

For official use only	
Date Received:	
Reference Number:	
Date to Officer:	
Last date for consideration:	

HOUSING ACT 2004, PART 2 SECTION 63 APPLICATION FOR LICENSING OF HOUSES IN MULTIPLE OCCUPATION (HMO)

Use this form if you want to apply for a licence for a House in Multiple Occupation (HMO).

Address of property to be licensed:
Postcode:

Please return the completed form to:

The Residential Team, London Borough of Richmond upon Thames
Civic Centre, 44 York Street, Twickenham TW1 3BZ
email: residentialeh@richmond.gov.uk

If you are uncertain how to answer any of the questions or have any queries about the process or HMOs in general, we encourage you to seek advice and guidance by contacting the Residential Team at the above address or call us on 020 8891 7894/7896/7857/7893.

Please tick the appropriate box

- Application for Licence
- Application for a variation of existing Licence or Registration
- Renewal of Licence or Registration

If you have more than one property in multiple occupation, you will need to fill in a separate application for each property. (You will only need to complete part 7 on one form where all applications are submitted within the same period).

IMPORTANT

Please answer all questions unless directed. Please read the notes (set out at the end of the form) before answering the questions to which they relate.

IT IS A CRIMINAL OFFENCE TO MAKE A FALSE STATEMENT IN AN APPLICATION FOR AN HMO LICENCE OR TO FAIL TO COMPLY WITH ANY CONDITION OF THE LICENCE.

- Part 1 - Licence holder details**
- Part 2 - Information about the interest in the property**
- Part 3 - Information about the property**
- Part 4 - Information about tenants/occupants**
- Part 5 - Arrangements for fire safety**
- Part 6 - Arrangements for gas and electrical safety**
- Part 7 - Licence holder test of fitness and compliance with management conditions**
- Part 8 - Requirement to let certain people know about the application**

The declaration at the end of the application must be signed and dated before submitting.

All questions marked with an * must be completed in full. This application must include the appropriate fee (see schedule page 24). Please attach all relevant certificates of installation, inspection or maintenance. A sketch plan of the property must also be included showing approximate room sizes and layout.

Part 1: Licence-holder details

(Please use the additional information sheet where necessary)

1.1* To be completed if applicant is an individual (and then move on to 1.3)

(a) Full Name (block letters):		
Surname:	First Name(s):	
(b) Home Address:		
Postcode:		
Telephone (home):	Work/Mobile No.:	
Email address:		
Preferred method of contact (please tick appropriate box):		
Home <input type="checkbox"/>	Work/Mobile <input type="checkbox"/>	Email <input type="checkbox"/>
Date of Birth:		
(c) Are you responsible for any of the following matters at the premises to be licensed? (Please tick appropriate box)		
(i) the day-to-day repairs and maintenance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(ii) rent collection	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(iii) tenant management	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(d) If not, give full name, address and date of birth of any person employed to do this.		
Name:		
Home Address:		
Postcode:		
Telephone number:	Date of Birth:	

Part 1: Licence-holder details continued

(Please use the additional information sheet where necessary)

1.2 To be completed if applicant is a Company or Partnership (Refer to note 1.2)

(a) Full Name of Company, Partnership or Trust:	(b) Company Registration No:
(c) Address of Principal or Registered Office:	
Postcode:	
Telephone number:	
Email address:	
(d) How many Directors or Partners are there?	
(e) Full name, address and date of birth of Directors, Partners, Company Secretary or other persons responsible for management of the business. Please use additional sheets as necessary.	
Name:	
Position:	
Date of Birth:	
Address:	
Postcode:	
(f) Full name, address and date of birth of employee or agent who is responsible for the day-to-day repairs, maintenance and tenant management of the premises to be licensed.	
Name:	
Position:	
Date of Birth:	
Address:	
Postcode:	

Part 1: Licence-holder details continued

(Please use the additional information sheet where necessary)

1.3 Please give details of any person who has agreed to be bound by any conditions contained in the licence

Name:
Address:
Postcode:

1.4 Are you the landlord of any other residential premises in the Council's area?

(Please tick appropriate box) Yes No

1.5 Have you made an application or are you the licence holder in respect of any other property in this or any other local authority area ?

(Please tick appropriate box) Yes No

Please give full address of each property, (continue on the additional section if necessary)

Address:
Postcode:

Address:
Postcode:

Address:
Postcode:

Address:
Postcode:

Part 2: Information about your interest in the property

Please answer each question in turn unless otherwise directed
(Please use the additional information sheet where necessary)

2.1* Full address of the property to which the licence application applies:

Refer to note 2.1

Address:
Postcode:

Indicate if (Please tick appropriate box): House Flat

2.2* Are you the owner? Refer to note 2.2

(Please tick appropriate box) Yes No

If 'No' please provide owner's details if different from the licence holder:

2.3 Do you jointly/singly own the Freehold, Lease/Tenancy of the property with at least 5 years still to run? If 'No', go to 2.5

(Please tick appropriate box) Yes No

If Yes, please indicate which interest you own:

Freehold Lease/Tenancy with at least 5 years still to run

2.4 If you own the interest jointly with other people, please give the names and addresses of your co-owners:

Name:
Address:
Postcode:

Name:
Address:
Postcode:

Part 2: Information about your interest in the property continued

Please answer each question in turn unless otherwise directed
(Please use the additional information sheet where necessary)

- 2.5** Name and address of the mortgage provider (if any) of the property (please say none if the property does not have an outstanding mortgage):

Name:	
Address:	
Postcode:	
Telephone number:	Fax number:
Email address:	
Mortgage account number:	

Part 3: Information about the property

Please answer each question in turn unless otherwise directed
(Please use the additional information sheet where necessary)

- 3.1*** Has planning permission been granted for use as a house in multiple occupation? Refer to note 3.1

(Please tick appropriate box)

Yes No

If 'Yes' please give date and reference number of your application:

Date:	Reference number:
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- 3.2*** Was the property - Refer to note 3.2 (Please tick appropriate box)

(a) Built before 1991?

Yes No

(b) Provided by conversion before 1991?

Yes No

Please give date if known:

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- 3.3*** When the property was converted or flats created: - Refer to note 3.3
(Please tick appropriate box)

Was Planning permission given?

Yes No

Was Building Notice given?

Yes No

Was the work carried out in accordance with the above?

Yes No

Part 3: Information about the property continued

Please answer each question in turn unless otherwise directed
(Please use the additional information sheet where necessary)

3.4* Are any of the flats or rooms occupied by the owner or freeholder (including their family)? Refer to note 3.4

(Please tick appropriate box) Yes No

If 'Yes' which areas do they occupy?

Total number of owner's family normally resident (Enter total number in box)

Property details (Please use the additional information sheet where necessary)

3.5* Please tick all the floors the premises has:

Basement Ground Floor First Floor Second Floor
Third Floor Fourth Floor Fifth and above Floor

3.6* Are any parts of the building used for non-residential purpose?

Refer to note 3.6

(Please tick appropriate box) Yes No

If 'Yes' please state the activity and parts of building that are being used:

3.7* Type of Property (please tick appropriate box) (Please tick appropriate box)

Detached house Converted flat Purpose built flat

Other (please describe)

3.8* Approximate date of construction: (please tick appropriate box)

Pre-1919 1920-1945 1946-1964 1965-1980 After 1980

3.9* Is the property: Refer to note 3.8

(Please tick appropriate box)

(a) meeting the current statutory minimum standard for housing? Yes No

(b) in a reasonable state of repair? Yes No

(c) provided with adequate facilities for rubbish storage and disposal? Yes No

3.10* When was the last time you carried out any works of repair or improvement? (please tick appropriate box)

Less than 1 year ago Between 1 and 3 years More than 3 years ago

Please describe the repairs and or improvements carried out:

Part 3: Information about the property continued

Please answer each question in turn unless otherwise directed
(Please use the additional information sheet where necessary)

Amenity details

3.11* How many rooms in the property are normally used as:

(Enter total number in box)

Bedrooms?

Living Rooms?

3.12* How many rooms have exclusive use of: (Enter total number in box)

(a) Kitchen or cooking facilities (state location example second floor front room)

(b) Bathroom or shower room with toilets (state location)

(c) Bathroom or shower room without toilets (state location)

(d) Toilets (state location)

Sharing of Facilities

(Enter total number in box)

(a) How many shared kitchens or cooking facilities are in the property?

(b) How many shared baths are in the property?

(c) How many shared showers are in the property?

(d) How many shared toilets are in the property?

Part 4: Information about occupants

(Please use the additional information sheet where necessary)

4.1* How many people currently live in the property?

(Enter total number in appropriate box)

(a) Adults

(b) Children aged 11-17

(c) Children under 10

How many households? (Enter total number)

How many rented units (bedsits or flats)? (Enter total number)

4.2 * Do any of the people currently living in the property have a disability?

Refer to note 4.3

(Please tick appropriate box)

Yes

No

Part 5: Fire safety

5.1* Does the property have smoke alarms or an automatic fire detection (AFD) system?

(Please tick appropriate box) Yes No

If yes, please provide details of the type of AFD system or number and location of smoke alarms:

Date installed:

Date last checked/inspected by a competent contractor:

Has a fire risk assessment been carried out?

(Please tick appropriate box) Yes No

Date of risk assessment:

(Please submit test certification and fire risk assessment report with application: please refer to notes 5 and 5.1)

5.2* Has the house been fitted with an emergency lighting system? Refer to note 5.2

(Please tick appropriate box) Yes No

Date installed:

Date last checked/inspected by a competent contractor:

5.3* Do doors to all risk rooms and stairwells have: Refer to note 5.3

(Please tick appropriate box)

Automatic closers? Yes No Not Sure

30 minutes fire resistance? Yes No Not Sure

Smoke seals? Yes No Not Sure

5.4* Is the stairwell and escape route protected in the event of a fire?

Refer to note 5.4

(Please tick appropriate box) Yes No

Part 5: Fire safety continued

5.5* Do you have the following fire safety equipment?

(Please tick appropriate box)

(a) Fire blankets

Yes No

If yes how many?

(b) Fire extinguishers

Yes No

If yes how many?

Where located?

Type(e.g. water, dry powder etc):

Date last checked/inspected by
a competent contractor:

5.6* Are there any notices displayed in the property instructing the occupants what to do in the event of a fire?

(Please tick appropriate box)

Yes No

If yes how many?

Where located?

5.7* Do you provide upholstered furniture? (Refer to note 5.7)

(Please tick appropriate box)

Yes No

If yes, does it all comply with the Furnishings (Fire Safety) Amendment Regulations 1993?

(Please tick appropriate box)

Yes No

Part 6: Gas and Electrical equipment

6.1* Are there any gas appliances and installations at the property that require a landlord's gas safety certificate? (Refer to note 6.1)

(Please tick appropriate box)

Yes No

(If 'Yes' a copy of the certificates for each appliance must be submitted with this application.)

Part 6: Gas and Electrical equipment continued

6.2* Has the electrical installation at the property been checked and certified by a competent electrician (NICEIC or ECA approved) in the last 5 years?

(Refer to note 6.2)

(Please tick appropriate box) Yes No

If yes, please give date and attach report:

If no, you are advised to have the installation inspected.

(NB. A copy of the electrical installation/appliance safety inspection report/certificate must be provided.)

Heating

6.3* Is heating provided for the occupiers?

(Please tick appropriate box) Yes No

What type of heating is used? (If 'Yes' please give the approximate age of the installation)

Gas central heating	<input type="checkbox"/>	age of the installation	<input type="text"/>
Wall mounted gas heaters	<input type="checkbox"/>	age of the installation	<input type="text"/>
Electric storage heaters	<input type="checkbox"/>	age of the installation	<input type="text"/>
Individual wall mounted electric heaters	<input type="checkbox"/>	age of the installation	<input type="text"/>

Part 7: Licence-holder test of fitness and compliance with management conditions

(If you answer yes to any of the following questions in this section, please give details including dates below. Continue on a separate sheet where necessary).

Please Note: The Council will carry out the necessary legal checks on all applicants

7.1* Have you been assessed at any other local authority? (Refer to note 7.1)

(Please tick appropriate box) Yes No

If yes, please provide the following:

Name of Local Authority/(ies):

Contact Name and Number:

Reference Number (if any):

Part 7: Licence-holder test of fitness and compliance with management conditions continued

7.2* Have you been convicted of any offences relating to violence, sexual offences, drugs or fraud? (Spent convictions are not, in this context, taken into account and do not have to be declared) Please note: you may be required to carry out a Criminal Records Bureau (CRB) check to provide adequate information for this question (Refer to note 7.2)

(Please tick appropriate box) Yes No

7.3* Have you been found guilty by a Court or Tribunal of practising unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability in, or in connection with, the carrying on of any business?

(Please tick appropriate box) Yes No

7.4* Have you been convicted of failing to comply with a Housing Act Notice in the past 5 years? (Refer to note 7.4)

(Please tick appropriate box) Yes No

7.5* Have you been convicted of any charges relating to landlord and tenant law, harassment or illegal eviction in the past 5 years?

(Please tick appropriate box) Yes No

7.6* Has a local authority carried out works in default to residential premises owned or managed by you (in connection with housing conditions or suitability as a residence) in the past 5 years? (Refer to note 7.5)

(Please tick appropriate box) Yes No

If “yes” please provide details and dates

(use the additional information sheet where necessary)

7.7 Have you been convicted of any offence or are you subject to any other proceedings brought by a local authority or other regulatory body (for example breaches of the Environmental Protection Act, planning control or compulsory purchase proceedings or fire safety requirements)?

(Please tick appropriate box) Yes No

If “yes” please provide details and dates

(use the additional information sheet where necessary)

Part 7: Licence-holder test of fitness and compliance with management conditions continued

7.8 Have you been subject to a management order under the Housing Act 2004 or been refused a licence or breached conditions of a licence?

(Please tick appropriate box) Yes No

If “yes” please provide details and dates

(use the additional information sheet where necessary)

7.9 Have you been declared bankrupt or in arrears with your mortgage?

(Please tick appropriate box) Yes No

If “yes” when was this?

7.10 Are you an accredited landlord? (Refer to note 7.9)

(Please tick appropriate box) Yes No

If “yes” please provide details, date, accreditation body and any membership number, etc.

7.11 Are you a member of a recognised Landlord Association?

(Please tick appropriate box) Yes No

If “yes” please provide details, date, accreditation body and any membership number, etc.

7.12 Do you have a recognised qualification relevant to your responsibilities as a property owner or manager?

(Please tick appropriate box) Yes No

If “yes” please provide details, qualification, date and name of the awarding body, etc

Part 8: Requirement to let certain people know about this application.

You must let certain people know in writing that you have made this application or give them a copy of it. The people who need to know about it are -

- Any mortgagee of the property
- Any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessees who are known to you
- Any other person who is a long leaseholder or any other tenant of the property (including any part of the property or a flat) who is known to you. This does not include any person who has a lease or tenancy for less than three years e.g. an assured or assured shorthold tenant who has a fixed term contract or any other person who has a periodic or statutory tenancy. (A statutory tenancy is one which automatically comes into effect when a contractual tenancy has ended but the person is allowed to remain in the property on the same terms as in the contract.)
- 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 condition or conditions in a licence if it is granted

You must tell each of these people—

- Your name, address, telephone number(s) and email address
- The name, address, telephone number and email address of the proposed licence holder (if it will not be you)
- That this is an application under Part 2 of the Housing Act 2004
- The address of the property to which it relates
- The name and address of the property to which it relates
- The name and address of the local housing authority to which the application will be made
- The date the application was submitted

I/we declare that I/we have served a notice of this application on the following people who are the only people known to me/us who are required to be informed that I/we have made this application:

Name	Address	Description of the person's interest in the property or the application	Date of service

Additional Information Please use this space to provide us with any additional information. Please state which question the additional information refers to.

Register of HMO licences

Under Section 232 of the Housing Act 2004, a local housing authority (LHA) has a duty to establish and maintain a register of licences granted under Parts 2 of the Act (i.e. licensed HMOs in mandatory schemes) which are in force. Section 11 of Statutory Instrument 2006 No. 373 states the particular information a register must contain. This is summarised below.

Data required

Name and address of the licence holder

Name and address of the person managing the licensed HMO or house

Address of the licensed HMO or house

Short description of the licensed HMO or house

Summary of the conditions of the licence

Commencement date and duration of the licence

Summary information of any matter concerning the licensing of the HMO or house that has been referred to RPT or to the Lands Tribunal

Summary information of any decision of the tribunals that relate to the licensed HMO or house, together with the reference number allocated to the case by the tribunal

Number of storeys comprising the licensed HMO

Number of rooms in the licensed HMO providing (i) sleeping and (ii) living accommodation

In the case of a licensed HMO consisting of flats, the number of flats that are (i) self contained

In the case of a licensed HMO consisting of flats, the number of flats that are (ii) that are not self contained

Description of shared amenities including the numbers of each amenity

Maximum number of persons or households permitted to occupy the licensed HMO under the conditions of the licence

The Act states that the LA must maintain a register and the contents must be available for inspection by members of the public. The register may, subject to any requirements that may be prescribed, be in such form as the authority consider appropriate.

Personal data

Section 35 of the Data Protection Act states that:

'Personal data are exempt from the non-disclosure provisions where the disclosure is required by or under any enactment, by any rule of law or by the order of the court.'

This means that a licence holder's name and address cannot be withheld from a register of licences on Data Protection Act grounds because it is required in law under the Housing Act 2004, and is therefore not included in the non-disclosure provisions included in the Data Protection Act. Licence holders who officially operate their business from an address other than their home address, can though choose to use their business address so that their home address does not appear on the register.

DECLARATION*

WARNING: IF YOU KNOWINGLY MAKE A FALSE STATEMENT OR FAIL TO COMPLY WITH ANY CONDITION OF THE LICENCE YOU MAY BE LIABLE TO PROSECUTION

In considering whether the required standards and/or conditions have been met, the Local Authority may take into account other evidence available to it in addition to this declaration. An officer may also need to visit the property to check the situation and the accuracy of the declaration. If we need to visit we will contact you to arrange a suitable time.

Note: Your application will NOT be valid until you complete all the relevant parts of this form, provide all necessary documents and pay the required fees.

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.

Applicant's Signature:	Date:
Print Full Name:	
Position (if acting on behalf of a company):	
Proposed Licence Holder's Signature:	Date:
Print Full Name:	
Position (if acting on behalf of a company):	

Enclosures (Please read guidance notes)

Tick items enclosed

- A** Annual maintenance record for automatic fire detection system.
- B** CORGI registered commissioning and annual Gas Safety Inspection certificates.
- C** Commissioning and periodical Electrical Installation/Appliance Inspection certificate.
- D** Recent fire detection system report. (if applicable)
- E** Recent emergency lighting system report. (if applicable)
- F** Floor Plans/layout of property including room sizes.
(The Residential Team can provide a list of private surveyors and architects who will draw scale plans for a fee)
- F** Annual Buildings Insurance Certificate.
- G** Any documents indicated in question 4.3
- H** The fee of £..... is enclosed*

Cheques should be made payable to London Borough of Richmond upon Thames

*Our schedule of fees is set out on page 24.

Customer Profile

To help us to find out more about our customers, we would be grateful if you would complete this form. This information will be held in the strictest confidence and will not be used for any other purpose.

1. Please indicate your sex Male Female

2. Do you consider yourself disabled Yes No

3. To which of these groups do you consider you belong? (Tick one box only)

White

British

Irish

Eastern European

Any other White background (please tick and write in)

Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background (please tick and write in)

Asian or Asian British

Indian

Pakistani

Bangladeshi

Afghan

Any other Asian background (please tick and write in)

Black or Black British

Caribbean

African

Any other Black background (please tick and write in)

Other

Chinese

Vietnamese

Middle Eastern

Jewish

Iraqi

Gypsy/Traveller

Any other ethnic background (please tick and write in)

4. What is the main language used in your household?

5. If your main language is not English, would you like us to produce information leaflets in your main language? Yes No

Before lodging an application for a licence for a House in Multiple Occupation (HMO), please ensure that you have read the following guidance notes. If you require any further advice regarding the Licensing Scheme or the relevant standards, please contact the Residential Team on 020 8891 7894/7896/7857/7893

In these notes, “the Act” means the Housing Act 2004, unless otherwise stated, all references to sections etc are to sections in the Act. Part 2 of the Act introduces a mandatory scheme to license HMOs of a description contained in regulations. It is intended initially to apply to larger higher risk HMOs of 3 or more storeys occupied by 5 or more people who constitute more than one household.

Meaning of "HMO"

"HMO" means a house in multiple occupation as defined by sections 254 to 259, Housing Act 2004 and it applies to a wide range of housing types and includes:

- *A building or a part of a building, which consists of one or more units of living accommodation not consisting of a self-contained flat or flats;*
- *Where the living accommodation is occupied by persons who do not form a single household;*
- *Where two or more of the households who occupy the living accommodation share one or more basic amenities, or the living accommodation is lacking in one or more basic amenities;*
- *Buildings converted into self-contained flats if more than one third of the flats are tenanted and the conversion does not comply with Building Regulations 1991 or subsequent Building Regulations.*

Part 1 Licence holder details

1.2 If the applicant is a company or similar body, give the official (registered) address.

Part 2 Information about the interest in the property

2.1 A flat is a dwelling, which is a separate set of premises, whether or not on the same floor, divided horizontally from some other part of the building.

2.2 “Owner” means person having a heritable interest in the house, has, or proposes to acquire, an owner's interest in the dwelling or building, which is capable of being recorded in the Land Registry

Part 3 Information about the property

3.1 Planning permission may or may not be required in relation to your HMO. If you are not sure whether permission or approval is required for the property for which you are seeking a licence, contact the Council's Planning Department. Where permission or approval has already been obtained, please enclose a copy with your application.

3.2 If the property was built or was provided by conversion after 1991 you may not require a licence if the works were carried out in accordance the relevant Building Regulations. If you are unsure about any matter, please contact us.

- 3.4 *A person is a member of the same family as another person if, those persons are married to each other or live together as husband and wife (or in an equivalent relationship in the case of persons of the same sex); or one of them is a relative of the other; relative means parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew, niece or cousin.*
- 3.6 *Non-residential units are defined as shops, offices or premises used for business activity.*
- 3.9 *Part 1 of the Act replaces the statutory housing fitness regime set out in the Housing Act 1985 with the Housing Health and Safety Rating System (HHSRS). The separate Houses in Multiple Occupation (HMO) standards will also be repealed. The underlying principle of the HHSRS is that “any residential premises should provide a safe and healthy environment for any potential occupier or visitor”. For further details please ask for a copy of our leaflet about the HHSRS.*
- 3.10 *Give as full description as you can about the works. It will help you to supply plans and in the case of improvement or conversion these should be of the property before and after the works have been carried out.*

Part 4. Information about tenants/occupants

- 4.2 *A “household” for the purposes of section 258 of the Act is:*
- *Families (including foster children, children being cared for) and current domestic employees, The definition includes persons who live together as husband and wife, parents, grandparents, children, grandchildren, brothers, sisters, uncles, aunts, nephews and nieces.*
 - *Single persons*
 - *Co-habiting couples (whether or not of the opposite sex).*
- 4.3 *Under the Disability Discrimination Act 1995 a disability is defined as a physical or mental impairment, which has a substantial and long term adverse effect on your ability to carry out normal day-to-day activities such as those involved in mobility, manual dexterity, physical co-ordination, speech, hearing, eyesight or communication, or a permanent condition which is controlled by medication.*
- 4.4 *Tenancy management refers to the owner’s responsibilities in respect of the legal rights of his or her tenants and with due regard for the welfare of the tenants and the interests of neighbours.*
- a) *As part of a landlord’s tenancy management duties he or she must ensure that tenants comply with their lease and conduct themselves in a way that does not interfere with the rights of neighbouring residents to enjoy peaceful occupation of their homes.*

Part 5. Arrangements for fire safety

Every HMO must have adequate fire precautions including provisions for

- a) *Detection and giving warning in case of fire*
- b) *Escape from the building*
- c) *Fighting fire*

A risk assessment should be carried out by or on behalf of the applicant to establish both the risk of fire occurring and the risk to people in the event of fire. This would apply to everyone who may be in the HMO (residents, staff and visitors) and should take adequate account of any one with special needs. This assessment will show whether the existing fire precautions are adequate and what changes need to be made. If you have carried out a risk assessment, please enclose a copy with your application. All fire safety provisions should comply with the relevant Regulations and/or British Standards.

- 5.1 If your house has been fitted with a mains interlinked smoke alarm system, single point smoke detectors or battery operated smoke detectors, the system should be checked and serviced at least once every year. Either a specialist contractor or NICEIC/ECA electrician should carry out the check.*
- 5.2 If your house has been fitted with an emergency lighting system, the system should be checked and serviced at least once every year.*
- 5.3 Risk rooms are bedrooms, living rooms, kitchens and bathrooms where gas water heaters are present.*

Fire doors provide a vital part of a property's protected escape route in the event of fire. Doors should be fully self-closing and all latches should connect without resistance. Each door should close squarely and lie flush against the rebates of the frame. Smoke seals must be undamaged and form a good seal between the edges of the door and the frame.

- 5.4 Half hour fire resisting materials enclosing meters, pipes etc. in the common exit route should be undamaged. Walls, ceilings and partitions should be undamaged and capable of providing the appropriate fire resistance.*
- 5.7 All upholstered furniture provided with rented accommodation must comply with the Furniture and Furnishings (Fire Safety) (Amendment) Regulations 1993. This means that all materials must have passed cigarette and match ignition tests and the filling materials must have passed inflammability test. If your furniture complies it should have a label attached permanently with the lining giving details as appropriate.*

Part 6. Arrangements for gas and electrical safety

- 6.1 Under the Gas Safety (Installation and Use) Regulations 1998 the landlord must have an annual gas safety check on all gas appliances by a CORGI registered gas installer. (A copy of the safety record should be supplied to all tenants).*
- 6.2 A regular and appropriate inspection of the electrical wiring installation is recommended to ensure that the health and safety of your tenants is not compromised. The landlord is required to provide certification that the electrical system and any appliances provided by the landlord, have been examined by a competent person who has confirmed that they are functioning properly and are safe. Electrical wiring more than 15 years old will probably need to be inspected every year. Your electrician will recommend the frequency of inspection appropriate to your property. Only electricians approved by the NICEIC or ECA are considered competent for this purpose.*

Part 7 Licence holder test of fitness and compliance with management conditions

The local authority must be satisfied that the person applying for an HMO licence is a “fit and proper person” to hold a licence. The same test applies to any person managing the premises and any director or partner in a company or organisation, which owns or manages the HMO. The local authority may approach other authorities such as the police authority, Fire & Rescue Service, Office of Fair Trading, etc., to enquire whether the applicant has any relevant convictions. Signing this application will be taken as your agreement to any such action. We may also require you to obtain CRB information to confirm your status regarding conviction.

- 7.1 *The local authority is encouraged to share information about the fitness of an applicant to be an HMO operator with relevant sections of other local authorities since prospective HMO operators may own properties in more than one local area. In doing so the local authority will take care to protect confidentiality and ensure that the terms of the Data Protection and Human Rights legislation are observed. However, some of the information that you provide will be entered on the Public Register.*
- 7.2 *If you do have any convictions you are required to declare, these should not be sent with the application form but should be sent under separate confidential cover. Unspent convictions may be convictions for which the rehabilitation period has not been completed, or convictions which are excluded from the Act (i.e. never spent). Not all convictions would be relevant to a person’s prospective role as an operator of an HMO, (for example, motoring offences would not be relevant) but a conviction for fraud or theft could be since the operator would be in a position of trust. If you are unsure about any matter, please contact us.*
- 7.4. *A notice under Part 1 of the Housing Act 2004 or section 189 or 190 of the Housing Act 1985.*
- 7.5 *“Works in default” - provisions of housing legislation which enables enforcement action in respect of a repair or improvement notice to be taken by local housing authorities either with or without agreement and which provides for the recovery of related expenses.*
- 7.9 *An accredited landlord is someone who has undergone training and agrees to abide by a set of standards or codes relating to the management or physical condition of privately rented accommodation, and manages well-maintained accommodation and demonstrates good management practices towards their tenants.*

Enclosures:

You must submit these documents with your application in any event. The Council may require you to submit, or you may wish to submit other documents (for example, copies of planning permissions, building regulations approvals, tenancy/licence agreements, certified accounts (or summaries) in support of your application. The questions and notes draw your attention to points on which supporting documentation may be required or helpful. If you are in any doubt, the Council will be pleased to guide you.

For further information see:

www.richmond.gov.uk

http://www.richmond.gov.uk/multiple_occupancy_homes

<http://www.odpm.gov.uk/index.asp?id=1150532>

<http://www.opsi.gov.uk/acts/acts2004/40034--g.htm>

Schedule of Fees for HMO licensing

Basic Fee

£ _____ per unit for which rent is paid (bedsit or flat)

Additional costs (20%)

Application which is incomplete

£ _____ per unit

Application where fees are missing or payment is invalid

£ _____ per unit

Additional costs (40%)

Application which is incomplete **and** fees are missing
or payment is invalid

£ _____ per unit

Additional costs (100%)

Where owner/person in control deliberately fails to apply for
a licence and legal proceedings are instigated

£ _____ per unit

Fees are subject to change