been breached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

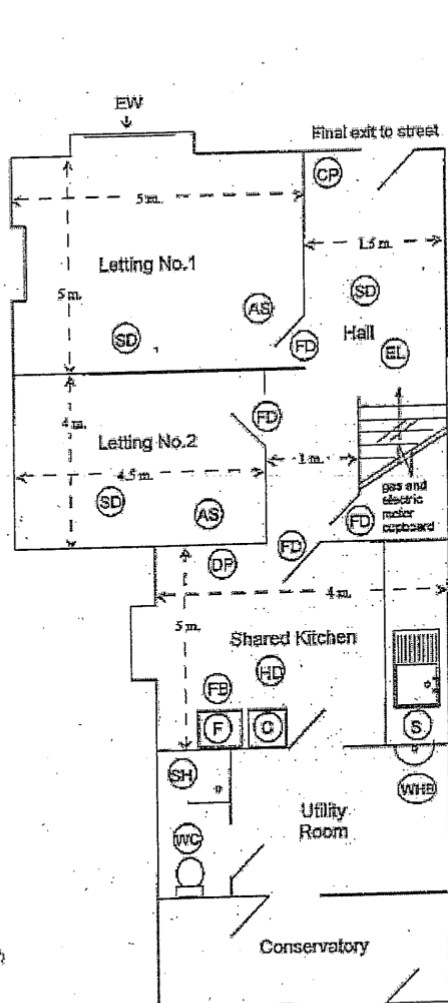
6.1	Occupiers:	How many people would you like the Licence to be for?	
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6.2	Households:	How many households is the Licence to be for?	
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6.3	<p>Please give the approximate date of the original construction of the house</p> <p>Before 1919 <input type="checkbox"/> 1965 – 1980 <input type="checkbox"/> 1919 – 1945 <input type="checkbox"/> After 1980 <input type="checkbox"/> 1946 – 1964 <input type="checkbox"/> Not known <input type="checkbox"/></p>
6.4	<p>Is the dwelling:</p> <p>Detached <input type="checkbox"/> End terrace <input type="checkbox"/> Semi-detached <input type="checkbox"/> Other <input type="checkbox"/> Terraced <input type="checkbox"/></p>
6.5	<p>Has part or whole of the building been converted from another use?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/> If YES please state the date of conversion:</p>
6.6	<p>Tick the storeys on which there is HMO accommodation. <i>[Add further storeys if necessary.]</i></p> <p>Basement <input type="checkbox"/> Ground floor <input type="checkbox"/> First floor <input type="checkbox"/> Second floor <input type="checkbox"/> Third floor <input type="checkbox"/> Fourth floor <input type="checkbox"/> Attic or loft <input type="checkbox"/></p>
6.7	<p>Is any part of the house used for separate commercial activity?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/> If YES please attach a separate page and state the nature of the business and its location in the building.</p>

6.8	<p>How many habitable rooms intended for letting does the house have?</p>
6.9	<p>How many separate letting units are in the house</p> <p>1 – 4 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> Other <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> Specify:</p>
6.10	<p>How many people (including children) currently live in the house?</p>
6.11	<p>Does the landlord live in the house?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>
6.12	<p>How many people (including children) related to, and/or employed by, the resident landlord live in the house?</p>
6.13	<p>State the nature of the relationship or employment.</p>
6.14	<p>Please attach a sketch plan of the house</p>

1. A household is where members of the same family are living together. Therefore three friends sharing together are considered three households. If a couple are sharing with another person that would be two households.
2. Habitable rooms must have at least 6.50m² useable floor space with a head height no lower than 1.53m. Space taken by fitted units is counted in the floor area calculation.
3. Please attach a sketch plan, with measurements, showing the location and size of each room in the property. Below is an example showing the type of sketch and detail required. Please use the abbreviations listed below to mark details on the plan. Please provide a separate sketch of each floor level of the property.



EXAMPLE GROUND FLOOR PLAN

Key of symbols to be used on plan

FD	Fire door
EW	Escape window
EL	Emergency lighting
CP	Manual call point
FAP	Fire alarm control panel
SD	Smoke detector linked to whole house system
HD	Heat detector linked to whole house system
AS	Alarm sounder linked to whole house system
SA	Combined smoke detector/alarm, may be linked or stand alone
HA	Combined heat detector/alarm, may be linked or stand alone
FB	Fire blanket
WE	Water extinguisher
FE	Foam extinguisher
DP	Dry powder extinguisher
SH	Shower
B	Bath
WHB	Wash hand basin
C	Cooker
S	Sink
F	Fridge

NOTE: All fastenings to doors required for escape purposes must be thumb-turn type locks, easily openable from the inside without the use of a key.

6.15	Please show the arrangement of the house by indicating what is on each storey: <i>Cross out a floor (e.g. Third) if that storey does not exist in your house or it is not used for residential accommodation.</i>			NUMBERS ON THIS STOREY				
				Basement	Ground	First	Second	Third
.1	Occupiers (adults and children who sleep on this storey)							
.2	Bedrooms	<i>on this storey</i>						
		Food Storage	Cupboard*					
			Fridge					
		Washing	Wash hand basin					
			Shower/Bath					
			Toilet					
		Cooking	Electric cooker					
			Gas cooker					
			Microwave					
			Sink (not WHB)					
.3	Bathroom	<i>containing</i>	Bath					
			Shower cubicle					
			Shower over bath					
			Toilet					
			Wash hand basin					
.4	Dining room	<i>Separate room combined with</i>	Kitchen					
			Lounge					
.5	Kitchen	Food Storage	Cupboards*					
			Fridge with freezer					
			Freezer (separate)					
			Shelves (open)					
		Cookers	Electric					
			Gas					
			Microwave					
		Sink	Sink with drain board					
			Dishwasher					
.6	Lounge	<i>Separate room combined with</i>	Dining room					
			Kitchen					
.7	Toilet	In separate room						
		Wash hand basin within compartment						
.8	Other rooms (specify)							

* cupboards under sinks are not counted

	Fire Precautions:		
		Yes	No
6.16	<p>Is there a system of fire detection incorporating:</p> <p>A fire alarm control panel</p> <p>Sounders or alarms on all levels</p> <p>Emergency lighting in the common hallways</p> <p>Battery operated smoke alarms</p> <p>Mains powered smoke and/or heat detectors in the kitchen, common rooms and hallways</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.17	<p>Is there a current fire alarm test certificate in accordance with the requirements of BS5839 Part 1:2002 or BS5839 Part 6:2004?</p> <p>If YES, please supply a photocopy</p>	<input type="checkbox"/>	<input type="checkbox"/>
6.18	<p>Is the emergency lighting tested in accordance to the requirements of BS5266 Part 8:2004?</p> <p>If YES, please supply a photocopy of the completed model test certificate as contained in BS5266 Part 1:2005.</p>	<input type="checkbox"/>	<input type="checkbox"/>
6.19	<p>Are the kitchen areas protected by fire doors?</p> <p>If YES, are they fitted with</p> <p>self-closers</p> <p>smoke seals</p> <p>intumescent strips</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.20	<p>Are all the doors that open onto the main escape route 30 minute fire resistant doors?</p> <p>If YES, are they fitted with</p> <p>self-closers</p> <p>smoke seals</p> <p>intumescent strips</p> <p>If NO, which doors are not:</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.21	<p>Are any cupboards, including any under the stairs, fully fire proofed and locked shut? <i>[Fire proof: 12.5mm plasterboard or fireboard]</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
6.22	<p>Is a fire blanket provided in each kitchen?</p>	<input type="checkbox"/>	<input type="checkbox"/>

		Yes	No									
6.23	Is the escape route kept clear of flammable materials and other obstructions?	<input type="checkbox"/>	<input type="checkbox"/>									
6.24	Are exit doors openable from inside without the use of a key?	<input type="checkbox"/>	<input type="checkbox"/>									
6.25	Is a sprinkler system part of the house fire precautions?	<input type="checkbox"/>	<input type="checkbox"/>									
6.26	Is upholstered furniture provided in the house?	<input type="checkbox"/>	<input type="checkbox"/>									
6.27	If YES, does it comply with the Furniture (Fire Safety) Amendment Regulations 1993?	<input type="checkbox"/>	<input type="checkbox"/>									
6.28	Has a fire safety risk assessment been undertaken for the house? If YES, please provide a copy.	<input type="checkbox"/>	<input type="checkbox"/>									
6.29	Are fire extinguishers provided? If YES, please state: <table> <tr> <td>Type</td> <td>Location</td> <td>Date last tested</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Type	Location	Date last tested							<input type="checkbox"/>	<input type="checkbox"/>
Type	Location	Date last tested										
	Services:											
6.30	Does the house have a gas supply? If YES, please supply a photocopy of the Landlord Gas Safety Record issued by a <i>Gas Safe</i> registered engineer.	<input type="checkbox"/>	<input type="checkbox"/>									
6.31	Has the electrical installation been inspected by a competent electrical engineer within the last five years? If YES, please supply a photocopy of the engineer's report	<input type="checkbox"/>	<input type="checkbox"/>									

Part SEVEN: DECLARATIONS

Please note that it is a criminal offence to knowingly supply information that is false or misleading for the purposes of obtaining an HMO Licence. Evidence from any statement made in this application may be required at a later date. If we subsequently discover something that is relevant and that you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled or other action taken. Operating an HMO that should be licenced without a licence is an offence liable to a fine not exceeding £20,000. In addition, a Residential Property Tribunal may make a rent repayment order requiring you to repay any rents due during the period for which the property was unlicensed.

7.1

I DECLARE that the information contained in this application 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 of 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.

Applicant

Signature:

Date:

7.2

(as detailed in Part 2)

Name:

*[Please print]***Applicant's statutory obligation to inform certain persons about this Application**

"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 this is not you) i.e. the freeholder and any head lessees 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 email address or fax number (if any)*
- *the name, address, telephone number and email 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 housing authority to which the application will be made*
- *the date the application will be submitted*

7.3

I DECLARE that I have served a notice of the application on the following persons who are the only persons known to me that are required to be informed that I have made this application.

7.4

Applicant

Signature:

Date:

(as detailed in Part 2)

Name:

[Please print]

7.5	Description of the person's interest in the property	<i>[Please attach additional pages if there is more than one party in any category]</i>	
	Mortgagee [N.B. This means the Mortgage Company, Bank, Building Society or other Financial Body who has a legal charge on the property]	Name:	
		Address:	
		Postcode:	
		Date of service:	
		Account /Ref Number:	
		Email address:	
	7.6 Owner or Joint Owner of the property (if that is not you)	Title: Forenames:	
		Surname	
		Address:	
		Postcode:	
		Email address:	
		Date of service:	
7.7	7.7 Tenant or leaseholder [NB. This means a person who has a lease or tenancy exceeding 3 years – it does not include a tenant on an assured shorthold tenancy of 6 months or a year]	Title: Forenames:	
		Surname	
		Address:	
		Postcode:	
		Email address:	
		Date of service:	

7.8	Proposed Licence Holder (if that is not you)	Title: Forenames: ----- Surname ----- Address: ----- ----- ----- Postcode: ----- Email address: ----- Date of service: -----
7.9	Proposed Manager / Agent (if that is not you)	Title: Forenames: ----- Surname ----- Address: ----- ----- ----- Postcode: ----- Email address: ----- Date of service: -----
7.10	Any other person agreeing to be bound by the conditions on the licence. Please specify their role here:	Title: Forenames: ----- Surname ----- Address: ----- ----- ----- Postcode: ----- Email address: ----- Date of service: -----

PRIVACY NOTICE:

The Council has recently updated its Privacy Notice. Please take the time to read it on our website – <http://www.harlow.gov.uk/privacy-notice>

Apr 20