

LICENSING FOR HOUSES IN MULTIPLE OCCUPATION (HMO)



APPLICATION FOR MANDATORY HMO LICENCE

Before completing this form please ensure you have read the accompanying guidance notes: applying for a HMO Licence

If you have more than one House in Multiple Occupation you will need to complete a separate application form for each property

Please complete this form in **black ink** and make sure every section is completed. Please use additional sheets if necessary (specifying the question your answer relates to) and attach to the application form

For office use only
Date received
Reference number
Fee received

Please attach all relevant certificates of installation, inspection or maintenance as detailed at the end of the form. The declaration at the end of the application must be signed and dated before submitting. Please answer **all** questions unless directed. If any section is not applicable please mark N/A.

The form has been designed to gather information required by statute, to aid identification of licensees and managers of HMO's under Part 2 of the Housing Act 2004 (the Act) and to determine priority for inspections under Part 1 of the Act.

Please note that it is a criminal offence to make a false statement in an application for an HMO licence or fail to comply with any condition of the licence.

LICENCE APPLICATION	Please indicate type of application (Please tick <u>one</u> box)		
New licence application <input type="checkbox"/>	Application for variation of existing licence <input type="checkbox"/>	Application for licence renewal <input type="checkbox"/>	
Expiry date of existing licence		<input type="text"/>	<input type="text" value="20"/>

Address of Property to be licensed
Post Code

Is the applicant the proposed licence holder? Yes No

If **yes**, please go straight to Part 2 of the form. If **no**, please complete Part 1 of the form

PART 1: APPLICANT - see Note 1

Name (in full):

Address:

Post code:

Daytime Phone No:

Fax:

E-Mail:

What is your relationship to proposed licence holder:

Friend Relative Agent Solicitor Other (please specify) _____

What is your interest in the property?

PART 2: PROPOSED LICENCE HOLDER - see Note 2

Is the proposed licence holder (please tick appropriate box)

Individual Company Partnership Trustee Charity
 Other (please specify)

Name (in full):

Company Name:
(if applicable)

Address:
(registered address
if a Company)

Post code:

Daytime Phone No:

Fax:

E-Mail:

Name of company secretaries/directors/partners/trustees (if applicable):

PART 3: MANAGER'S DETAILS - see Note 3

Has an agent been employed to manage the property?

No – please go to 3.1 Yes – please go to 3.2

3.1: If **no**, please provide the name, address and telephone number of the person who is responsible for having control of the property.

The Council is required to satisfy itself that there are satisfactory management arrangements for the property and the person(s) managing the property is/are suitable in accordance with the Housing Action 2004. To enable us to do this, please answer the following:

Name (in full):			
Address:			
		Post code:	
Daytime Phone No:		Fax:	
E-Mail:			

3.2: If **yes**, is the manager

Individual Company Partnership Trustee Charity

Other (please specify)

Name (in full):			
Company Name: (if applicable)			
Address: (If a company, please give registered office address)			
		Post code:	
Daytime Phone No:		Fax:	
E-Mail:			

Is the manager a member of a regulatory body? Yes No

If **yes**, please state which regulatory body?

Are you or your appointed manager currently involved in the management of any other licensed or licensable HMO's in Milton Keynes? If Yes, Please give full address details of each property :- (continue on extra sheet if required)

No.	Street	Town/City	Postcode

PART 4: FIT AND PROPER PERSON - see Note 4

The Council must satisfy itself that the proposed licence holder and the manager (if they are different people) are fit and proper persons to hold a licence or to manage a House in Multiple Occupation – see Note 4. To enable us to satisfy this legal requirement, please answer the following questions. You do not have to disclose convictions that are spent under the Rehabilitation of Offenders Act 1974.

		Licensee	Manager
4.1	Do you have 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 Offences Act 2003(a)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.2	Has there been any finding by a court or tribunal against the proposed licence holder or manager that they have 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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.3	Has there been 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 (including Part 3 of Immigration Act 2014) which led to civil or acted otherwise than in accordance with any applicable code of practice approved under section 233 of the Housing Act 2004?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.4	Do you have any information about any HMO or house the proposed licence holder or manager owns or manages 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 as detailed in Section 5(2) of the Housing Act 2004?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.5	Do you have any 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 Act, or has revoked a licence in consequence of the licence holder breaching the conditions of his licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.6	Do you have any 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 Act?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.7	Has any local authority carried out work in default to premises of which you have been the owner or manager in the past 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.8	Do the proposed licence holder and manager require leave to enter or remain in the United Kingdom but does not have it?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

4.9	Has the proposed licence holder and manager been declared insolvent or an undischarged bankrupt?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.10	Have you ever had any application for a Mandatory HMO licence refused or revoked; or had Management Orders imposed, by this or by any other local authority under the Housing Act 2004?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.11	To the best of your knowledge, has any person associated or formerly associated with you (whether on a personal, work or other basis) done any of the things set out in 4.1 to 4.9 above?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.12	To the best of your knowledge, has any person proposed to be involved with the management of the property (except the manager) done any of the things set out in 4.1 to 4.9 above?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

NAME	DATE	OFFENCE	SENTENCE

It is a criminal offence if you supply information to the Council that you know is false or misleading, or you are reckless as to whether or not it is false or misleading. A person who supplies you with information which they know will be used in this application may commit a criminal offence if they know it is false or misleading or they are reckless as to whether or not it is false or misleading.

This may result in legal action being taken against you or that other person and your licence being revoked. If you are convicted of such an offence, you may be liable to a fine of level 5 on the standard scale.

Fit and Proper Person Declaration

I declare to the best of my knowledge and belief that I have answered all questions in Part 4: Fit And Proper Person truthfully and that this statement is valid on the date of application.

LICENSEE	MANAGER
Signature:	Signature:
Print name:	Print name:
Company name (if applicable):	Company name (if applicable):
Date:	Date:

PART 5: OWNERSHIP DETAILS OF THE PROPERTY TO BE LICENSED

Please provide the details of ownership, if applicable and all others with a legal interest in the property to be licensed (see Note 5). If you require more space, please continue on a separate sheet

5.1: Freeholder(s) Details**Freeholder 1: (if applicable)**

Name (in full):			
Address:			
		Post code:	
Daytime Phone No:		Fax:	
E-Mail:			

Freeholder 2: (if applicable)

Name (in full):			
Address:			
		Post code:	
Daytime Phone No:		Fax:	
E-Mail:			

5.2: Name of Mortgagor: e.g. bank, building society or other who has a loan secured on the property (if applicable)

Name (in full):			
Address:			
		Post code:	
Daytime Phone No:		Fax:	
E-Mail:			

5.3: Leaseholder(s) Details:- Leaseholder 1: (if applicable)

Name (in full):			
Address:			
		Post code:	
Daytime Phone No:		Fax:	
E-Mail:			

Leaseholder 2: (if applicable)			
Name (in full):			
Address:			Post code:
Daytime Phone No:			Fax:
E-Mail:			
5.4: Name of person who collects the rent			
Name (in full):			
Address:			Post code:
Daytime Phone No:			Fax:
E-Mail:			
5.5: Person who receives the rent			
Name (in full):			
Address:			
			Post code:
Daytime Phone No:			Fax:
E-Mail:			
5.6: Name of any other person(s) who may be bound by a condition of the proposed licence and who is not referred to in Parts 1, 2 and 3 of this application form: (if applicable)			
Name (in full):			
Address:			
			Post code:
Daytime Phone No:			Fax:
E-Mail:			

PART 6: PROPERTY INFORMATION - see Note 6	
6.1 When was the property built? (Please tick box below)	
<input type="checkbox"/> Pre 1919 <input type="checkbox"/> 1919 – 44 <input type="checkbox"/> 1945 – 64 <input type="checkbox"/> 1965 – 80 <input type="checkbox"/> Post 1980	
6.2 Description of the property (please tick appropriate box(s))	
<input type="checkbox"/> Detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Terraced <input type="checkbox"/> End of Terrace	
<input type="checkbox"/> Back to back terrace <input type="checkbox"/> Purpose built block of flats <input type="checkbox"/> Grouped design	
<input type="checkbox"/> House converted into and comprising of only self contained flats	
<input type="checkbox"/> Mixed residential and commercial	

6.3 Description of occupancy (please tick appropriate box(s))

- House in single occupation House in multiple occupation
 Flat in single occupation Flat in multiple occupation

6.4 Description of accommodation (please tick appropriate box)

- A mix of fully self-contained and shared accommodation All Bed sits with shared facilities
 All fully Self-contained units Other (please specify below)

Please tick all the floors the premises has residential accommodation on.

- Basement Ground Floor First Floor Second Floor
Third Floor Fourth Floor Fifth Floor Sixth Floor & above

Please tick all the floors the premises has commercial or storage space on.

- Basement Ground Floor First Floor Second Floor
Third Floor Fourth Floor Fifth Floor Sixth Floor & above

- 6.4** If the accommodation is within a converted property was the conversion done in accordance with the relevant building regulations in force at the time? **Yes** **No**

If **yes**, what year was the conversion carried out? **Year:**

- 6.5 Have you applied for planning permission for use as a House in Multiple Occupation?** **Yes** **No**

If **yes** please give date and reference number of your application

Date: _____ Reference Number: _____

Was permission granted or refused? **Granted** **Refused**

If you have not applied for planning permission we strongly advise that you seek advice from Milton Keynes City Council's Planning Enquiry Help Desk on 01908 252358.

PART 7: PROPERTY MANAGEMENT and TENANCY INFORMATION- see Note 7

7.1 Is there, displayed in a suitable position within the property, a notice giving the name, address and phone number of the manager or managing agent? **Yes** **No**

7.2 Are there arrangements in place to deal with repairs as they arise and emergencies at the property? **Yes** **No**

If **Yes**, please briefly describe what these procedures are and how tenants know who to contact and how they can contact them:

7.3 If the person(s) stated in 7.1 is not the owner or manager of the HMO please explain how funds are made available for general maintenance of the property and for provision for emergencies:

7.4 Are there regular inspections for maintenance of the property? **Yes** **No**

If **yes**, how often are they carried out?

Who carries out the inspections?

Does the inspection include that the following are in good repair, good decorative state and in safe clean working order:-

Internal structure **Yes** **No**

Amenities (kitchen and washing facilities) **Yes** **No**

Equipment and Appliances **Yes** **No**

Furniture **Yes** **No**

Fixtures and Fittings **Yes** **No**

Water and Drainage supply/system **Yes** **No**

Windows and Ventilation (including extractor fans) **Yes** **No**

Units of living accommodation **Yes** **No**

Communal living areas **Yes** **No**

7.5	What gas appliances are there in the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Gas boiler	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Gas fire	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Gas heater	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Gas oven	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Gas hob	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other (please specify):	
7.6	Does a Gas Safe registered contractor carry out safety checks for any gas appliances in the property on an annual basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Please provide copies of the latest gas safety certificates and any warning notices issued. Original, up to date certificates will be required to be seen at the property as part of the inspection	
7.7	Is there space heating provided in each unit of living accommodation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.8	What form of heating does the property have?	
	Gas fired central heating	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Electric storage heaters	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Warm air heating	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Individual wall mounted electric heaters	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other (please specify):	
7.9	Have all electrical installations within the property been checked and reported on by a competent (e.g. NICEIC registered) contractor in the last 5 years	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes , please enclose copy of the latest Inspection Certificate If no , An inspection will need to be carried out and the test report submitted as part of this application	
7.10	Do you provide portable electrical appliances to any part of the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes , please provide the latest portable appliance test certificate (PAT) carried out by a NICEIC registered contractor for all appliances you provide. If new please provide proof of purchase	
7.11	How many refuse bins, containers or sacks are provided?	
	How many recycling bins, containers or sack are provided?	
	Are the refuse containers located on a hard standing surface	Yes <input type="checkbox"/> No <input type="checkbox"/>

7.12	Are the tenants provided with written details of the terms of their tenancy? If yes , please provide a copy of the tenancy agreement If no , the tenancy agreement is a mandatory required of the licence and one will need to be submitted as part of this application.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.13	How many persons currently occupy the property?		
7.14	How many households currently occupy the property?		
7.15	How many children currently occupy the property?		
7.16	How many persons do you wish to licence the property for?		

PART 8: FIRE SAFETY - see Note 8 and MKC Guide to Fire Precautions in HMO's			
8.1	Does the property have a system of fire detection? If yes , does the system include:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	a) a fire alarm control panel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b) heat detectors in the kitchens	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c) mains wired smoke detectors in common parts on all levels	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	d) battery powered smoke detectors in common parts on all levels	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	e) sounders / alarms on all levels	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	f) call points in the communal areas on all levels		
	If there is a mains wired fire alarm and detection system, has it been tested and inspected by a competent person in accordance with the BS5839 at least every 6 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes , Please provide a copy of the commissioning certificate or recent periodic inspection and test certificate		
	Is there a log book for inspection / testing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.2	Are the doors that open on to the communal areas fire resistant to a minimum of 30 minutes? If yes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	a) are they fitted with self-closers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b) are they fitted with smoke seals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c) are they fitted with intumescent strips (min 10mm thick)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	d) are they fitted with at least 3 steel or brass 4" butt hinges?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

8.3 Are the following fire safety equipment provided?

- a) fire blankets in all kitchens **Yes** **No**
- b) fire blankets in shared kitchens only **Yes** **No**
- c) fire extinguishers **Yes** **No**
- d) Have the fire extinguishers been serviced in the last 12 months? **Yes** **No**

Please indicate number and type of fire extinguishers and where they are located:

8.4 Is there, displayed in a suitable position in the property clear written or illustrative instructions as to what to do in the event of a fire? **Yes** **No**

8.5 At the start of each tenancy is a fire safety briefing carried out, detailing the fire escape route and use of any equipment? **Yes** **No**

8.6 Are the tenants provided with upholstered furniture? **Yes** **No**

If yes, please sign the declaration below:

I/We confirm that the furniture provided under the terms of the tenancy and licence complies with the Furniture and Furnishings (Fire) (Safety) Regulations 1988 (as amended in 1989 and 1993) or any other safety requirement contained by law

Name of Licensee/

Signature

Manager

Date:

8.7 Does the property have an emergency lighting system? **Yes** **No**

If **yes**, has the system been tested and inspected by a competent person in accordance with BS5266-8:2004 at least every 12 months? **Yes** **No**

Please provide a copy of the commissioning certificate or recent periodic inspection and test certificate

Is there a log book for inspection / testing? **Yes** **No**

PART 9: ROOMS and AMENITIES WITHIN ROOMS - see Note 9 and MKC Amenity Standards for HMO's

9.1 Please complete for each habitable room on every floor of the house.

ROOM 1:

Location of room

(Location to be taken when looking at the property from the front at street level e.g. ground floor, front right room)

Room Number:

Size of room (m2)

Number of occupiers:

Type of tenancy:

Please give all details of occupier's names, for children include their age and sex.

Please list facilities within the room

- a) bath / shower Yes No
- b) WC Yes No
- c) Wash hand basin Yes No
- d) Sink Yes No
- e) Cooker Yes No
- f) List other facilities (i.e. microwave, fridge etc):-

ROOM 2:

Location of room

(Location to be taken when looking at the property from the front at street level e.g. ground floor, front right room)

Room Number:

Size of room (m2)

Number of occupiers:

Type of tenancy:

Please give all details of occupier's names, for children include their age and sex.

Please list facilities within the room

- a) bath / shower Yes No
 b) WC Yes No
 c) Wash hand basin Yes No
 d) Sink Yes No
 e) Cooker Yes No
 f) List other facilities (i.e. microwave, fridge etc):-

ROOM 3:

Location of room

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(Location to be taken when looking at the property from the front at street level e.g. ground floor, front right room)

Room Number:

--

Size of room (m2)

--

Number of occupiers:

--

Type of tenancy:

--

Please give all details of occupier's names, for children include their age and sex.

Please list facilities within the room

- a) bath / shower Yes No
 b) WC Yes No
 c) Wash hand basin Yes No
 d) Sink Yes No
 e) Cooker Yes No
 f) List other facilities (i.e. microwave, fridge etc):-

ROOM 4:

Location of room

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(Location to be taken when looking at the property from the front at street level e.g. ground floor, front right room)

Room Number:

--

Size of room (m2)

--

Number of occupiers:

--

Type of tenancy:

--

Please give all details of occupier's names, for children include their age and sex.

Please list facilities within the room

- a) bath / shower **Yes** **No**
- b) WC **Yes** **No**
- c) Wash hand basin **Yes** **No**
- d) Sink **Yes** **No**
- e) Cooker **Yes** **No**
- f) List other facilities (i.e. microwave, fridge etc):-

ROOM 5:

Location of room

(Location to be taken when looking at the property from the front at street level e.g. ground floor, front right room)

Room Number:

Size of room (m2)

Number of occupiers:

Type of tenancy:

Please give all details of occupier's names, for children include their age and sex.

Please list facilities within the room

- a) bath / shower **Yes** **No**
- b) WC **Yes** **No**
- c) Wash hand basin **Yes** **No**
- d) Sink **Yes** **No**
- e) Cooker **Yes** **No**
- f) List other facilities (i.e. microwave, fridge etc):-

ROOM 6:

Location of room

(Location to be taken when looking at the property from the front at street level e.g. ground floor, front right room)

Room Number:

Size of room (m²)

Number of occupiers:

Type of tenancy:

Please give all details of occupier's names, for children include their age and sex.

Please list facilities within the room

a) bath / shower

Yes No

b) WC

Yes No

c) Wash hand basin

Yes No

d) Sink

Yes No

e) Cooker

Yes No

f) List other facilities (i.e. microwave, fridge etc):-

ROOM 7:

Location of room

(Location to be taken when looking at the property from the front at street level e.g. ground floor, front right room)

Room Number:

Size of room (m²)

Number of occupiers:

Type of tenancy:

Please give all details of occupier's names, for children include their age and sex.

Please list facilities within the room

a) bath / shower

Yes No

b) WC

Yes No

c) Wash hand basin

Yes No

d) Sink

Yes No

e) Cooker

Yes No

f) List other facilities (i.e. microwave, fridge etc):-

ROOM 8:

Location of room

(Location to be taken when looking at the property from the front at street level e.g. ground floor, front right room)

Room Number:

Size of room
(m²)

Number of occupiers:

Type of
tenancy:

Please give all details of occupier's names, for children include their age and sex.

Please list facilities within the room

a) bath / shower

Yes No

b) WC

Yes No

c) Wash hand basin

Yes No

d) Sink

Yes No

e) Cooker

Yes No

f) List other facilities (i.e. microwave, fridge etc):-

PLEASE ATTACH SEPARATE SHEETS IF THERE ARE ANY MORE ADDITIONAL ROOMS

PART 10: FACILITIES and AMENITIES - see Note 10 and MKC Amenity Standards for HMO's

Shared amenities/facilities are separate bathrooms/shower rooms, kitchens and WCs which are shared by more than one household. This could mean being shared by separate households in either a house or a flat. Do not include facilities which are used exclusively by one household. **Please specify the following:**

Total number of shared kitchens	
Total number of shared separate WCs	
Total number of shared bathrooms or shower rooms with WC	
Total number of shared bathrooms or shower rooms without WC	

Shared Kitchens:

Location of shared kitchen	Size of Shared Kitchen (m ²)	Number of occupiers sharing kitchen	Number of households sharing kitchen

Shared kitchens facilities:-

	Number or Space Provided		Number or Space Provided
Sink		Washing machine	
Cooker		Dryer	
Microwave		Drying area	
Fridge		Work surface	
Freezer		Dry Food Storage	
Dishwasher		13amp electrical sockets	

Shared Bathrooms / Shower rooms (with or without WCs):

Location and number of persons using facilities	Shared bath/shower room(s) WITH WC and WHB	Shared bath/shower room(s) WITHOUT WC and WHB	Shared bath/shower room(s) WITH WC but WITHOUT WHB	Shared separate WC and WHB
Locations				
Number of occupiers				
Number of households				

Total number of facilities in the whole property (i.e. including all facilities in both self contained units and shared use)			
Total number of bathrooms and/or shower rooms WITH WC and WHB		Total number of kitchens	
Total number of bathrooms and/or shower room WITHOUT WC and WHB		Total number of kitchen sinks	
Total number of separate WCs and WHB		Total number of wash hand basins (WHB) in bathrooms or WC's	

PART 11: DECLARATION - see Note 11

As the applicant, 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 mortgagor of the property to be licensed;
- Any owner, freeholder or leaseholder of the property (if that is not you)
- All tenants that currently occupy the property;
- The proposed licence holder (if that is not you);
- The proposed managing agency (if any, if that is not you);
- Any other person who has agreed that they 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 not you);
- The application is for a 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 this application will be made;
- The date the application will be submitted.

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 the person's interest in the property or the application	Date of Service
	Post code		
	Post code		
	Post code		
	Post code		
	Post code		
	Post code		
	Post code		
	Post code		
	Post code		
	Post code		
	Post code		
	Post code		
	Post code		
	Post code		

PLEASE COPY THIS PAGE IF THERE ARE ANY MORE PERSONS ON WHOM YOU HAVE SERVED NOTICE OF THIS APPLICATION

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.

Please be aware that the government legislation states that failure to comply could lead to an unlimited fine.

Name of applicant

Signature

Date

Name of proposed

Licence holder

Signature

(if different to applicant)

Date

Name of Manager

Signature

Date

Name

Signature

(if different to applicant)

Date

Name

Signature

(if different to applicant)

Date

PLEASE NOTE:

It is a criminal offence to knowingly supply information which is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application with regard to the property may be required at a later date.

We may approach other authorities e.g. Police, Fire and Rescue Service, Housing Benefit, Council Tax etc and tenants for additional information and verification. Signing of this application form will be taken as your agreement to any such action.

If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled and/or further action taken.

PART 12: FEE - see Note 12

Please note cheques are no longer accepted. An invoice will be raised on receipt of your completed application form. Payment can be made over the telephone, in a bank or on-line.

New licence application fee - £344.00

Renewal fee - £344.00

PART 13: CHECKLIST FOR SUBMITTING AN APPLICATION

Please enclose the following:

- Photo Identification for the proposed licence holder – provide a colour copy of your passport or UK driving licence.
- A current electrical installation inspection test report (NICEIC registered electrical contractor)
- Gas safety certificate (Gas Safe registered engineer)
- Fire detection system commissioning certificate or current BS5839 test report (if applicable)
- Emergency lighting commissioning certificate or current BS5266 test report (if applicable)
- Copy of Portable Appliance Testing (PAT) Certificate (NICEIC registered electrical contractor)
- Copy of a tenancy agreement
- Completed floor plans for each storey

Please send your completed application form and copies of any necessary documentation by email to:

Privatesectorhousing@milton-keynes.gov.uk

If you cannot send the application by email, you can send by post to:

**Milton Keynes City Council
Private Sector Housing
Civic
1 Saxon Gate East
Central Milton Keynes
MK9 3EJ**

The Data Protection Act 1998

Everything we do with information about people, such as how we collect it and who we share it with, has to comply with data protection legislation. For more information about how we manage your information please visit www.miltonkeynes.gov.uk/privacy

Information you give us about yourself will be held on a computer or manual record, which you have a right to see and check. Information may be shared with organisations we work with to provide services to you. Information may also be used in connection with prevention and detection of fraud

Our obligations under the Data Protection Act 1998 are explained in our leaflet "How to see your records - Your rights under the Data Protection Act 1998" available from offices and libraries