

# BRACKNELL FOREST COUNCIL

## Application for a HMO Licence

### Housing Act 2004, Section 63

PLEASE COMPLETE AND RETURN THIS APPLICATION FORM IN ITS ENTIRETY, FOR ANY PART THAT IS NOT APPLICABLE, PLEASE MARK AS SUCH.

If there is insufficient space to answer a question then please attach additional sheets used.

Please read the attached notes entitled 'HMO Licence Application – Further Information' BEFORE completing this form

Full address of HMO that requires a licence		
		Postcode

Please indicate what type of licence that you are applying for					
Application for a new HMO licence		Variation to an existing HMO licence		Renewal of an existing HMO licence	
Yes	No	Yes	No	Yes	No

**WHEN COMPLETED, PLEASE RETURN THE FORM WITH THE CORRECT FEE TO:**

Environment and Communities Team  
Regulatory Services  
Bracknell Forest Council  
Time Square  
Market Street  
Bracknell  
Berkshire  
RG12 1JD

Tel: 01344 352000  
E-mail: [environmental.health@bracknell-forest.gov.uk](mailto:environmental.health@bracknell-forest.gov.uk)

**Part 1 – Applicant Details** *(the applicant must be a named individual a representative must be named for all organisations)*

<b>Title</b>	<b>Mr</b>	<b>Mrs</b>	<b>Miss</b>	<b>Ms</b>	<b>Others</b>
<b>Last Name</b>					
<b>First Name</b>					
<b>Residential address</b>					
<b>Postcode</b>					
<b>Home Telephone number</b>					
<b>Mobile Telephone number</b>					
<b>Email address</b>					

This address will be used to serve any legal notices or documents, if you have provided an email address; Bracknell Forest Council will take this as permission to deliver any legal notices in an electronic format in relation to the property requiring a HMO licence.

<b>Are you the proposed Licence Holder?</b>	<b>Yes</b>	<b>No</b>
If yes go to Part 3		

<b>List addresses of HMOs which you control within Bracknell Forest Council area that have or require a HMO licence</b>	
1	
2	
3	
4	
5	
6	

**Part 2 – Licence Holder Details** *(the applicant must be a named individual a representative must be named for all organisations)*

Title	Mr	Mrs	Miss	Ms	Other
Last Name					
First Name					
Residential address					
					Postcode
Business name and address					
					Postcode
Home Telephone number					
Mobile Telephone number					
Email address					

This address will be used to serve any legal notices or documents; if you have provided an email address, Bracknell Forest Council will take this as permission to deliver any legal notices solely in an electronic format in relation to the property requiring a HMO licence.

Please state your interest in the property	Yes	No
Sole Freeholder		
Joint Freeholder		
Leaseholder		
Manager		
Other ( please specify)		
Is the property mortgaged?		

**Part 3 – Manager Details** *This part must ONLY be completed if the Manager is different from the proposed Licence Holder. The Manager must be a named individual a representative must be named for all organisations)*

Title	Mr	Mrs	Miss	Ms	Other
Last Name					
First Name					
Residential address					
					Postcode
Business name and address					
					Postcode
Home Telephone number					
Mobile Telephone number					
Email address					

This address will be used to serve any legal notices or documents; if you have provided an email address, Bracknell Forest Council will take this as permission to deliver any legal notices solely in an electronic format in relation to the property requiring a HMO licence.

## **Part 4 – Fit and Proper Persons**

The Council “must have regard (among other things) to” evidence which shows that a person, or any person associated or formerly associated whether personally or on a work basis, with the property is a fit and proper person to be involved in the management of a HMO.

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

	Manager		Licence Holder		Other person	
	Yes	No	Yes	No	Yes	No
<b>Fraud</b>						
<b>Dishonesty</b>						
<b>Violence</b>						
<b>Drugs</b>						
<b>Sexual Offences Act 2003 schedule 3</b>						

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

	Manager		Licence Holder		Other person	
	Yes	No	Yes	No	Yes	No
<b>Sex</b>						
<b>Colour</b>						
<b>Race</b>						
<b>Ethnic or national origin</b>						
<b>Disability</b>						

**Has the proposed licence holder, manager or anyone associated with the property ever accepted a simple caution, been convicted of an offence or been served with a statutory notices involving any of the following?**

	Manager		Licence Holder		Other person	
	Yes	No	Yes	No	Yes	No
<b>Housing Law</b>						
<b>Landlord and Tenant Law</b>						
<b>Environmental Protection Act 1990</b>						
<b>Public Health Law</b>						
<b>Health and Safety Law</b>						
<b>Building Regulation or Planning laws</b>						

Has the proposed licence holder, manager or anyone associated with the property ever been convicted for non-compliance with a statutory notices involving any of the following?

	Manager		Licence Holder		Other person	
	Yes	No	Yes	No	Yes	No
<b>Housing Law</b>						
<b>Landlord and Tenant Law</b>						
<b>Environmental Protection Act 1990</b>						
<b>Public Health Law</b>						
<b>Health and Safety Law</b>						
<b>Building Regulation or Planning laws</b>						

Has the proposed licence holder, manager or anyone associated with the property within the last 5years ever been in control of a property involving any of the following?

	Manager		Licence Holder		Other person	
	Yes	No	Yes	No	Yes	No
<b>Management Order</b>						
<b>Where the local authority has had to carry out works in default</b>						
<b>Where a licence has been refused</b>						
<b>Where licence conditions have been breached</b>						

If you have answered YES to any question in this part please attach full details to your application

Is the proposed licence holder, manager or anyone associated with the property an accredited landlord, a member of any landlords association or other professional body and if so what was the date of joining?

	Manager		Licence Holder		Other person	
<b>Accredited Landlord?</b>	Yes	No	Yes	No	Yes	No
<b>Name of accreditation scheme</b>						
<b>Date of joining</b>						
<b>Landlords association or other professional body</b>	Yes	No	Yes	No	Yes	No
<b>Name of Landlords association or other professional body</b>						
<b>Date of joining</b>						

Please list any relevant training courses you have undertaken or conferences attended in the last 3 years that you consider appropriate and make you a better landlord. Please attach additional sheets as necessary.

<b>Training Course</b>	<b>Date attended</b>

## **Part 5 – Property Details**

<b>What is the maximum number of persons and/or households you wish to apply for with respect to this Licence?</b>	<b>Occupiers</b>	<b>Householders</b>
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<b>How many individuals currently live in the property?</b>	
<b>How many households currently live in the property?</b>	
<b>How many separate lettings are available in the property?</b>	

<b>Does the landlord live in the house ?</b>	<b>Yes</b>	<b>No</b>
<b>How many people including children related to, and or employed by the resident landlord live in the house</b>		

<b>What is the approximate date of construction of the property? (please tick as appropriate)</b>	
Before 1919	
1919 - 1945	
1946 - 1964	
1965 - 1980	
After 1980	
Not known	

<b>Is the property? (please tick as appropriate)</b>	
Detached	
Semi-detached	
Mid -terraced	
End terraced	
Other	

<b>Has part or whole of the property been converted from another use? (please tick as appropriate)</b>	
No	
Yes	
If yes please state date of conversion	

<b>Is any part of the property used for separate commercial activity? (please tick as appropriate)</b>	
No	
Yes	
If yes please give details (attach separately if necessary)	

<b>Please state the number of storeys including basements and attics if used as part of living accommodation but <u>not</u> half-landings or mezzanines:</b>	
<b>How many habitable rooms are there in the property (excluding kitchens and bathrooms) Note habitable rooms include lounges, dining rooms, dining kitchens and bedrooms</b>	



Please provide details of the arrangement of the property by indicating what and how many is on each storey – please delete any storey which either does not exist or is not used for residential accommodation	Basement	Ground	First	Second	Third
	Provide numbers on each storey				
Occupiers (adults or children who sleep on this storey)					
Bedrooms					
Bedrooms with exclusive en-suite bathroom/WC facilities					
Bedrooms containing kitchen facilities (bedsits)					
Shared living room					
Shared kitchen					
Cooker					
Microwave					
Sink (Not wash hand basin)					
Food storage cupboards					
Refrigerator/fridge					
Freezer					
Shower					
Bath					
WCs within bathroom					
Separate WCs					
Other rooms (specify)					

### Fire Precautions

Is there an adequate system of smoke/heat detectors incorporating:	Yes	No
A fire alarm control panel		
Emergency lighting in the common ways		
Smoke/heat detectors in kitchen/living room		
Sounders/alarms on all levels		

Fire Protection and means of escape	Yes	No
Is the main escape route protected by fire doors, self-closers?		
Is the escape route kept clear of flammable material and other obstructions?		
Is there a log book of inspection/testing the fire system?		
Is there a fire blanket in each kitchen?		
Is there a fire extinguisher provided in each kitchen		
Do you have a Fire Risk Assessment?		
<b>If YES then please provide a copy</b>		
Do you have a contractor to maintain and inspect your fire system?		
If yes, please provide the date of the last inspection and details of the engineer:		

Services	Yes	No
Is there a gas supply to the property? <b>If YES then please <u>provide a copy</u> of the current landlords gas safety certificate</b>		
Has the electrical installation been inspected by a competent electrical engineer within the last 5 years? <b>If YES then please <u>provide a copy</u> of the report</b>		
Do you provide electrical appliances (i.e. with a plug, for example: kettle, cooker and washing machines etc?):		
Have you an electrical test certificate from a competent electrician to confirm that all electrical appliances are safe? <b>If YES then please <u>provide a copy</u>.</b>		
Do you provide Furniture?		
Is all furniture compliant with current fire safety regulations?		

Tenancy Management	Yes	No
Do you provide the following: Tenancy agreements/written details of terms of tenancy, this includes service tenancy or Licence to live at this property?		
Inventory and schedule of condition of property at commencement of occupancy		

**Note: In all cases a sketch plan showing the layout are required to be submitted as part of this application.**

Ensure that you have provided the name and address of the proposed licence holder, as this will be the details recorded on the HMO licence if granted and the public register held by Bracknell Forest Council

By signing below you are confirming that the details provided are these that will be used for these purposes.

<b>Last Name</b>	
<b>First Name</b>	
<b>Signature</b>	
<b>Date</b>	

**NOTES TO APPLICANTS – READ BEFORE SIGNING**

1. Please note that it is a criminal offence to knowingly supply information which is false or misleading for the purposes of obtaining a HMO licence. Evidence of any statements made in this application with regard to the property concerned may be required at a later date. If the Council subsequently discovers 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. Operating a HMO that should be licenced without a licence is an offence liable to a fine not exceeding £20,000.
  
2. Even if provided with the application (recommended), in certain cases the Council may require your cooperation in obtaining DBS or other information in confirmation of the above. The Council may also approach other authorities such as the police authority, Fire & Rescue Service, Office of Fair Trading, etc. for information and confirmation. The Council may also share the information given on this form with other such authorities where you are also a landlord or involved in property management. Signing of this application will be taken as your agreement to any such action.

<b>DECLARATION – to be signed by applicant and proposed licence holder ( if different)</b>		
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 of any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading or am/are reckless as to whether it is false or misleading		
<b>Name (please print)</b>	Signed	Date
<b>Name (please print)</b>	Signed	Date
<b>Name (please print)</b>	Signed	Date
<b>Name (please print)</b>	Signed	Date

In the case of partnerships or trustees, all partners or trustees must sign. In the case of a limited company, the form must be signed by a Director or Company Secretary or other authorised officer, in which case a copy of proof of authority should be provided.

**Applicant's statutory obligation to inform certain persons about this Application**

As applicant you must give the following information about the application to every relevant person either in writing or by giving them a copy of the application form

- Your name, address, telephone number and email of fax number( if any)
- The name, address, telephone number and email of fax number( if any) of the proposed licence holder( if it will not be you )
- That you have made an application for a HMO licence under Part 2 of the Housing Act 2004
- The address of the property which the application relates
- The name and address of the local authority to which the application will be made
- The date the application will be/was submitted

The persons who need to know about it are

- Any mortgagee of the property to be licensed
- Any owner of the property if not you e.g. a freeholder
- The proposed licence holder (if not you)
- The proposed managing agent ( if not you)
- Any person who has agreed to be bound by any conditions in a licence if granted
- 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)

**To be completed by the Applicant**

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

<b>Name (please print)</b>	<b>Signed</b>	<b>Date</b>

Name	Address	Description of persons interest in property or the application	Date of service