

**Housing Act 2004, Part-2 Section 63**  
**FIRST APPLICATION TO LICENCE A**  
**HOUSE IN MULTIPLE OCCUPATION (HMO)**



## **Mandatory Licensing Application Form**

Licensing of HMOs (Houses in Multiple Occupation) ensures that certain types of rented property meet the necessary standards to ensure that the property is safe for occupation, and that the landlord/manager is competent and fit and proper to manage the property. **Failure to apply for a licence as required under the Housing Act 2004 is a criminal offence and may result in the council instigating legal proceedings.**

**Please read the following instructions first**

Please complete this form in **BLOCK CAPITALS** and write only within the boxes provided. If you need to provide additional information, please use continuation sheets and attach them to the application. **A separate application must be submitted for each property.**

**Enclose all relevant certificates and/or declarations are completed. Failure to provide the correct documentation will result in the application being returned to.**

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

**If you need any advice regarding HMO Licenses, or assistance completing this application form, please contact:**

Calderdale Council MBC  
c/o Community Protection Team  
Environmental Health, Halifax Town Hall,  
Crossley Street,  
Halifax, HX1 1UJ

**(01422) 288001 / [community-safety@calderdale.gov.uk](mailto:community-safety@calderdale.gov.uk) / [www.calderdale.gov.uk](http://www.calderdale.gov.uk)**

<b>Address of property to be licenced:</b>	
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**FOR OFFICE USE ONLY**

Date Received:		Date Validated:	
Licence Reference No.			

## Section 1 – Applicant Details

### 1.1 - To be completed by the proposed holder of the license

Your Title (Mr/Mrs/Miss/Ms)

Your surname

Your first name/s

Your date of birth

Your National Insurance Number

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

Contact Method	Contact Details	Preferred Method of Contact (Please Tick)
Home Phone Number		
Mobile Phone Number		
Work Phone Number		
Email Address		

**1.2 – Are you the:**

Sole owner of the property	<input type="checkbox"/>	Go to section 1.4
Joint owner of the property	<input type="checkbox"/>	Go to section 1.4
Agent/Manager of the owner(s)	<input type="checkbox"/>	Go to section 1.5
Company representative	<input type="checkbox"/>	Go to section 1.3
Partnership representative	<input type="checkbox"/>	Go to section 1.3
Other (Charity etc.)	<input type="checkbox"/>	Go to section 1.3

**1.3 – To be completed by the proposed licence holder acting on behalf of an organisation/business**

Full name of company/organisation	
Contact number	
Email address	
Your title/role within the company	

Address of place of business, or of principal/registered office:

	Post Code:

**1.4 – Is the management of the property being assigned to an individual person or organisation?**

Yes  Continue with section 1.4

No  Go to section 1.5

Full name of manager and organisation	
Contact number	
Email address	

Business Address:

	Post Code:

**1.5 – Do you, or the person/company you represent, own or manage any other Houses in Multiple Occupation (HMO) in:**

The Calderdale Council area? Yes  No

If yes, how many in total?  How many have, or required a licence?

In another Council area? Yes  No

If yes, how many in total?  How many have, or required a licence?

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

House Number	Street	Town/City	Postcode	Reference (If applicable)

Please use a continuation sheet if necessary. The details provided above may enable the department to speed up the decision-making process with regards to this application.

## Section 2 – Fit and Proper Person Check

Please refer to the guidance notes when completing this section. The Council may carry out further checks on persons being assessed as fit and proper and may also ask for evidence of a recent Criminal Record Bureau Check.

This section is to be completed by the person applying for the licence, **and** the manager (if applicable).

2.1	Have you been assessed as being fit and proper by Calderdale Council within the last 12 months of this application?	Licence Holder				Manager			
		Yes		No		Yes		No	
	If yes, provide details of the licence number and address.  <b>If yes, you may sign the declaration to Section 2, and continue to Section 3</b>								
2.2	Have you ever been convicted of any offences involving fraud, dishonesty, violence, drugs or offences listed under the Sexual Offences Act 2003? (Do not include spent convictions)	Licence Holder				Manager			
		Yes		No		Yes		No	
2.3	Have you been found by a court or tribunal to have been involved with any unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability, in connection with the carrying on of any business?	Licence Holder				Manager			
		Yes		No		Yes		No	
2.4	Have you had judgement made against you by a court or tribunal relating to Housing, Public Health, Environmental Health, or Landlord and Tenant Law?	Licence Holder				Manager			
		Yes		No		Yes		No	
2.5	Have you ever had an application for a licence in respect of an HMO or other resident property <b>refused, revoked, or a banning order</b> imposed in this, or any other Local Authority?	Licence Holder				Manager			
		Yes		No		Yes		No	
2.6	Have you been convicted of any offence or been subject to proceedings brought by any Local Authority or other Regulatory Body? For example breaches of the Housing Act, Environmental Protection Act, or Planning/Building Control.	Licence Holder				Manager			
		Yes		No		Yes		No	
2.7	Have you had a HMO or House that has been subject to <b>Enforcement Action, a Management Order or a Control Order?</b>	Licence Holder				Manager			
		Yes		No		Yes		No	
2.8	Has any local authority carried out works in default to premises that you own or manage within the last 5 years?	Licence Holder				Manager			
		Yes		No		Yes		No	

2.9	Have you ever been declared bankrupt?	Licence Holder			Manager		
		Yes		No		Yes	No

**2.10 – If you have answered yes to any questions 2.2 to 2.9 please provide further details below, including full details of dates, reference numbers, local authority details, and nature of the act.**

**If none, please state none in the boxes below.**

Licence Holder


Manager


### **2.11 - Declaration**

#### **LICENCEE**

I declare that to the best of my knowledge, the information provided in Section 2 is true and accurate.

Print Full Name	
Signature	
Position (If acting on behalf of a company)	
Date	

#### **MANAGER**

I declare that to the best of my knowledge, the information provided in Section 2 is true and accurate.

Print Full Name	
Signature	
Position (If acting on behalf of a company)	
Date	

### Section 3 – Management Details

This section is to be completed by the person applying for the licence, **and** the manager (if applicable).

3.1	Have you completed Section 3 of this form for any other property in the Calderdale area within 12 months of this application?	Licence Holder				Manager				
		Yes		No		Yes		No		
<b>If yes, please go to Section 4</b>										
3.2	Do you, as the proposed licence holder or manager, have experience of managing rented properties?	Licence Holder				Manager				
		Yes		No		Yes		No		
	If yes, please provide information, including addresses:									
	Licence Holder:									
Manager:										
3.3	Is the property/or will the property be visited to check its condition and for any antisocial activities of the tenants	Licence Holder				Manager				
		Yes		No		Yes		No		
3.4	Do you have adequate funds to ensure that proper maintenance is carried out of the HMO?	Licence Holder				Manager				
		Yes		No		Yes		No		
	If no, describe how you would finance items such as repairs to the property									
	Licence Holder:									
Manager:										

3.5	Are you a member of a Landlords Association (or similar body) or attended any accredited training scheme (or a code of standards for residential properties)?	Licence Holder				Manager			
		Yes		No		Yes		No	
If yes, please provide information, including membership details and/or enclose your certification of completion:									
Licence Holder:									
Manager:									
3.6	Are you responsible for:	Licence Holder				Manager			
	• Day to day repairs?	Yes		No		Yes		No	
	• Maintenance?	Yes		No		Yes		No	
	• Tenant Management?	Yes		No		Yes		No	
	• Upgrading/refurbishment works?	Yes		No		Yes		No	
3.7	Do you collect rent from the tenants/occupants?	Licence Holder				Manager			
		Yes		No		Yes		No	
3.8	Is there written terms and conditions that have been provided to the tenants with regards to which licence has been applied for?	Licence Holder				Manager			
		Yes		No		Yes		No	

**3.9 - If you have answered 'no' to any of the questions 3.6 to 3.8, please explain below:**


**3.10 – Briefly describe the management arrangements in place to deal with tenant complaints or queries**


**3.11 – Briefly describe the management arrangements in place to prevent and deal with anti-social behaviour by the occupants, for example public/private nuisance**


3.12	Do you also live at the property that is to be licensed?	Licence Holder		Manager	
		Yes	No	Yes	No
If the answer to 3.12 is 'yes', then we may need to contact you for further information					

## Section 4 – Property Details

This section requires detailed information about the property that is to be licenced.

### 4.1 - Full address of the property to which the licence application applies:

	Post Code:

### 4.2 – What is the approximate age of the building?

Pre 1919	<input type="checkbox"/>	1919 – 1944	<input type="checkbox"/>	1945 – 1964	<input type="checkbox"/>
1965 – 1979	<input type="checkbox"/>	1985 onwards	<input type="checkbox"/>		

### 4.3 – What is the best description of the property that is to be licensed?

Detached	<input type="checkbox"/>	Semi-detached	<input type="checkbox"/>	Residential block	<input type="checkbox"/>
Terraced	<input type="checkbox"/>	End terrace	<input type="checkbox"/>	Back to back	<input type="checkbox"/>
Other, please describe	<input type="text"/>				

### 4.4 – Are there any commercial parts to the building? Yes No

### 4.5 – Please indicate the storeys that are in use in the property by ticking all that apply:

	Used for residential occupation	Commercial use only
Basement		
Ground Floor		
1 <sup>st</sup> Floor		
Mezzanine Floor 1		
2 <sup>nd</sup> Floor		
Mezzanine Floor 2		
3 <sup>rd</sup> Floor		
Additional Floors (Please state how many)		

**4.6 – How would you best describe the arrangements within the property (or HMO)? Please tick**

Bed-sit HMO (If yes, how many)	
Shared HMO	
Hostel	
Mixed (Self Contained and Shared Accommodation) (Please describe)	

**4.7 – When was the property converted to an HMO?**

**Is there evidence of the conversion being approved by a Building Inspector? If yes, please forward the evidence**

Yes  No

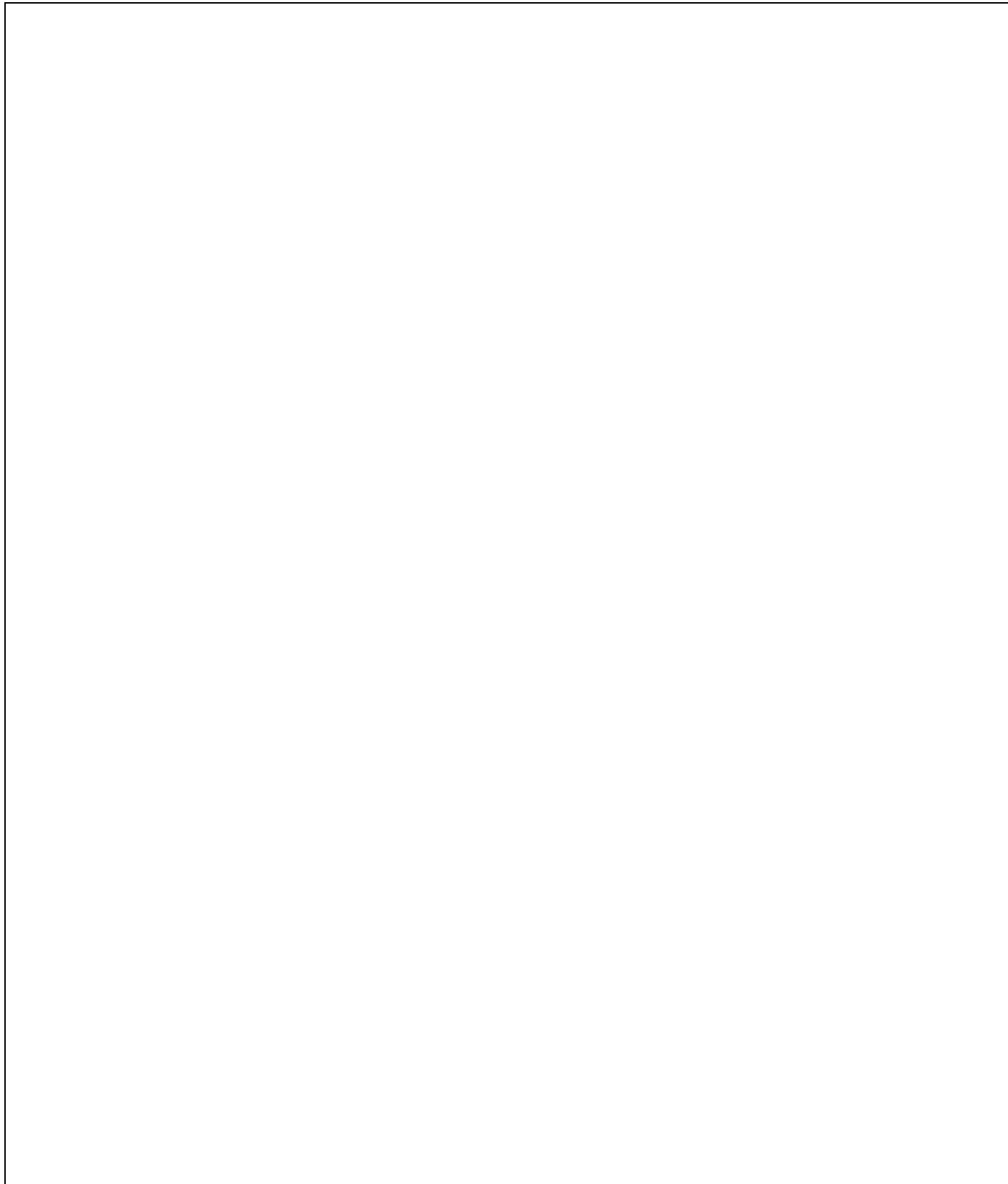
**4.8 – Has planning permission been granted for the property to be occupied as an HMO? You must answer this question, even if you are not sure. If yes, please forward the evidence**

Yes  Date  Reference No.

No  Not sure

**4.9 – Use the space below to sketch the layout of each floor. Please refer to the example of a sketched floor plan in the guidance notes. Use additional sheets if required.**

**The floor plan may be a drawing or a sketch, but should include details of 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 the house including room sizes.**





#### 4.10 – What is the proposed maximum number of households that will occupy the HMO at any one time?

A simple black-outlined rectangular box with a white interior, designed to look like a piece of paper for drawing or writing.

#### 4.11 – What is the proposed maximum number of persons that will occupy the HMO at any one time?

A blank rectangular box with a black border, intended for a child to draw a picture.

**4.12 – How many households and/or persons currently occupy the property?**

## Households

1

## Persons

1

**4.13 – Complete the table below for all the habitable rooms, including all bedrooms, kitchens and bathrooms:**

**4.14 – How many of each of the following facilities are available for exclusive use by individual tenants (en-suite or private external bathroom)? Insert a number.**

Toilet (WC)	
Wash Hand Basin	
Bath/Shower	
Kitchen	
Living Room	

**4.15 – How many of each of the following facilities are available for shared use? Insert a number.**

Toilet (WC)		Kitchen Hob	
Wash Hand Basin		Kitchen Oven	
Bath/Shower		Kitchen Sink	
Living Room			

**4.16 – Are there any toilet (WC) facilities which are located in separate compartments to the bath/shower room?**

Yes  No  If yes, how many?

**4.17 – Are all the bathrooms provided with some form of heating?**

Yes  No

If no, please indicate how many, and which bathrooms:

**4.18 – Are all the kitchens mentioned above equipped with a sink and with an adequate supply of hot and cold water?**

Yes  No

If no, please indicate how many, and which kitchens:

## Section 5 – Fire Precautions

5.1 – Enter details relating to the various measures that are in place to address fire hazards.

See notes for key and instructions on how to enter details.

Common Areas	Type of Detector	Mains or Battery	Interlinked	Fire Door	Sounder Device
Basement Stairway					
Hall					
Kitchen					
Landing/Stairway 1					
Landing/Stairway 2					
Other – Please Describe					
Other – Please Describe					
Other – Please Describe					
Other – Please Describe					

Bedrooms – List All Rooms	Type of Detector	Mains or Battery	Interlinked	Fire Door	Sounder Device

**5.2 – Do all final and emergency exits have manual actuation – ‘break glass’ call points?**

Yes  No

**5.3 – Is the whole stairway and escape route covered by emergency lighting?**

Yes  No

**5.4 – Can you confirm the type of fire alarm system as detailed in either British Standard BS5839 Part 1:2002, or British Standard BS5839 Part 6:2004**

Yes  No

If yes, please provide details:

**5.5 – Do you have a current annual inspection report for the:**

Alarm System: Yes  No

Emergency Lighting System: Yes  No

**5.6 – Are all the fire doors fitted with self-closures?**

Yes  No

**5.7 – Are all the fire doors fitted with smoke brushes and intumescent strips?**

Yes  No

**5.8 – 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

**5.9 – Indicate if the following are present in the building, and the location**

Item	Tick if Present	Location(s)
Fire blankets		
Fire extinguishers		
In case of fire notices		
Fire exit signs		
Alarm indicator panel		
Carbon monoxide alarms		

**Section 6 – Other Matters Concerning the Property**

**6.1 – 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  Not sure

If you provide such furniture, you will need to provide either evidence, or sign a declaration confirming that they meet the required regulations.

**6.2 – 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.

**6.3 – Has the electrical installation in the property had an electrical inspection and test undertaken by a competent/qualified electrician in the past 5 years?**

Yes  No

You must enclose a copy of the certificate with this application.

**6.4 – 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.

**6.5 – Do you have a valid Energy Performance Certificate (EPC) for the HMO?**

Yes  No  If yes, what is the date of assessment?

## Section 7 – Other Interested Parties

You are required to provide more information about other persons who have a financial 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 Address (State Which)	Nature of Interest	Date of Service
<b>Interested Party 1</b>				
<b>Interested Party 2</b>				
<b>Interested Party 3</b>				
<b>Interested Party 4</b>				

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.


## Section 8 – 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 Calderdale 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

• Annual Gas Safety Certificate	
• Electrical Inspection and Test Report (must be dated within 5 years of application)	
• Annual test certificate for the alarm system and emergency lighting	
• Current Fire Detection Test Certificate	
• A copy of the written terms and conditions agreed with the occupiers (tenancy agreements)	
• Evidence of compliance with Building Regulations	
• Evidence of planning approval	
• Evidence/Declaration to confirm supplied furnishing is safe (if applicable)	
• Evidence of permanent residential address for proposed licence holder	
• Evidence of permanent residential address for managing agent (if applicable)	
• Current PAT Test Certificate for portable electrical equipment (if applicable)	
• Floor plans detailing facilities, fire doors, fire detection and full room dimensions	
• Energy Performance Certificate (EPC)	
• Fire Risk Assessment for the whole property	

**If any of the above documentation is not provided then your application will be returned to you**

**Please note the HMO fee is a 2 part stage process. Upon receipt of your application, you will be contacted to make the first payment which is non refundable.**

**Please see the link for HMO Fees;**

**<https://new.calderdale.gov.uk/council/data/protection-foi/freedom-information/charges>**