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
FIRST APPLICATION TO LICENCE 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 completing this form by hand please write legibly. In all cases ensure your answers are inside the boxes and are written 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 APPLICATION FORM IT IS YOUR RESPONSIBILITY TO CONTACT THE COUNCIL TO CONFIRM THE FORM HAS BEEN RECEIVED.**

The application form is divided into parts as detailed below. If you have multiple properties which need licensing you will need to submit a full 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.

You must answer all the questions unless directed otherwise. Incomplete sections may render the application incomplete and 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 licence

A1 Your Title Mr/Mrs/Miss/Ms

Your surname

Your first name/s

Your date of birth

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

Post code:

Is this your home address? Yes ☐ No ☐

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 proposed licence holder acting on behalf of an organisation/business

Full name of company/organisation:	
Contact no and email address	
Your title/role within the company	

Address - place of business or of principal/registered office

Post code

A4 Are you assigning 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 no. & Email address	

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**

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 licence and the manager (if any).

		Licence Holder	Manager
B1.	Have you completed a Part B 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 lead 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 Part C of the form 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 the management arrangements in place to deal with tenant complaints or queries		
C12	Describe the 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 licenced.		
D1	Full address of the property to which the licence application applies		
	Post code		
	Matters concerning construction/conversion		
D2	What is the approximate age of the building? Pre 1919 ☐ 1919-1944 ☐ 1945-1964 ☐ 1965-1979 ☐ 1985 onwards ☐		
D3	Description of the property to be licensed (tick all that apply) Detached ☐ Semi detached ☐ Residential block ☐ Terraced ☐ End terrace ☐ Back to back ☐ Other describe below e.g. Cluster flat or flat in multiple occupation ☐		
D4	Are there any commercial parts to the building? ☐ Yes ☐ No		
D5	Please indicate the storeys that are in use in the property by putting a tick in the boxes below:		
		Used for residential occupation	Commercial use only
	Basement	☐	☐
	Ground floor	☐	☐
	1st floor	☐	☐
	Mezzanine floor 1	☐	☐
	2nd floor	☐	☐

	Mezzanine floor 2	☐	☐
	3rd floor	☐	☐
	Additional floors*	☐	☐
	*(please give a number to indicate additional floors)		
D6	How would you best describe the arrangements within the property (or HMO) ?		
	Bed-sit HMO	☐	If yes how many ☐
	Shared HMO	☐	
	Hostel	☐	
	Mixed	☐	Describe
D7	When was the property converted? ☐		
	Have you any evidence of the conversion being approved by a Building Inspector? Yes ☐ No ☐		
	If 'Yes' please forward the evidence.		
D8	Has planning permission been granted for the property to be occupied as a House in Multiple Occupation. NB you **MUST** answer this question even if you are not sure.		
	Yes ☐ Date ☐ Reference No ☐		
	No ☐ Not sure ☐		
	If yes please forward the evidence.		

D9	Submit floor plans reflecting the current layout of each floor level. Refer to the example of sketched floor plans in the guidance notes. The floor plan may be a drawing or a 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 and whilst it is not necessary for it to be to scale the plans should be relative in terms of the proportions of different parts of house. Use the space below and if required additional sheets

D10	What is the proposed maximum number of persons that will occupy the HMO at any one time?
D11	How many households and / or individuals currently occupy the property? Households ☐ Individuals ☐
D12	Complete the table below for all the habitable rooms, also include kitchens and bathrooms.

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

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

	Details of amenities
D13	How many of the following facilities are available for exclusive use by individual tenants? Toilet (WC) ☐ Wash hand basin ☐ Bath/shower ☐ Living room ☐ Kitchen ☐
D14	How many of the following facilities are available for shared use?

	Toilet (WC)	☐	Wash hand basin	☐
	Bath/shower	☐	Living room	

	Kitchen Hob		Kitchen Oven	
	Kitchen Sink			
	Are there any toilet (WC) facilities which are located in separate compartments to the bath/shower room? Yes ☐ No ☐ If yes, how many ☐			
	Are all the bathrooms provided with some form of heating? Yes ☐ No ☐ If no – please indicate how many and which bathrooms?			
D15	Are all the kitchens mentioned above (D13 and D14) equipped with a sink and with adequate supply of hot and cold water? Yes ☐ No ☐ If no, how many do not have sinks? ☐			
	Matters concerning means of escape in case of fire and other fire precautions			
D16	Enter details relating to the various measures in place to address fire hazards, **see notes for key and instructions on how to enter details**			

	Common Parts	Type of detector	Mains/battery	Inter- linked	Fire door	Sounder device
	Basement stairway:	☐	☐	☐	☐	☐
	Hall	☐	☐	☐	☐	☐
	Landing/stairway 1	☐	☐	☐	☐	☐
	Landing/stairway 2	☐	☐	☐	☐	☐
	Other please describe	☐	☐	☐	☐	☐
	Rooms - list all rooms	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐

		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐

	If there is insufficient space, please use a separate sheet.
D17	Do all final and emergency exits have manual actuation - 'break glass' call points? Yes ☐ No ☐
D18	Is the whole stairway and escape route covered by emergency lighting? Yes ☐ No ☐
D19	Can you confirm the type of fire alarm system as described in either British Standard 5839 Part 1:2002 or British Standard 5839 Part 6:2004 Yes ☐ No ☐
	If yes, provide details
D20	Do you have a current annual inspection report for the: Alarm system - Yes ☐ No ☐ Emergency lighting system - Yes ☐ No ☐ If yes, you must submit a copy of the most recent inspection report with your application.
D21	Are all the fire doors fitted with self closures? Yes ☐ No ☐
D22	Are all the fire doors fitted with smoke brushes and intumescent (expanding) strips? Yes ☐ No ☐

D23	Can all the doors that need to be opened to exit the property from a sleeping room or lounge be opened from the inside without the use of a key? Yes ☐ No ☐
D24	Indicate if the following are present in the building and their location Tick if present / Location(s) Fire blankets ☐ ☐ Fire extinguishers ☐ ☐ In case of fire 'Notice' ☐ ☐ Fire exit signs ☐ ☐ Alarm indicator panel ☐ ☐
	Other matters concerning the property
D25	Do you provide any soft furnishings for use by the tenants? Yes ☐ No ☐ If yes, does all the furniture that you supply comply with the Furnishings (Fire Safety) Amendment Regulations 1993? Yes ☐ No ☐ Don't Know ☐ If you provide such furniture, you will need to provide evidence or sign a declaration confirming that they meet the mentioned Regulations.
D26	Does the property have an operational gas installation and fixed gas appliances? Yes ☐ No ☐ If yes you must enclose a copy of the latest gas safety check with this application.
D27	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.

D28	Do you provide portable electrical appliances for use by the occupants? Yes ☐ No ☐ If yes, you must enclose a copy of the evidence that they have been inspected and checked by a competent electrician or you must enclose a statement of the current condition of any portable equipment you supply at the property with this application.
D29	Do you have a valid Energy Performance Certificate for the HMO? Yes ☐ No ☐ If yes what is the date of assessment ☐

PART E – Other interested parties

You are required to provide more information about other persons who have an interest in the property. These persons must also be notified in writing that you have made this application or give them a copy of it. The persons who we need to know about and who you also need to inform are detailed in the guidance notes:

	Full Name	**Business/home (indicate) Address**	**Nature of interest**	**Date of Service**
Interested Party 1				
Interested Party 2				
Interested Party 3				
Interested Party 4				

Continue on a separate sheet if necessary

Have you served a notice of this application to all the parties that have been declared by you as having an interest in the property?

Yes ☐ No ☐

If no please list those parties who you have not notified and the reasons why.

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

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 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 I / we are reckless as to whether it is false or misleading. I / we also give authority to Bradford Council to make further checks to verify the information given in respect of this application.

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	
• A copy of the written terms and condition agreed with the occupiers	
• Evidence of compliance with Building Regulations	
• Evidence of Planning Approval	

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 ☐