

Housing Act 2004, Part 2 Section 55  
**Licensing of Houses in Multiple Occupation (HMO) - Application**

Private Sector Housing  
Wiltshire Council  
Council House  
Bourne Hill  
Salisbury  
SP1 3UZ  
*telephone:* 0300 465 100  
*web:* [www.wiltshire.gov.uk](http://www.wiltshire.gov.uk)  
*e-mail:* HousingRenewal@wiltshire.gov.uk

**Use this form to apply for a licence for a house in multiple occupation (HMO)**

Please return the completed form to:	For official use only	
Private Sector Housing Wiltshire Council Council House Bourne Hill Salisbury SP1 3UZ	Date received	
	Receipt number	
	Date to officers	
	Last date for consideration	

If you are uncertain how to answer any of the questions or have any queries about the process or HMO's in general we would encourage you to seek advice and guidance by contacting Private Sector Housing by e-mail - HousingRenewal@wiltshire.gov.uk. Your email will be answered.

**Please tick the appropriate box**

Application for licence

Application for a variation of existing licence, for example where the number of rooms available for letting has changed

**If you have more than one property in multiple occupation, you will need to fill in a separate application for each property. (You will only need to complete part 7 on one form.)**

**Important**

Please answer all questions unless directed. Please read the notes set out at the end of the form before answering the questions to which they relate. Please attach all relevant certificates of installation, inspection or maintenance (see page 16). The declaration at the end of the application must be signed and dated before submitting. All questions must be completed in full. This application must include the appropriate fee (see notes and schedule of fees).

**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.**

- Part 1 - Licence holder details
- Part 2 - Information about the interest in the property
- Part 3 - Information about the property
- Part 4 - Information about the occupants
- Part 5 - Arrangements for fire safety
- Part 6 - Gas and electrical safety
- Part 7 - Licence holder test of fitness and compliance with management conditions

Office use only:

Licence Ref Number

## Part 1: Application and proposed licence holder details

Please use the additional information sheet where necessary.

### 1.1 To be completed if applicant is an individual (and then move on to part 2)

a) Full name (block letters)

Surname ..... First name(s) .....

b) Home address .....

Post code .....

Home telephone number .....

Work / Mobile number .....

Email address .....

Preferred method of contact (please tick appropriate box):

Home  Work / Mobile  Email

c) Date of birth

d) Are you responsible for the day to day repairs, maintenance and tenant management of the premises to be licensed? (Please tick appropriate box)

Yes  No

e) If not, give the name and address of any person employed to do this.

Name .....

Home address .....

Post code ..... Telephone number .....

f) Who receives rent for the property? .....

Home address .....

Post code ..... Telephone number .....

g) Are you the applicant, the proposed licence holder?  Yes  No

h) If not, give full name and address of the intended licence holder.

Name .....

Address .....

.....

Post code ..... Telephone number .....

Email .....

**1.2 To be completed if applicant is a company or partnership (Refer to note 1.2)**

a) Full name of company partnership or trust

b) Address of principal or registered office

.....

.....

Post code ..... Telephone number .....

Email .....

c) Full name, address and date of birth of directors, partners, company secretary or other persons responsible for management of the business.

Name .....

Position ..... Date of birth .....

Address .....

.....

Post code .....

d) Full name and date of birth of any employee or agent who is responsible for the day-to-day repairs, maintenance and tenant management of the premises to be licensed.

Name .....

Position ..... Date of birth .....

Address .....

.....

Post code .....

e) Who receives rent for the property? .....

f) Name and address of the proposed licence holder if not the applicant.

Name .....

Address .....

.....

Post code ..... Telephone number .....

Email .....

**1.3 Are you the landlord of any other residential premises in the council's area?**

(Please tick the appropriate box)

Yes       No

If yes, have you made an application for an HMO licence in respect of any other property?  
(Please tick the appropriate box)

Yes       No

Please give full address of each property and licence number if known.  
(Continue on the additional section if necessary)

Address (1) .....

Post code ..... Licence number .....

Address (2) .....

Post code ..... Licence number .....

**1.4 Are you the landlord of any other residential premises outside the council's area?**

(Please tick the appropriate box)

Yes       No

If you have applied for an HMO licence in respect of such a property, please ensure that you complete section 7.1.

**Part 2: Information about your interest in the property**

Please answer each question in turn unless directed. Please use the additional information sheet where necessary.

**2.1 Full address of the property that the licence application applies to. (Refer to note 2.1)**

.....  
.....  
.....  
.....

Indicate if property is: (please tick appropriate box)       House       Flat

**2.2 Are you the owner? (Please tick appropriate box) (Refer to note 2.2)**

Yes       No

**2.3 Do you jointly / singly own the freehold, lease or tenancy of the property with at least five years still to run? If 'No' go to 2.5.** (Please tick appropriate box)

Yes

No

Freehold

Lease or tenancy with at least 5 years still to run.

**2.4 If you own the interest jointly with other people, please give the names and addresses of your co-owners.**

Name .....

Address .....

Post code ..... Telephone number .....

**2.5 Please give the name and address of the mortgage provider (if any) of the property.**  
(Please write 'None' if the property does not have an outstanding mortgage, continue on a separate sheet if necessary.)

Name .....

Address .....

Post code ..... Telephone number .....

### Part 3: Information about the property

Please answer each question in turn unless directed. Please use the additional information sheet where necessary.

**3.1 Has planning permission been granted for use as a house in multiple occupation?**  
(Please tick appropriate box) (Refer to note 3.1)

Yes

No

Don't know

If 'Yes' please give date and reference number of your application.

Date ..... Reference number .....

**3.2 Are any of the rooms occupied by the owner or freeholder (including their family)?**  
(Please tick appropriate box) (Refer to note 3.2)

Yes

No

Total number(s) of family members normally resident

(Enter total number in box)

Total

**3.3 How many habitable rooms does the property contain?**  
(Refer to note 3.3)

(Enter total number in box)

 Total

**3.4 Which floors does the premises cover?** (Please tick all appropriate boxes)

Basement       Ground floor       First floor       Second floor  
 Third floor       Fourth floor and above

**3.5 What type of property is it?** (Please tick appropriate box)

Detached house       Semi-detached       Terraced       End of terrace

**3.6 What is the approximate date of construction?** (Please tick appropriate box)

Pre - 1919       1919 - 1945       1946 - 1964       1965 - 1980  
 Post 1980

**3.7 Does the property:** (Please tick appropriate box) (Refer to note 3.7)

a) Meet the current statutory minimum standard for housing?

Yes       No       Don't know

b) Have adequate facilities for rubbish storage and disposal?

Yes       No       Don't know

**3.8 When was the last time you carried out any works or improvements?** (Refer to note 3.8)

Less than 1 year       Between 1 and 3 years       More than 3 years ago

Please describe the repairs and improvements carried out: (continue on separate sheet)

.....  
.....

**3.9 Amenity details**

How many units of accommodation in the property? (Include all rooms normally used as bed-sits or bedrooms where the property is a shared house.)

 Total

### 3.10 How many of these units have exclusive use of:

(a) A kitchen or cooking facilities including a sink

(Enter total number in box)

Total

State location(s) .....

(b) A bathroom or shower with toilets

(Enter total number in box)

Total

State location(s) .....

(c) A bathroom or shower without toilets

(Enter total number in box)

Total

State location(s) .....

(e) Number of separate toilets

(Enter total number in box)

Total

State location(s) .....

### 3.11 Sharing facilities

(a) How many shared kitchens or cooking facilities including a sink are contained in the property? (Enter total number in box)

Total

(b) How many shared baths / showers are contained in the property? (Enter total number in box)

Total

(c) How many shared toilets are contained in the property? (Enter total number in box)

Total







Details of Room				Amenities in Room – please state quantity where applicable																							
Floor, e.g. Ground, first second third	Use, e.g. kitchen, bath bedroom Bedsit. living room	Size (m <sup>2</sup> )*	Nos. of persons sharing	Bath/shower	Wash hand basin	Toilet with wash hand basin	Mechanical ventilation	Fixed heating	Cooker	Dry goods storage	Refrigerators/freezer	Sink/drain	Worktop area	Refuse disposal bin	Electric socket	Heat detector	Fire blanket	Fire extinguisher	Call point	Smoke detector	Emergency lighting	Intumescent strip on Fire door	30 minute fire door	Door self closer	Fire door lock, thumb-turn		

\*exclude chimney breasts and area of floor with a ceiling height of 1.6 m or less

\*include fixed cupboards

**Note: Statutory Instrument 2018 no 616 introduced minimum room sizes for bedrooms. It is recommended that the person completing this application reads this Regulation.**

**3.13 Describe below the arrangement for storage and disposal of household waste at the HMO pending collection.**

**Part 4: Information about occupants**

Please use the additional information sheet where necessary.

**4.1 How many people currently live in the property?** (Enter total number in box)

Adults (over 17 years)  Total

Children aged 0-17 years  Total

**4.2 How many households?** (Refer to note 4.2)

(Enter total number in box)  Total



#### 4.4 Tenancy management - Please confirm whether you provide the following?

(Refer to note 4.3)

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| (a) A written tenancy agreement with details of terms of tenancy<br>Including sanctions for anti-social behaviour  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (b) An inventory of furniture and fittings and the conditions at the<br>start of the tenancy   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (c) A rent book or receipts for rent deposits and rent payment.  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (d) Procedures on how to report repairs and maintenance matters.   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (e) A policy or procedures for dealing with complaints.  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (f) A notice board displaying information for tenants such as<br>refuse<br>collection dates, contact details of landlord, safety certificates<br>or emergency instructions | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (g) A copy of a current Energy Performance Certificate   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (h) How to Rent: the checklist for renting in England  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (i) A Tenancy Deposit Certificate and The Deposit Protection<br>Scheme Leaflet for Tenants (if applicable)   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

## Part 5: Arrangements for fire safety

### 5.1 Does the property have an automatic fire detection system? (Refer to note 5.1) (Please tick appropriate box)

Yes

No

If yes, please provide details on the type of system: .....

Has a fire risk assessment been carried out?

Yes

No

Date of risk assessment .....

Date installed .....

Date of most recent check by competent contractor .....

**(Please supply test certification and fire risk assessment report with this application.)**

**5.2 Has the house been fitted with an emergency lighting system?** (Refer to note 5.2)

Yes

No

If yes, please provide details of the type of system: .....

Date installed .....

Date of most recent check by competent contractor .....

**5.3 Do doors to all rooms and stairwells have:** (Please tick appropriate box) (Refer to note 5.3)

Automatic closers?

Yes

No

Don't know

Thirty-minute fire resistance?

Yes

No

Don't know

Intumescent smoke and fire seals?

Yes

No

Don't know

**5.4 Are the stairwells and escape route protected in the event of a fire?** (Refer to note 5.4)  
(Please tick appropriate box)

Yes

No

**5.5 Do you have the following fire safety equipment?** (Refer to note 5.5)  
(Please tick appropriate box)

(a) Fire blankets

Yes

No

If yes, how many? .....

State location(s) .....

(b) Fire extinguishers

Yes

No

If yes, how many? .....

State location(s) .....

(c) Smoke alarm

Yes

No

If yes, how many? .....

State location(s) .....

**5.6 Are any notices displayed in the property instructing the occupants what to do in the event of a fire?** (Please tick appropriate box)

Yes

No

If yes, how many? .....

State location(s) .....

**5.7 Is the accommodation you provide furnished?** (Please tick appropriate box) (Refer to note 5.7)

Yes  No

If yes, does all furniture comply with the Furniture and Furnishings (Fire)(Safety)(Amendment) Regulations 1993?

Yes  No

**Part 6: Gas and Electrical safety**

**6.1 Do any gas appliances and installation(s) at the property have an annual gas safety certificate?** (Please tick appropriate box) (Refer to note 6.1)

Yes  No If yes, please give details below.

.....

.....

.....

**(Please supply a copy of the current annual safety certificates with this application.)**

**6.2 Has the property been re-wired in the last fifteen years?** (Please tick appropriate box) (Refer to note 6.2)

Yes  No If yes, please give details below.

.....

.....

.....

If no, you are advised to have the installation inspected.

**(Please supply a copy of the electrical installation / appliance safety inspection report / certificate with this application.)**

**6.3 What kind of heating is provided in the property?**

Gas central heating  Wall mounted gas heater  
 Electrical storage heating  Individual wall mounted electrical heater  
 Other, please specify : .....



**Part 7: Licence-holder test of fitness and compliance with management conditions** (If you answer yes to any of the following questions in this section, please give details including dates below. Continue on a separate sheet where necessary.)

Please note: the council may carry out legal checks on applicants or the proposed licence holder and they may require the applicant themselves to provide evidence of disclosure at their own expense.

**7.1 Has the proposed licence holder been assessed at any other local authority?**

(Refer to note 7.1) (Please tick appropriate box)

Yes

No

If yes, please provide the following:

Name of the local authority(ies) .....

Contact name and number .....

Reference number (if any) .....

**7.2 Has the proposed licence holder been convicted of any offences relating to violence, sexual offences, drugs or fraud? (Spent convictions are not, in this context, taken into account)** (Refer to note 7.2) (Please tick appropriate box)

Yes

No

**7.3 Has the proposed licence holder been convicted of failing to comply with a Housing Act Notice in the last five years?** (Refer to note 7.3) (Please tick appropriate box)

Yes

No

**7.4 Has the proposed licence holder been convicted of any charges relating to landlord and tenant law, harassment or illegal eviction or any related civil proceedings in which judgement was made against you in the past five years?** (Refer to note 7.4) (Please tick appropriate box)

Yes

No

**7.5 Has a local authority carried out works in default to residential premises owned or managed by you the proposed licence holder (in connection with the housing conditions or suitability as a residence) in the past five years?** (Refer to note 7.5) (Please tick appropriate box)

Yes

No

**7.6 Has the proposed licence holder been convicted of any offence or subject to any other proceedings brought by a local authority or other regulatory body (for example breaches of the Environmental Protection Act, planning control or compulsorily purchase proceedings or fire safety requirements)?** (Refer to note 7.6) (Please tick appropriate box)

Yes

No

**7.7 Has the proposed licence holder ever been found to have acted otherwise than in accordance with the provisions of any code of practice approved under section 233 of the Housing Act 2004 in respect of any properties under your control?** (Refer to note 7.7) (Please tick appropriate box)

Yes

No

**7.8 Have any properties that the proposed licence holder owns or had under their control been subject to a control order under the Housing Act 1985 or a managed order under the Housing Act 2004 or been refused a licence or breached conditions of a licence?** (Please tick appropriate box)

Yes

No

**7.9 Has the proposed licence holder been found guilty of practising unlawful discrimination on the grounds of sex, colour, race or ethnic origin?**

Yes

No

If the answer is yes to any of questions 7.2 to 7.9 then please provide details and dates.  
(Use the additional information sheet where necessary)

.....  
.....  
.....

**7.10 Has the proposed licence holder been declared bankrupt or in arrears with a mortgage?** (Please tick appropriate box)

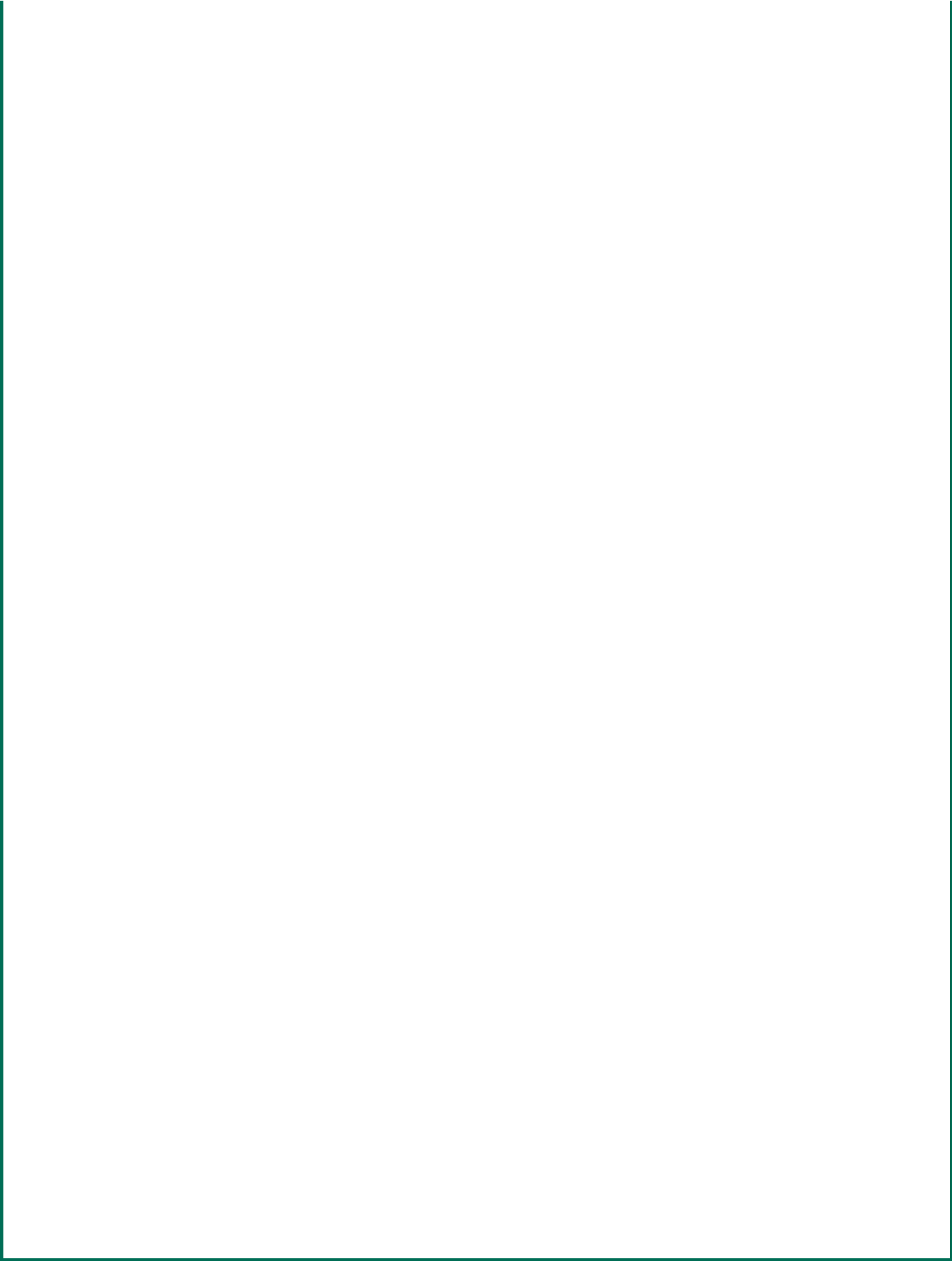
Yes

No

If yes, when was this? .....

## **Additional Information**

Please use this section to provide us with any additional information



## Enclosures

**You must submit the documents listed below with your application. Your application may be invalid if you fail to do so.**

The council may require you to submit, or you may wish to submit, other documents in support of your application, such as copies of planning permissions, building regulations approvals, tenancy/licence agreements, certified accounts (or summaries). The questions and notes draw your attention to points on which supporting documentation may be required or helpful. If you are in any doubt, the council will be pleased to guide you.

Enclosures (Please read guidance notes)

Tick items enclosed

- |   |  |                          |
|---|--|--------------------------|
| A | Annual maintenance record for automatic fire detection system        | <input type="checkbox"/> |
| B | A current gas safety inspection certificate                          | <input type="checkbox"/> |
| C | A current electrical installation / appliance inspection certificate | <input type="checkbox"/> |
| D | Fire risk assessment report  | <input type="checkbox"/> |
| E | Floor plans / layout of property                                     | <input type="checkbox"/> |
| F | The fee of £_____ is enclosed. (Refer to attached schedule of fees)  | <input type="checkbox"/> |
| G | A copy of the Energy Performance Certificate                         | <input type="checkbox"/> |

## Notification of interested parties:

You must let certain persons know in writing that you have made this application or give them a copy of it. You can do this by completing this form. The persons who need to know about it are:

- Any mortgagee of the property;
- Any owner of the property to which the application relates (if that is not you), meaning the freeholder and any head lessees who are known to you;
- Any other person who is a tenant or a 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);
- The proposed licence holder (if that is not you);
- The proposed managing agent, if any (if that is not you);
- Any person who has agreed that he will be bound by any condition or conditions in a licence if it is granted.

You must tell each of these people:

- Your name, address, telephone number and email address;
- The name, address, telephone number and email address of the proposed licence holder (if it will not be you);
- The address of the property to which it relates;
- The name and address of the local housing authority to which the application will be made.

**Declaration\***

**Warning: If you knowingly make a false statement or fail to comply with any condition of the licence you may be liable to prosecution.**

In considering whether the required standards and / or conditions have been met, the local authority may take into account other evidence available to it in addition to this declaration. Evidence of any statements made in this application may also be required at a later date. An officer may need to visit the property to check the situation and accuracy of the declaration. If we need to visit we will 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 pay the required fees. All applicants must sign the 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 Parts of 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.

Signed (all applicants) .....

Dated .....

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 date of service person's interest in the property or the application
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

## Privacy Notice

Wiltshire Council is the data controller for the personal information you provide in this form. The Council's Data Protection Officer can be contacted at [dataprotection@wiltshire.gov.uk](mailto:dataprotection@wiltshire.gov.uk)

We will use your information to process your application, to create a record of your application on our database, to create a record of your property on our database, to contact you with more information about your application, to issue a licence for a House of Multiple Occupation, or to vary a licence for a House of Multiple Occupation and for purposes of ensuring that property is in reasonable repair, in a safe condition and complies to relevant housing legislation.

We will share your personal data where necessary and lawful within the Council, but we will not share your data with any other third parties unless we are required or permitted to do so by law.

For further information about how Wiltshire Council uses your personal data, including your rights as a data subject, please see our Privacy Notice on the website at <http://www.wiltshire.gov.uk/housing-privacy>

## Guidance Notes

Before lodging an application for a licence for a House in Multiple Occupation (HMO), please ensure that you have read the following guidance notes. If you require any further advice regarding the Licensing Scheme or the relevant standards, please contact Private Sector Housing by e-mail - [HousingRenewal@wiltshire.gov.uk](mailto:HousingRenewal@wiltshire.gov.uk). Your email will be answered. In these notes, "the Act" means the Housing Act 2004, unless otherwise stated. All references to sections are to sections in the Act. Part 2 of the Act introduces a mandatory scheme to licence Houses in Multiple Occupation of a description contained in regulations. It applies to larger higher risk Houses in Multiple Occupation of 3 or more storeys occupied by 5 or more people who constitute more than one household. As from 1 October 2018 under The Licensing of Houses in Multiple Occupation (Prescribed Description) (England) Order 2018 any property occupied by 5 or more people living in two or more separate households and meets section 254(2), or section 254(3) or section 254(4) of the Act shall require a licence.

**Note:** Properties comprising solely self-contained flats and those operated by certain specified bodies (such as Housing Associations) are exempt from licensing requirements.

Meaning of "HMO"

"HMO" means a house in multiple occupation as defined by sections 254 to 259, Housing Act 2004 and it applies to a wide range of housing types and includes:

A building or a part of a building, which consists of one or more units of living accommodation not consisting of a self-contained flat or flats;

Where the living accommodation is occupied by persons who do not form a single household;

Where two or more of the households who occupy the living accommodation share one or more basic amenities or the living accommodation is lacking in one or more basic amenities;

Buildings converted into self-contained flats if more than one third of the flats are tenanted and the conversion does not comply with Building Regulations 1991 or subsequent Building Regulations.

### Part 1. Licence-holder details

1.2 If the applicant is a company or similar body, give the official (registered) address.

## Part 2. Information about the interest in the property

- 2.1 A flat is a dwelling that is a separate set of premises, whether or not on the same floor, divided horizontally from some other part of the building.
- 2.2 "Owner" means person having a heritable interest in the house, who has or proposes to acquire, an owner's interest in the dwelling or building, which is capable of being recorded in the Land Registry.

## Part 3. Information about the property

- 3.1 Planning permission may or may not be required in relation to your HMO. If you are not sure whether permission or approval is required for the property for which you are seeking a licence, contact the council's Planning department. Where permission or approval has already been obtained, please enclose a copy with your application. The existence of planning permission will not materially affect the council's decision on whether it issues an HMO licence; conversely the existence of an HMO licence does not indicate that Planning Permission for such use exists or would necessarily be granted if such an application was made. However, failure to cooperate with the council in regularising any unlawful planning use may be considered relevant when determining if the person having control of the HMO is a fit and proper person for the purposes of Part 7.  
If the property was built or was provided by conversion after 1991 you may not require a licence, if the works were carried out in accordance the relevant Building Regulations. If you are unsure about any matter, please contact us.
- 3.2 A person is a member of the same family as another person if: those persons are married to each other or live together as husband and wife (or in an equivalent relationship in the case of persons of the same sex); one of them is a relative of the other; "relative" means parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew, niece or cousin. The total number should be inclusive of the applicant.
- 3.3 Habitable rooms include all rooms used or intended to be used as living rooms or bedrooms. It does not include kitchens, bathrooms, halls, landings, passageways or utility rooms. Statutory Instrument 2018 no 616 introduced minimum room sizes for bedrooms. It is recommended that the person completing this application reads this Regulation
- 3.7 Part 1 of the Act replaces the statutory housing fitness standard set out in the Housing Act 1985 with the Housing Health and Safety Rating System (HHSRS). The separate Houses in Multiple Occupation (HMO) standards will also be repealed. The underlying principle of the HHSRS is that "any residential premises should provide a safe and healthy environment for any potential occupier or visitor". A dwelling should be capable of satisfying the basic fundamental needs for the everyday life of a household. It should provide shelter, space and facilities for the occupants. The owner or manager will keep in repair the interior and exterior structure of the house and will maintain and keep in proper working order any installations provided for space heating, water heating and sanitation and for supply of water, gas and electricity in compliance with the housing health and safety legislation.
- 3.8 Give as full description as you can about the works. It will help to supply plans and in the case of improvement or conversion these should be of the property before and after the works have been carried out.

## Part 4. Information about tenants/occupants

- 4.2 A "household" for the purposes of section 258 of the Act are:
  1. Families (including foster children, children being cared for) and current domestic employees. The definition includes: spouses; people who live together as husband and wife; parents; grandparents; children; grandchildren; brothers; sisters; uncles; aunts; nephews; and nieces.
  2. Single persons
  3. Co-habiting couples (regardless of gender).



- 4.3 Tenancy management refers to the owner's responsibilities for the legal rights of his or her tenants and due regard for the welfare of the tenants and the interests of neighbours.

As part of a landlord's tenancy management duties he or she must ensure that tenants comply with their lease and conduct themselves in a way that does not interfere with the rights of neighbouring residents to enjoy peaceful occupation of their homes.

## **Part 5. Arrangements for fire safety**

Every HMO must have adequate fire precautions including provisions for a) detection and giving warning in case of fire; b) escape from the building; c) fighting fire.

A risk assessment should be carried out by or on behalf of the applicant to establish both the risk of fire occurring and the risk to people in the event of fire. This would apply to everyone who may be in the HMO (residents, staff and visitors) and should take adequate account of any one with special needs. This assessment will show whether the existing fire precautions are adequate and what changes need to be made. If you have carried out a risk assessment, please enclose a copy with your application. All fire safety provisions should comply with the relevant Regulations and/or British Standards.

- 5.1 If your house has been fitted with a mains interlinked smoke alarm system, single point smoke detectors or battery operated smoke detectors, the system should be checked and serviced at least once every year. Either a specialist contractor or NICEIC/ECA electrician should carry out the check.
- 5.2 If your house has been fitted with an emergency lighting system, the system should be checked and serviced at least once every year.
- 5.3 Fire doors provide a vital part of the protected escape route in the event of fire. Doors should be fully self-closing and all latches should connect without resistance. Each door should close squarely and lie flush against the rebates of the frame. Smoke seals must be undamaged and form a good seal between the edges of the door and the frame.
- 5.4 Half-hour fire resisting materials enclosing meters, pipes and other infrastructure in the common exit route should be undamaged. Walls, ceilings and partitions should be undamaged and capable of providing the appropriate fire resistance.
- 5.7 All upholstered furniture provided with rented accommodation must comply with the Furniture and Furnishings (Fire) (Safety) (Amendment) Regulations 1993. This means that all materials must have passed cigarette and match ignition tests and the filling materials must have passed flammability test. If your furniture complies it should have a label attached permanently within the lining giving details as appropriate.

## **Part 6. Arrangements for gas and electrical safety**

- 6.1 Under the Gas Safety (Installation and Use) Regulations 1998 the landlord must ensure that gas fittings and flues are maintained in a safe condition. Gas appliances must be serviced at least annually and a safety check carried out by a CORGI registered gas installer. Records of checks must be kept for two years and tenants must be provided with a copy of the latest certificate. Appliances owned by tenants are not covered by these requirements.
- 6.2 A regular and appropriate inspection of the electrical wiring installation is recommended to ensure to that the health and safety of your tenants is not compromised. The landlord is required to provide certification that the electrical system and any appliances provided by the landlord, have been examined by a competent person who has confirmed that they are functioning properly and are safe. Your electrician will recommend the frequency of inspection appropriate to your property. Only electricians approved by the NICEIC or ECA are considered competent for this purpose.

The local authority must be satisfied that the person applying for an HMO licence is a “fit and proper person” to hold a licence. The same test applies to any person managing the premises and any director or partner in a company or organisation, which owns or manages the HMO. The local authority may approach other authorities such as the police authority, Fire and Rescue Service or Office of Fair Trading, to discover whether the applicant has any relevant convictions. We may require your cooperation in obtaining CRB information in confirmation of the above.

**Signing this application will be taken as your agreement to any such action.**

- 7.1 The local authority is encouraged to share information about the fitness of an applicant to be an HMO operator with relevant sections of other local authorities, because prospective HMO operators may own properties in more than one local area. In doing so the local authority will take care to protect confidentiality and ensure that the terms of the Data Protection Act 1998 and Human Rights legislation are observed.
- 7.2 If you do have any convictions you are required to declare, documentation should not be sent with the application form but should be sent under separate confidential cover. Unspent convictions may be convictions for which the rehabilitation period has not been completed, or convictions that are excluded from the Act (that is, never spent). Any offence listed in schedule 3a to the Sexual Offences Act 2003 needs to be declared. Not all convictions would be relevant to a person’s prospective role as an operator of an HMO, for example motoring offences would not be relevant but a conviction for fraud or theft could be since the operator would be in a position of trust. If you are unsure about any matter, please contact us.
- 7.3 A notice under section 189 of the Housing Act 1985 is a repair notice for premises which are unfit for human habitation. A notice under section 190 of the 1985 Act is a repair notice for premises which, although fit for human habitation, require substantial repair. Part 1 of the Housing Act 2004 replaces the existing housing fitness standard contained in section 604 of the Housing Act 1985 with the Housing Health and Safety Rating System a new system of assessing housing conditions and enforcing standards.
- 7.5 “Works in default” refers to the provisions of housing legislation that enable enforcement action in respect of a repair or improvement notice, to be taken by local housing authorities either with or without agreement, and which provides for the recovery of related expenses.

## Fees for houses in multiple occupation (2009/10) Notes

### HMO Licence Application fees

- The fee structure set out below is believed to balance the council's need to recoup its reasonable administration costs whilst minimising the burden to landlords. The level of fees is similar to those being considered by other councils.

### For first HMO licence Previous licence lapsed or Previous licence revoked

Up to 5 lettings		£375.00
6 to 10		£475.00
11 to 15		£560.00
16 to 20		£660.00
More than 20 lettings		£750.00

### Renewal of licence on expiry of initial licence

Circumstances unchanged		£200.00
New licence holder and/or changes to property		£350.00

### Charge for returning an incomplete, illegible or inaccurate application

		£50
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- Where the council exercises its discretion to issue a licence for less than 5 years, the fee charged will be reduced pro-rata.
- Licence application fees are not subject to Value Added Tax.
- The above fees represent an average cost of less than £50 per letting for a 5-year licence. The highest cost per letting (an HMO with only 2 lettings with a fee of £375.00) is less than 72p per week.
- We will review the scale of charges annually.

### Payment Fees

Please enclose a cheque for the appropriate amount with "HMO Licence Application" on the reverse payable to Wiltshire Council.