

APPLICATION FOR A LICENCE FOR A HOUSE IN MULTIPLE OCCUPATION (HMO). GUIDANCE NOTES.

IMPORTANT. This form is to be used only when you want to apply to for a new HMO licence. If your HMO licence has not expired do not fill in this form as you can apply to renew your licence and not have to make a full new application. Contact the HMO Licensing Team who will provide you with the correct paperwork. **Please read these notes carefully before lodging an application. It is your responsibility to fully support your application with appropriate documentation. Failure to do so may result in you incurring additional administrative charges referred to below.** Answer all questions unless directed.

What is mandatory HMO (Houses in Multiple Occupation) licensing?

From 6th April 2006, The Housing Act 2004 introduced mandatory licensing of high risk HMOs. With effect from 1st October 2018, The Licensing of Houses in Multiple Occupation (Prescribed Description) (England) Order 2018, replaces the Licensing of Houses in Multiple Occupation (Prescribed Descriptions) (England) Order 2006 (S.I. 2006/371) ("the 2006 Order"). **Its effect is that mandatory licensing will apply to HMOs that are below three storeys (if they are occupied by five or more persons in two or more separate households) as well as to those of three or more storeys** who share an amenity such as a kitchen, toilet or bathroom. Buildings consisting solely of entirely self-contained flats or purpose built flats are exempt from licensing. However, if facilities are not fully contained, whether they are shared or not, such properties may require a licence if they fulfil the mandatory licensing criteria. In addition, premises fulfilling mandatory licensing criteria, with commercial properties at ground floor level also require a licence.

Licence application form - completion of relevant parts.

The form comprises of the following parts:

- Section 1 - Applicant / licence holder details.
- Section 2 - Other licensed properties declaration.
- Section 3 - Property details.

When applying for a HMO licence you must complete sections 1, 2 and 3 (as appropriate). If you have more than one property in multiple occupation which requires a licence you need only submit one copy of section 1 (listing all those properties which are the subject of your application) and one copy of section 2. However, you must complete a section 3 for each property where ownership/management details are the same as those properties which are the subject of your application. You must provide a floor plan of the property with room dimensions. An example is provided in Part 3 of the application. The plan does not have to be to scale, and may be hand drawn, but needs to clearly show the layout and dimensions of the rooms on each floor. If this is not provided your application will be deemed as incomplete and will be returned to you.

HMO Licensing Fee Procedure:

Please do not enclose any payment with your application. You will be invoiced after you have submitted your application form. Upon receipt of the invoice for the first part of the licence fee, you must pay the fee before any further work will be undertaken on your application. If you fail to pay the invoice your application will be deemed withdrawn. A visit to the property will take place and if it is found to be operating as a licensable HMO without a licence, the Council will pursue either a criminal prosecution or a civil penalty of up to £30,000. If you engage the council in costly administrative fee recovery work, you will be penalised by receiving a reduced term licence at full cost. In such circumstances members of the Leeds Rental Standard or UNIPOL will not be entitled to

their discounted HMO licence fee. It is essential you pay your licensing fee promptly to avoid penalties. If a licence application is submitted to the council after the council has determined that the property is being operated as a licensable HMO, (for example as a result of a proactive visit), then the applicant will receive a reduced term licence and will be charged at full cost. Formal action may also be considered. In such circumstances members of the Leeds Rental Standard or UNIPOL will not be entitled to their membership discount on the HMO licence fee. The council reserves the right to issue a shorter duration HMO licence if there is reason to believe that an applicant has previously evaded HMO licensing. In such cases the applicant will be given the opportunity to provide evidence to the contrary. Leeds Rental Standard discounts will not be available to landlords where it appears that a timely application has not been made to the council-

What happens after I have paid for the first part of the fee?

Once you have paid your invoice the council will process your licence application. A draft licence will be issued, along with an invoice for the second part of the fee. A period of 16 days representation will be given during which any concerns relating to the licence conditions can be considered and hopefully resolved. You are advised to read your draft licence thoroughly and to contact the council if you have any objections or queries. Upon expiry of the representation period the full licence will be issued with a further 28 day appeal period. If the second part of the fee is not paid it will be deemed that you have withdrawn your application, it will be cancelled and the initial fee of £635 will be retained by the Council.

It is the licence holder’s responsibility to check the licence in particular the commencement and expiry dates. Appeals can be made to a Residential Property Tribunal, details of which are contained in the legal notice accompanying the full licence.

HMO Licence Fees:

Licence Fee	First stage fee (£)	Second stage fee (£)	Total fee (£)
Licence fee for all properties	£635	£340	£975
LRS Member (discount £150)	£635	£190	£825

Leeds Rental Standard / UNIPOL Membership Discount –

A discount has been applied to the second invoice for a HMO licence if, **at the time of issuing the invoice**, the applicant for the HMO licence **owns** the property **and** is a **confirmed** member of the Leeds Rental Standard and/or a full, not just advertising member of the UNIPOL Code of Standards. The discount to the HMO licence fee will **NOT** be applied if we issue an invoice and your application to either of the above accreditation schemes is **pending**. You should note that once you have submitted your HMO licence application in most cases, an invoice is issued immediately. We will not retrospectively apply the accreditation discount to an existing invoice and there is no ‘proxy’ entitlement to the accreditation discount by virtue of an ‘association’ between a non-accredited and an accredited member. **If during the term of the HMO licence you fail to maintain your membership, then the council will investigate and take appropriate recovery action. This may result in the demand for full repayment of the discounts you have been granted in relation to all your mandatory licensed portfolio.**

The council is required by law to establish and maintain a register of all HMO licences granted. As such your name and address (as it appears on the licence) will appear on this register and will be made available for inspection by members of the public at all reasonable times. A shorter version of the register can be viewed at <https://datamillnorth.org/dataset/housing-of-multiple-occupation-licence-register> Find out how we look after all your personal data - <https://www.leeds.gov.uk/privacy-statement/privacy-notice>

Inspection of licensed HMOs.

Once the licence is issued the council must be satisfied that the terms of the licence are being complied with and that the HMO is free from any Category 1 hazard, as detailed in the Housing Health and Safety Rating System (HHSRS) introduced by the Housing Act 2004. The council will therefore inspect at least one property for every landlord within the period of the licence, which in most cases will be 5 years. The level of inspection will be determined by a landlord's portfolio size. The council will make arrangements with you regarding this inspection.

You should note that: –

1. A HMO licence is not transferable.
Where a licensed property changes ownership, the new landlord must make a full application for a new licence in his/her name. No repayment of the licence fee will be made to the existing licence holder for any unexpired period of the licence.
2. If a licence holder dies during the period of the licence, the licence ceases to be in force from the date of death. For 3 months from the date of death the house will be treated as if a Temporary Exemption Notice (TEN) has been served. This is known as the “Initial Period”. At any time during the initial period a formal application may be made for a TEN. The TEN will be valid for a period of 3 months and will take effect when the “Initial Period” ends.
3. Where a licence holder wishes to alter the terms of their licence, for example there is a change in manager details, occupancy levels or licence holder address, they may apply for a ‘variation’ to the licence. The council will not process any request unless it is submitted in writing.

It is an offence to change the terms of the licence without the agreement of the council. This could lead to legal proceedings being instituted against both the licence holder and agent with an unlimited fine upon summary conviction.

EXPLANATION OF TERMS

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 introduced a mandatory scheme to licence HMOs of a description contained in regulations. Where there is a conflict between these guidance notes and the Act/Statutory Instrument, the Act/SI will prevail.

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;
- 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. See sections 254-257 of the Act.

Licensable HMO's

A licensable HMO is one which comprises 5 or more unrelated occupiers consisting of 2 or more households and sharing facilities e.g. kitchen, bathroom, WC.

A storey includes:

- Any basement used wholly or partly as living accommodation: that has been constructed, converted or adapted for use wholly or in part as living accommodation: that is being used in connection with and as an integral part of the HMO or it is the only or principal entry into the HMO from the street.
- Any attic used wholly or partly as living accommodation: that has been constructed, converted or adapted for use wholly or partly as living accommodation or is being used in connection with an integral part of the HMO.
- Each storey comprising business premises either above or below the living accommodation

HMOs consisting only of self-contained flats are not subject to mandatory licensing. However, if there is a self-contained flat in the same HMO as none self-contained accommodation, it has to be licensed as part of the HMO.

What is a “Household”.

The following are ‘households’ for the purposes of the Housing Act 2004:

Members of the same family living together including:

- Couples married to each other or living together as husband and wife (or in an equivalent relationship in the case of persons of the same sex)
- Relatives living together, including parents, grandparents, children (and step-children), grand-children, brothers, sisters, uncles, aunts, nephews, nieces or cousins.
- Half relatives will be treated as full relatives. A foster child living with his foster parent is treated as living in the same household as his foster parent.

Any domestic staff are also included in the household if they are living rent-free in accommodation provided by the person for whom they are working.

Applicant

This may be the property owner, the proposed licence holder, the proposed property manager, the person having control of the property or the person managing the property or somebody acting on their behalf who has completed the application for whatever reason.

Proposed licence holder

The most appropriate person to be responsible for the property and to hold the licence.

Person managing the property

This is not necessarily the same as the Managing Agent or the Manager. The person managing means the person who is an owner or lessee (tenant) of the premises or who receives the rent for the property or other payments for it from persons who are in occupation as tenants or licensees of parts of the premises. This applies whether the person receives the rent directly or through an agent or trustee. Where the rents or other payments are received through someone who is an agent or trustee not only does it include the owner (or lessee) but it also includes the agent or trustee.

Person having control of the property

This means the person who receives the rack rent of the property or who would be in a position to receive it if the premises were let at a rack rent. Rack rent is defined as the rent which is not less than 2/3rds of the full net rental value of the premises. The person having control includes not only the person who receives the rent in this way on his own account but also someone who receives it as agent or trustee for another or someone else.

Where the property is owned by a company or similar body a responsible person of that company must be named as the licence holder.

Owner

Means person (other than a mortgagee not in possession) who is for the time being entitled to dispose of the fee simple of the premises whether in possession of reversion: and includes also a person holding or entitled to the rents and the profits of the premises under a lease of which the unexpired term exceeds 3 years.

Fit and proper person

The council must be satisfied that the person applying for an HMO licence is a "fit and proper person" to hold a licence. The test is applied to any person managing the premises and any director or partner in a company or organisation which owns or manages the HMO. The council may check with the Criminal Records Authority whether the applicant has any relevant convictions. Not all convictions are relevant to a person's prospective role as an operator of an HMO. If you have any convictions you are required to declare, these should be specified on the application form on page 10 in the appropriate place.

Spent convictions

This is a detailed and comprehensive matter, and it is recommended you seek independent legal advice on the matter but as a general guide under the Rehabilitation of Offenders Act 1974, criminal convictions can become spent or ignored after a rehabilitation period. They do not need to be disclosed. The rehabilitation period varies depending on the sentence or order imposed by the court – not the nature of the offence. Custodial sentences of more than four years can never become spent. All borstal or detention centre sentences are now spent. The periods from the date on which the sentence (including any licence period) is completed are as follows:

Sentence	Rehabilitation period
1. Prison sentences of 6 months or less, including suspended sentences and detention in a young offender institution	2 years (1 ½ years if 18 or younger when convicted)
2. Prison sentences of more than 6 months to 2 and a half years, including suspended sentences and detention in a young offender institution	4 years (2 years if 18 or younger when convicted)
3. Prison sentences of more than 2 and a half years to 4 years, included suspended sentences and detention in a young offender institution	7 years (3 ½ years if 18 or younger when convicted)
4. Fines (even if subsequently imprisoned for fine default), compensation, probation (for convictions on or after 3 February 1995), community service,	1 year (6 months if 18 or younger when fine imposed)

combination, action plan, curfew, drug treatment and testing and reparation orders	
5. Absolute discharge	spent immediately
6. Conditional discharge or bind-over, probation (for convictions before 3 February 1995), supervision, care orders, attendance centre orders, hospital orders, referral orders	The end date given by the order or, if no date given, 2 years from the date of conviction - unless the order states 'unlimited', 'indefinitely' or 'until further order' as in these cases it will remain unspent

IMPORTANT

It is a criminal offence to make a false statement in an application for an HMO licence, or to fail to comply with any licence condition, or to permit the property to be occupied by more than the permitted number of persons/households.

You should send in your application to the address specified overleaf. It is your responsibility to ensure that the application reaches us. The council aims to acknowledge receipt of your application within 10 working days. You are strongly recommended to obtain proof of postage as well as ensuring that you keep a copy of your completed application and any supporting documents. If you have not received an acknowledgement after 10 working days of sending in your application then you should contact us. Remember it is your responsibility to ensure that we get your application form otherwise you will be committing an offence by operating an unlicensed HMO.



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Housing Act 2004 (Part 2)

**MANDATORY HMO LICENCE APPLICATION FORM
Section 1**

ADDRESS OF PROPERTIES WHICH ARE THE SUBJECT OF THIS LICENCE APPLICATION

(Fill in one Section 3 form for every property you list below)

Number	Street	Postcode
Continue on a separate sheet if necessary. Please specify how many additional sheets you have provided.		<input type="checkbox"/>

APPLICANT – Personal Information

Full name: (State position in the company/partnership trust if applicable):
Please circle your preferred title of address: Mr Mrs Miss Ms Other:-

Date of birth:

Address: (Provide the address of principal/registered office if a company or trust and where applicable company registration number):

Telephone no:

email:

PROPOSED LICENCE HOLDER (if different to applicant)

Full name: (State position in the company/partnership trust if applicable):

Date of birth:

Address: (Provide the address of principal/registered office if a company or trust and where applicable company registration number):

Telephone no:

email:

Fit & Proper Person Ref. No.

MANAGER OF THE HMO(s)

Full name: (State position in the company/partnership trust if applicable):

Date of birth:

Address: (Provide the address of principal/registered office if a company or trust and where applicable company registration number):

Telephone no:

email:

Fit & Proper Person Ref. No.

PERSON HAVING CONTROL OF THE HMO(s)

Full name: (State position in the company/partnership trust if applicable):

Address: (Provide the address of principal/registered office if a company or trust and where applicable company registration number):

Date of birth:

Address:

Telephone no:

email:

Fit & Proper Person Ref. No.

ANY OTHER PERSON WHO HAS AGREED TO BE BOUND BY ANY CONDITION CONTAINED IN THE LICENCE

Date of birth:

Full name:

Address:

Telephone no:

email:

PERSON / COMPANY LIABLE TO PAY HMO LICENCE FEE

Full name:

Address where invoice is to be sent : (Provide the address of principal/registered office if a company or trust and where applicable company registration number):

HOME ADDRESS: (For financial purposes we require the home address of the person to be invoiced in addition to the invoicing address you have supplied above. A home address will not be required for limited companies).

Telephone no:

email:

OWNER OF THE PROPERTY

Full name: (if you do not fill this in then any entitlement to accreditation discounts on the HMO licence fee will be lost)

Date of birth:

Address: (Provide the address of principal/registered office if a company or trust and where applicable company registration number):

Telephone no:

email:

Leaseholder/Freeholder information.

Is the property to which this application relates let on a lease

Yes / No

Leaseholder name address (indicate if not applicable):

Freeholder name address (indicate if not applicable):

Is the proposed licence holder a member of either Leeds Rental Standard / UNIPOL code of standards or a Government approved national code of standards for student accommodation.

No

Yes

If so please state the scheme and provide your membership reference number:-

*Please note that any pending membership to the above schemes will not entitle applicants to the HMO licence discount. If during the term of the HMO licence you fail to maintain your membership, then the council will investigate and take appropriate recovery action. **This may result in the demand for full repayment of the discounts you have been granted in relation to all your mandatory licensed portfolio.** For full details see the notes under 'HMO Licence Fee' on page 2 of the accompanying guidance notes

Section 1 - DECLARATION 1

I agree that by accepting the licence discount on my HMO fee that if my membership to the qualifying scheme lapses during the term of the licence, I will be liable for full repayment of the discount to the Council.

Signed:

Print Name:

Email:

LICENCE HOLDER - FIT & PROPER PERSON DECLARATION

The Local Authority must have regard amongst other things to the following matters in relation to any person who will be the licence holder:

- (a) details of any unspent convictions that may be relevant to the proposed licence holder's fitness to hold a licence, or the proposed manager's fitness to manage the HMO or house, and, in particular any such conviction in respect of any offence involving fraud or other dishonesty, or violence or drugs or any offence listed in Schedule 3 to the sexual Offenders Act 2003 (offences attracting notification requirements);
- (b) details of any finding by a court or tribunal against the proposed licence holder or manager that he has practised 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;
- (c) details of any contravention on the part of the proposed licence holder or manager of any provision of any enactment relating to housing, public health, environmental health or landlord and tenant law which led to civil or criminal proceedings resulting in a judgement being made against them.
- (d) Information about any HMO or house that the proposed licence holder or manager owns or managers or has owned or managed which has been the subject of –
 - (i) a control order under section 379 of the Housing act 1985 in the five years preceding the date of the application; or
 - (ii) any appropriate enforcement action described in section 5(2) of the Housing Act 2004.
- (e) information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed for which a local housing authority has refused to grant a licence under Part 2 or 3 of the Housing Act 2004, or has revoked a licence in consequence of the licence holder breaching the conditions of their licence; and
- (f) information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed that has been the subject of an interim or final management order under the Housing Act 2004.

Do any of the above apply. No

Yes

If 'yes' please indicate which and provide full details of the matter including any dates below:
(please continue on a separate page if required)

MANAGING AGENT - FIT & PROPER PERSON DECLARATION

The Local Authority must have regard amongst other things to the following matters in relation to any person who will be the manager:

- (a) details of any unspent convictions that may be relevant to the proposed licence holder’s fitness to hold a licence, or the proposed manager’s fitness to manage the HMO or house, and, in particular any such conviction in respect of any offence involving fraud or other dishonesty, or violence or drugs or any offence listed in Schedule 3 to the sexual Offenders Act 2003 (offences attracting notification requirements);
- (b) details of any finding by a court or tribunal against the proposed licence holder or manager that he has practised 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;
- (c) details of any contravention on the part of the proposed licence holder or manager of any provision of any enactment relating to housing, public health, environmental health or landlord and tenant law which led to civil or criminal proceedings resulting in a judgement being made against them.
- (d) Information about any HMO or house that the proposed licence holder or manager owns or managers or has owned or managed which has been the subject of –
 - (iii) a control order under section 379 of the Housing act 1985 in the five years preceding the date of the application; or
 - (iv) any appropriate enforcement action described in section 5(2) of the Housing Act 2004.
- (e) information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed for which a local housing authority has refused to grant a licence under Part 2 or 3 of the Housing Act 2004, or has revoked a licence in consequence of the licence holder breaching the conditions of their licence; and
- (f) information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed that has been the subject of an interim or final management order under the Housing Act 2004.

Do any of the above apply. No Yes

NAME & ADDRESS OF MANAGING AGENT:

.....

If ‘yes’ please indicate which and provide full details of the matter including any dates below:
(please continue on a separate page if required)

Section 1 - DECLARATION 2

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
- the name, address, telephone number and e-mail address 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

Please supply the details of persons you have notified, in the following section

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

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

Section 1 - DECLARATION 3

This declaration is to be signed by anyone who agrees to be bound by a condition in the licence other than the proposed licence holder if the proposed licence holder is also the applicant. If the applicant is not the proposed licence holder, then the applicant must ensure the following declaration is signed by the proposed licence holder.

I declare that I/we agree to be bound by a condition to be contained in the licence.

Name	Correspondence Address	Signature & Date

Section 1 - DECLARATION 4

If you fail to sign the following declaration your application will be returned to you as being incomplete and you may incur a financial penalty as a result of any additional administration the council has to undertake.

Please note that it is a criminal offence to knowingly or recklessly supply information which is false or misleading for the purposes of obtaining a licence. Evidence of any statement made in this application with regard to the property concerned may be required at a later date. If the Council 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 including criminal prosecution.

I/we declare that the information contained in Section 1(Personal Information) of 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.

Name(s)(Print): (All applicants)

Signed: (All applicants)

Dated:

EQUAL OPPORTUNITIES MONITORING

This question is optional.

Applicants are requested to provide information on their ethnic background in order to allow the Council to monitor its equal opportunities obligation. Whilst you are requested to complete this question it is not compulsory but your co-operation would be appreciated.

Please tick the box which best describes your ethnic origin.

<u>WHITE</u>		<u>MIXED</u>		<u>BRITISH OR ASIAN</u>		<u>BRITISH OR BLACK</u>	
British	<input type="checkbox"/> a	White and Black Caribbean	<input type="checkbox"/> d	Indian	<input type="checkbox"/> h	Caribbean	<input type="checkbox"/> m
Irish	<input type="checkbox"/> b	White and Black African	<input type="checkbox"/> e	Pakistan	<input type="checkbox"/> i	African	<input type="checkbox"/> n
Other (specify)	<input type="checkbox"/> c	White and Asian	<input type="checkbox"/> f	Bangladeshi	<input type="checkbox"/> j	Other (specify)	<input type="checkbox"/> o
		Other (specify)	<input type="checkbox"/> g	Kashmira	<input type="checkbox"/> k		
				Other (specify)	<input type="checkbox"/> l		
Chinese or other ethnic groups							
Chinese	<input type="checkbox"/> p	Other Ethnic	<input type="checkbox"/> q	(specify:			

Now complete one section 2 (if appropriate) and one section 3 for each property you are applying to licence in this application.



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Housing Act 2004 (Part 2)

**MANDATORY HMO LICENCE APPLICATION FORM
Section 2 (Other licensed properties)**

You are required to list the addresses of all properties licensed under Part 2 or 3 of the Housing Act 2004, for which the proposed licence holder in this application is the licence holder.

Please include:-

- 1) Other licensed properties in Leeds.
- 2) Licensed properties in other local authority areas
- 3) If there are no such properties to declare, insert 'N/A' and sign the declaration below.

Address	Type of licence (egHMO;Selective additional)
Continue on a separate sheet if necessary (Please tick this box if you have provided additional sheet)	<input type="checkbox"/>

If you fail to sign the following declaration your application will be returned to you as being incomplete and you may incur a financial penalty as a result of any additional administration the council has to undertake.

Section 2 - DECLARATION TO BE COMPLETED BY THE APPLICANT.

I/we declare that the information contained in Section 2(Other licensed Properties) of 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.

Name(s)(Print): (All applicants)

Signed: (All applicants)

Date:



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Housing Act 2004 (Part 2)
MANDATORY HMO LICENCE APPLICATION FORM
Section 3 - Property Details

(to be completed for every property that is the subject of this application and which you have listed on page 6, of Section 1 of this form).

General property details			
Address of property to be licensed:			
Proposed licence holder:			
Proposed manager:			
Is the basement unoccupied? If not, state its use:			
Type of HMO:			
Shared house (Category A)	<input type="checkbox"/>	Flat in Multiple Occupation	<input type="checkbox"/>
Shared house (Category B)	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Flats above commercial	<input type="checkbox"/>	Other specify	<input type="checkbox"/>
Shared 'house' above commercial premises	<input type="checkbox"/>	'Self-contained' flats but where some facilities are accessed communally	<input type="checkbox"/>
Description of Property			
Approximate date of construction			
Pre 1919	<input type="checkbox"/>	1919 – 1945	<input type="checkbox"/>
1945 – 1964	<input type="checkbox"/>	1965 – 1980	<input type="checkbox"/>
After 1980	<input type="checkbox"/>		<input type="checkbox"/>
Property Type			
Detached house	<input type="checkbox"/>	Mid terraced back to back	<input type="checkbox"/>
Semi-detached	<input type="checkbox"/>	End terraced back to back	<input type="checkbox"/>
Mid through terrace house	<input type="checkbox"/>	Converted flat	<input type="checkbox"/>
End through terraced house	<input type="checkbox"/>		
Number of Storeys:			
Basement/Lower Ground Floor	<input type="checkbox"/>	Second floor	<input type="checkbox"/>
Ground floor	<input type="checkbox"/>	Third floor	<input type="checkbox"/>
First floor	<input type="checkbox"/>		
How many habitable rooms are there in the property (excluding kitchens and bathrooms). Note: habitable rooms include lounges, dining rooms, dining kitchens and bedrooms:			
Does the property have any other use other than for residential purposes (eg shop/office at ground floor level etc.): Y / N			

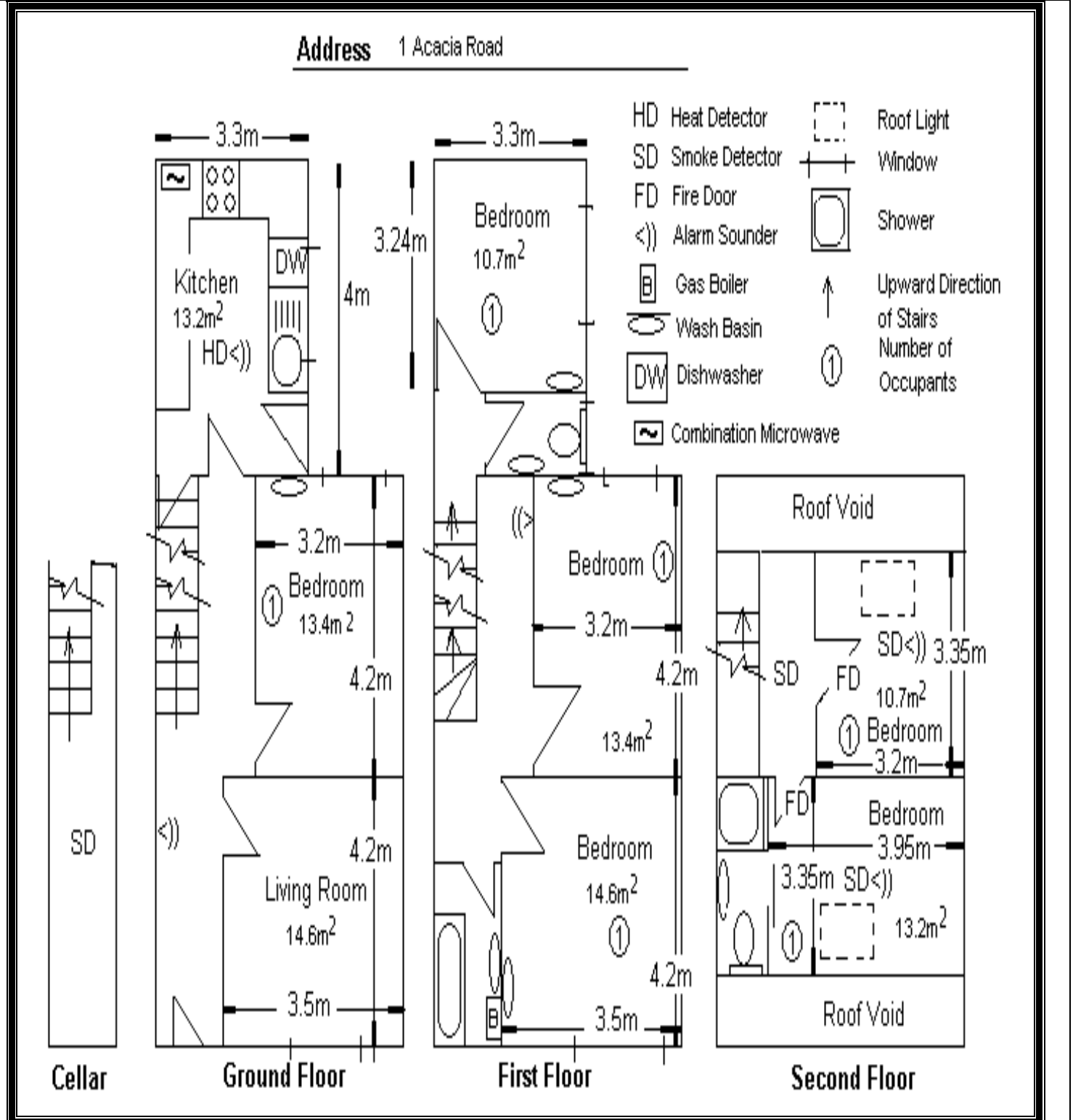
Is there a residential landlord at this property: Y / N	
Is the proposed licence holder the resident landlord: Y / N	
Indicate the nature of the residential accommodation. If the accommodation comprises a mix of the following, tick all the relevant descriptions:	
A property containing 'flats' which are described as being 'self-contained' but where a facility (eg personal washing, WC or cooking facilities) to one or more of these flats is provided (whether lockable or not) outside this flat and accessed via the communal route	<input type="checkbox"/>
None self-contained flats each unit of accommodation having its own personal washing, WC or cooking facilities but some or all may be communally accessed from common parts of the building	<input type="checkbox"/>
Shared house let to a group of people on a group letting agreement who share communal facilities such as kitchen facilities, common day space such as living room and/or dining room, bathroom & WC facilities	<input type="checkbox"/>
Hostel type premises provided for on an emergency basis where residents do not have tenancy agreements or rights of occupation:-	
Fully supported hostel	<input type="checkbox"/>
Other hostel	<input type="checkbox"/>
Number of separate letting units in the HMO:	
Number of households who will occupy the HMO (see guidance notes):	
Number of persons that you are applying for a licence to occupy the property	
Number of persons currently occupying the HMO:	
Number of households currently occupying the HMO:	
Do the occupiers present a higher risk due to factors such as limited mobility or alcohol/drug dependency: Yes / No	

Floor Plans.

You must provide a floor plan otherwise your application will be returned to you as being incomplete. The floor plan may be a drawing or sketch but should indicate all rooms communal areas, stairways etc and how they relate to each other. The floor plan must clearly indicate the use of each room and its approximate dimensions. See the notes below on taking measurements. The plan should indicate location of fire doors, details of the fire alarm system and any other fire precautions. The council can not use floor plans submitted with applications in the first licensing round.

Example Plan

This is an example of a plan which will be acceptable. It is to show existing facilities only. The plan may be hand drawn providing it is clear and roughly in proportion. The plan is not intended to show fire standards that will apply to these properties.



Dimensions of habitable rooms (including bedrooms, kitchens and lounge/dining areas.				
Floor Level (eg basement, ground floor)	Room number	Description of room (eg kitchen,bedroom)	Approximate dimensions (eg 2.1m x 1.5m)	Total floor area (eg 3m ²)

Guidance on taking floor measurements:
 Only practical useable living space must be measured. The following space is excluded:

- Area taken up by bathroom/WC facilities within the room
- Chimney breasts and small alcoves within the room
- Floor areas where the ceiling height is less than 1.9 metres
- Any floor area in the eaves of a room where the soffit height is less than 1.53 metres
- Area within a room occupied by the swing of a door
- Entrance lobby/corridor within a room
- Any floor space which for any other reason renders it un-useable by the occupant

Washing and sanitary facilities

National minimum standards require the provision of at least one bathroom with fixed bath or shower for every 5 occupiers. Additionally there must be at least one separate toilet with wash hand basin separate from a shared bathroom for every 5 occupiers.

All bathrooms and toilets must be suitably located and bathrooms must be adequately heated.

Indicate the total number of bathrooms/shower rooms with a WC

Indicate the total number of bathrooms/shower rooms without a WC

Are any of the bathrooms for the exclusive use of a particular let
(Not applicable to shared houses) Yes No

If yes please provide details:

Total number of toilets in the property with wash hand basins including those in bathrooms/shower rooms:

Are any of the toilets for the exclusive use of a particular let
(Not applicable to shared houses) Yes No

If yes please provide details:

Total number of toilets available for shared use not included in a shared bathroom/shower room:

Have all of the toilets detailed in the question above been provided with a wash hand basin
Yes No

If no please provide details of location:

Means of space heating to all bathrooms/shower rooms in the property.

Description	Floor	Means of heating

Note: If you propose to carry out any works regarding the above washing & sanitary facilities give details of the works and dates when it is proposed that these will be carried out:

Kitchen facilities

State the total number of shared kitchens in the property and give details of their location:

Number:

Location of kitchen(s):

Do all shared kitchens have:

- | | | | | |
|--|-----|--------------------------|----|--------------------------------|
| A sink with a draining board | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| A constant supplies of hot and cold water | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| A cooker with at least 4 rings/grill and oven cooking facilities (e.g. microwave) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> Other |
| Extractor fans | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Fire blankets | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Fire doors | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Adequate fixed work tops for the preparation of food of at least 2m ² in size | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Adequate refrigerators | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Adequate dry food storage cupboards per occupant | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Sufficient electric sockets | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you have entered no to any of the above please detail any work you intend to carry out and when:

Do any units of accommodation have their own personal kitchen facilities

Yes No

If yes give details and location of the accommodation:

If yes advise how many units have these facilities:

Does each unit with kitchen facilities have:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| A sink with draining board | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| A constant supply of hot and cold water | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| A cooker with at least 2 rings | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| A cooker with a grill | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| A cooker with an oven | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Other cooking facilities (e.g. microwave) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Extractor fans | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Fire blankets | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Fire door | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| A fixed work top (of at least 1m ² in size) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| A refrigerator | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| A food storage cupboard | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you have entered no to any of the above please detail any work you intend to carry out to improve the facilities and when:

The national minimum standards for HMOs require kitchens to be suitably located in relation to the living accommodation. Are dining facilities provided that are not more than one floor distant from the kitchen facilities (NB dining facilities may include living rooms) :

Yes No

If no please detail any work you propose to carry out in the property to meet this requirement and when:

Details of fire precautions equipment

Give details below of the automatic fire detection system (AFD) in place in the property

Full hardwired interlinked AFD meeting requirements of an Grade A LD2 AFD System Yes No

If 'no' to the above please tick to indicate areas of coverage with hardwired system

Interlinked hardwired detectors to staircase enclosure Yes No

Interlinked hardwired detectors to living room Yes No

Interlinked heat detector to kitchen Yes No

Interlinked smoke detector to bedrooms Yes No

Interlinked smoke detector to basement/cellar Yes No

If no hardwired detectors in the property does it have single point battery operated detectors Yes No

State how many single point battery operated detectors

Is the property provided with an emergency lighting system Yes No

If yes state where the emergency lighting units are positioned:

Fire Doors

Room/Area	Indicate if fire door fitted	Indicate type of self-closing device (eg Rising butt hinge; spring chain; hydraulic self-closer)	Indicate whether intumescent strips are fitted	Indicate whether cold smoke seals are fitted
Kitchen (s)	Yes / No		Yes / No	Yes / No
Living Rooms	Yes / No		Yes / No	Yes / No
Bedrooms	Yes / No		Yes / No	Yes / No
Whole of the staircase enclosure	Yes / No		Yes / No	Yes / No

Is the staircase enclosure of sound construction throughout the route of escape Yes No

State if there is any visible damage to the staircase enclosure:

Where locks are fitted to the doors of units of accommodation/bedrooms are these capable of being opened from the inside without the use of a key Yes No

Does the route of escape from any sleeping room in the property pass through a risk room (e.g. kitchen/dining/lounge) in order to reach the final exit door Yes No

If the answer is 'yes' please state the location (s) of the sleeping room (s) affected:

What measures have been put in place to ensure alternative means of escape have been provided to tenants in the above affected sleeping room (s):

If any secondary means of escape windows have been provided to facilitate safe exit from sleeping rooms provide the following information:

Location of window (State which floor & function of the room)	Window cill height from the floor.	Dimension of the openable area of the escape window.

Where means of escape windows have been provided to sleeping rooms can they be opened without the use of a key.
Yes No N/A

BACK TO BACK PROPERTIES ONLY - Is a secondary means of escape provided for example a dedicated escape window at first floor level in addition to the normal protected route of escape
Yes No N/A

BACK TO BACK PROPERTIES ONLY - If a secondary means of escape window is provided at first floor level can it be opened without the use of a key.
Yes No N/A

Does the property have security grilles to any means of escape windows or final exit doors of the property
Yes No

If yes indicate if they are :
Permanently fixed
Key operated
Quick release

Have all final exit doors from the property secure locks that can be opened from within without the use of a key
Yes No

If there is any work that you intend to carry out at the property to improve, upgrade or extend the current fire precautions. Provide full details of the nature and extent of those works and the date it is to be undertaken:

Heating

Indicate the heating provision in the property by ticking the relevant boxes

- | | | | |
|--|---|---------|--------------------------|
| Gas fired central heating | - | Full | <input type="checkbox"/> |
| | | Partial | <input type="checkbox"/> |
| Oil fired central heating | - | Full | <input type="checkbox"/> |
| | | Partial | <input type="checkbox"/> |
| Off peak night storage heaters | | | <input type="checkbox"/> |
| Individual gas convector heaters | | | <input type="checkbox"/> |
| Individual gas radiant heaters | | | <input type="checkbox"/> |
| Individual electric wall mounted heaters | | | <input type="checkbox"/> |
| Individual electric portable heaters | | | <input type="checkbox"/> |

If the property is provided with a combination of the above please tick for each provision. If other forms of heating are provided please specify:

If there is any work that you intend to carry out at the property to improve or upgrade the current heating systems or insulation of the property please give full details of the work and the date to be undertaken:

Maintenance

- Is there a gas supply to the property Yes No
If Yes current Gas Safety legislation and Management Regulations require that an annual gas safety check is carried out.
Is there a current gas safety certificate available Yes No

Have the electrical installation and any fixed appliances been inspected and tested at intervals not exceeding five years by a person qualified to undertake such inspection and testing

Yes No

If no have you made any arrangements for testing to be carried out

Yes No

If a fire alarm is present is it subject to an annual maintenance check by a competent person

Yes No

If the property is fitted with emergency lighting is it subject to an annual maintenance check by a competent person

Yes No

Is all the furniture supplied within the property and provided under the terms of the contract by the landlord/ licence holder/manager compliant with the Fire and Furnishings Regulations

Yes No

General			
Does the tenancy agreement include any items in respect of anti-social behaviour. If so, state generally what the agreement says:			
Which government authorised tenancy deposit scheme do you use to protect deposit payments			
Tenancy Deposit Solutions Ltd	<input type="checkbox"/>	No Tenancy deposits are taken	<input type="checkbox"/>
The Tenancy Deposit Scheme	<input type="checkbox"/>	I don't use the tenancy deposit scheme	<input type="checkbox"/>
The Deposit Protection Service	<input type="checkbox"/>		
Are there adequate financial arrangements available to the proposed licence holder to enable essential repairs to be carried out to the property or to fund improvements to the property to meet the National Minimum Standards or undertake essential fire precaution work or other works detailed in this application			
	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Does the proposed licence holder have the power to carry out any works required by the local authority			
	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are there any occupants currently living at the property under the age of 16 years			
	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If yes give the number and age of such children:			

If you fail to sign the following declaration your application will be returned to you as being incomplete and you may incur a financial penalty as a result of any additional administration the council has to undertake.

Section 3 - Property Details - DECLARATION.

Please note that it is a criminal offence to knowingly or recklessly supply information which is false or misleading for the purposes of obtaining a licence. Evidence of any statement made in this application with regard to the property concerned may be required at a later date. If the Council 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 including criminal prosecution.

I/we declare that the information contained in Section 3 (Property Details) of 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.

Name (Print).....(All applicants)

Signed:(All applicants)

Dated: