City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Department of Adult Social Care, Health and Housing
Housing Operations, Britannia House, Hall Ings, Bradford BD1 1HX

Housing Act 2004 Part-2 Section 63
APPLICATION TO RENEW A LICENCE FOR A HOUSE IN MULTIPLE OCCUPATION

Please read the following instruction first

Before completing this form please read the guidance notes accompanying this form.

If you are making any amendments to this form by hand please write legibly and in black or blue ink.

You are advised to keep a copy of the completed form for your own record. **IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT LETTER WITHIN 2 WEEKS OF SUBMITTING YOUR RENEWAL APPLICATION FORM IT IS YOUR RESPONSIBILITY TO CONTACT THE COUNCIL TO CONFIRM THAT THE FORM HAS BEEN RECEIVED.**

The renewal application form is divided into parts as detailed below. If you have multiple properties which need re-licensing you will need to submit a renewal application containing all parts of the form for each property. You may need to copy blank Parts B and C for additional use by the appropriate persons.

Part A	Licence holder details
Part B	Fit and proper person check
Part C	Management details

Part D	Property details
Part E	Other interested parties
Part F	Declaration

Enclose all relevant certificates and / or declarations. The declarations to Parts B and F must be signed and dated before submitting. Missing certificates and / or declarations would delay the licensing process.

Note: 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) and of any manager along with other prescribed details of the property will appear on the register and will be made available for inspection by members of the public at all reasonable times.

Please tick √ or provide information as appropriate to each question.

For office use only

Date received	Licence ref no

Address of property

PART A – Licence holder details

To be completed by the proposed holder of the renewal licence

A1 Your Title Mr/Mrs/Miss/Ms

Your surname

Your first name/s

Your address – This must not be the property for which you are applying to licence, unless you are a resident Landlord.

Post code:

Preferred method of contact

Home No	
Mobile/work No	
Email address	

A2 Are you the:-

Sole owner of the property	☐	Please go to A4
Joint owner of the property	☐	Please go to A4
Agent/manager of the owner(s)	☐	Please go to A5
Company representative	☐	Please go to A3
Partnership representative	☐	Please go to A3
Other (e.g. charity etc)	☐	Please go to A3

A3 To be completed by the Licence holder acting on behalf of an organisation / business

Full name of company / organisation:	
Your title / role within the company	

Address - place of business or of principal / registered office

Post code

A4 Have you assigned the management of the property to an individual person or organisation?

Yes ☐ No ☐ Go to A5

If yes, provide the following information and ensure the manager also completes a Part B

Full name of Manager and organisation	
Contact tel. number	

Business address

Post code

A5 Do you or the person/company you represent, own or manage any other Houses in Multiple Occupation in -

The Bradford MDC area? Yes ☐ No ☐

If yes how many in total? ☐ How many have or require a licence? ☐

In another Councils area? Yes ☐ No ☐

If yes how many in total? ☐ How many have or require a licence? ☐

If yes provide details of the Council(s), any reference number(s) and the addresses of the properties

No	**Street**	**Town/City**	**Postcode**	**Yes or No**

The details provided above and any consultation with the other Council(s) may enable the department to speed up the decision making process in respect of this application.

PART B – Fit and proper person check

Please make reference to the notes relating to this part of the form. The Council may carry out further checks on persons being assessed for fit and proper and may also ask for evidence of a recent Criminal Record Bureau Check. To be completed by person applying for the renewal licence and the manager (if any).

		Licence Holder	Manager
B1.	Have you completed Part B of the form for any other property in Bradford **and** have been assessed as being fit and proper within 12 months of this application.	Yes ☐ No ☐	Yes ☐ No ☐
	If yes provide details of the licence number and address. **You may sign the declaration to this Part and continue to Part C**		
B2.	Have you been convicted of any offences relating to violence, sexual offences, drugs or fraud? (Spent convictions are not, in this context, taken into account)	Yes ☐ No ☐	Yes ☐ No ☐
B3.	Have you had a finding against you by a court or tribunal that you have practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with, the carrying on of any business?	Yes ☐ No ☐	Yes ☐ No ☐
B4.	Has there been contravention on the part of the proposed licences holder or manager of any provision of any enactment relating to housing, public health, environmental health or landlord and tenant law which led to a civil or criminal proceedings resulting in a judgement being made against you.	Yes ☐ No ☐	Yes ☐ No ☐
B5.	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 ☐ No ☐	Yes ☐ No ☐
B6.	Have you been convicted of any offence or subject to any other proceedings brought by any Local Authority or other Regulatory Body (for example breaches of the Environmental Protection Act, Planning/Building Control?	Yes ☐ No ☐	Yes ☐ No ☐
B7.	Have you been declared bankrupt?	Yes ☐ No ☐	Yes ☐ No ☐

B8.	Have you ever had an application for a licence in respect of an HMO or other residential property refused, revoked or Management Orders imposed in this or any other local authority?	**Licence Holder** Yes ☐ No ☐	**Manager** Yes ☐ No ☐
B9.	If you have answered yes to questions B3 to B8 please provide relevant information – include full details of dates, reference numbers, nature of act. **If none please detail none**.		
	Manager		
B10.	**LICENCEE** **I declare to the best of my knowledge that the information that I have provided in Part B is true and accurate.** **Print full name** _____ **Signature** _____ **Position (if acting on behalf of a company)** _____ **Date** _____		
	MANAGER **I declare to the best of my knowledge that the information that I have provided in Part B is true and accurate.** **Print full name** _____ **Signature** _____ **Position (if acting on behalf of a company)** _____ **Date** _____		

PART C – Management details

This section must be completed by the person applying to be the licence holder **and** the manager (if any**).**

C1.	Have you completed a Part C for any other property in the Bradford district within 12 months of this application.	**Licence Holder** Yes ☐ No ☐	**Manager** Yes ☐ No ☐
	If yes go to Part D		
C2.	Have you ever signed up to a residential property accreditation scheme or a code of standards for residential properties?	**Licence Holder** Yes ☐ No ☐	**Manager** Yes ☐ No ☐
	If yes please provide details – include membership details		
	Licence holder:		
	Manager:		
C3.	Are you a member of a Landlords Association or similar body?	**Licence Holder** Yes ☐ No ☐	**Manager** Yes ☐ No ☐
	If yes please provide details – include membership details		
	Licence holder:		
	Manager:		
C4.	Have you attended any training courses on managing / letting rented properties.	**Licence Holder** Yes ☐ No ☐	**Manager** Yes ☐ No ☐
	If yes, you must provide evidence to confirm your attendance e.g. certificate of completion and ensure you submit it with other required documentation.		
	Licence holder:		
	Manager:		

C5.	Do you have adequate funds to ensure proper maintenance of the HMO?	**Licence Holder** Yes ☐ No ☐	**Manager** Yes ☐ No ☐
	If no describe how you would finance, for example repairs.		
	Licence holder:		
	Manager:		
C6.	Are you responsible for: Day to day repairs? Maintenance? Tenant Management?	**Licence Holder** Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐	**Manager** Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
C7.	Are you responsible for: Upgrading/refurbishment works?	**Licence Holder** Yes ☐ No ☐	**Manager** Yes ☐ No ☐
C8.	Do you collect rent from the tenants/occupants?	**Licence Holder** Yes ☐ No ☐	**Manager** Yes ☐ No ☐
C9.	Is there written terms and conditions that are presented to the tenants who will be living in the property for which a licence is being applied for?	**Licence Holder** Yes ☐ No ☐	**Manager** Yes ☐ No ☐
C10.	If you have answered 'no' to any of the questions from C6 – C9, please explain		

C11.	Describe briefly any management arrangements in place to deal with tenant complaints or queries		
C12	Describe any management arrangements in place to prevent and deal with anti social behaviour by the occupants e.g. public / private nuisance		
C13	Do you also live at the property that is to be licensed	**Licence Holder** Yes ☐ No ☐	**Manager** Yes ☐ No ☐
	If the answer to C13 is “yes” we may need to contact you for further information.		

PART D – Property details

	This part requires information concerning the property to be licensed.		
D1	Full address of the property to which the licence application applies		
	Post code		
D2	How would you best describe the current arrangements within the property (or HMO)?		
	Bed-sits	☐	If yes how many ☐
	Shared house	☐	
	Hostel	☐	
	Mixed	☐	Describe
D3	Taking into account the room sizes (see guidance), what is the proposed maximum number of persons that will occupy the HMO at any one time? ☐		
D4	How many households and / or individuals currently occupy the property? Households ☐ Individuals ☐		
D5	Do you have a valid Energy Performance Certificate for the HMO? Yes ☐ No ☐ If yes what is the date of assessment ☐		

D6 Has the electrical installation in the property had an electrical Inspection and Test undertaken by a competent/qualified electrician in the last five years?

Yes ☐ No ☐

You must enclose a copy of the certificate with this application as it is a requirement to have the electrical installation of the property inspected by a qualified electrician and a report produced every 5 years.

D7 Has the layout of the house or rooms changed since you submitted the last application?

Yes ☐ No ☐

If yes, provide layout plans with this application as per the associated guidance notes under D6

D8 Complete the table below for all the habitable rooms, also include kitchens and bathrooms.

Floor Level (e.g. basement, ground floor)	Room number	Description of room (e.g. Kitchen, bedroom)	Proposed no of occupants for bedrooms	Approximate dimensions (e.g. 2.1m x 1.5m)	Total floor area (e.g. 3m2)

If additional space is required, please use a separate sheet and use the same table format.

PART E – Other interested parties

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 thatI/we have made this application.

	Full Name	Business/home (indicate) Address	Nature of interest	Date of Service	Yes / No
Interested Party 1					
Interested Party 2					
Interested Party 3					
Interested Party 4					

Continue on a separate sheet if necessary

PART F – Declaration

WARNING: IT IS A CRIMINAL OFFENCE TO KNOWINGLY MAKE A FALSE STATEMENT OR FAIL TO COMPLY WITH ANY CONDITION OF THE LICENCE AND YOU MAY BE LIABLE TO PROSECUTION

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

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

If renewed, the licence, when issued, will be dated to commence on the day following expiry of the current licence.

Any information supplied in the application may be checked with other licensing authorities for preventing and detecting crime. Do you consent to the sharing of this information?

Yes ☐ No ☐

I/we declare that the house in respect of which a licence is sought under Part 2 of the Housing Act 2004 is subject to a licence under that Part at the time of this application is made. I/we further declare that to the best of my/our knowledge either: (a) none of the information described in paragraph 2(c) to (g) of that Act and previously submitted to the authority has materially changed since that licence was granted; or (b) the only material changes to that information are described as follows:

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Licence Holder Signature	Print Name	Date

Agent/Manager (if any) Signature	Print name	Date

Enclosures – please tick

• Evidence of completion of training on managing/letting rented properties	
• Annual gas safety certificate	
• Electrical Inspection and Test Report	
• Evidence/declaration to confirm safety of supplied portable appliance/s	
• Evidence/declaration to confirm supplied furnishing is safe	
• Annual test certificate for the alarm system and emergency lighting	

Equalities monitoring

In order to enable the Council to understand how it is serving the members of the community we would like to know some more information about you.

Are you:

Male ☐ Female ☐

How would you best describe yourself as?

White

English/ Welsh/ Scottish/ Northern Irish/ British ☐ Irish ☐

Gypsy or Irish Traveller ☐ Any other white background ☐

Mixed / Multiple ethnic groups

White and Black Caribbean ☐ White and Black African ☐

White and Asian ☐

Any other Mixed/ Multiple ethnic background ☐

Asian / Asian British

Indian ☐ Pakistani ☐

Bangladeshi ☐ Chinese ☐

Any other Asian background ☐

Black / African / Caribbean / Black British

African ☐ Caribbean ☐

Any other Black / African / Caribbean background ☐

Other ethnic group

Arab ☐ Any other ethnic group ☐