

EAST HAMPSHIRE DISTRICT COUNCIL Housing Act 2004 (Part 2)

HOUSE IN MULTIPLE OCCUPATION (HMO) LICENCE APPLICATION FORM Section C (Individual property details)

Proposed licence holder:	
Address of property to be licensed:	
Approximate age of original construction: before 1919 / 1919 – 1945 / 1945 – 1964 / 1965 – 1980 / after 1980	
Is the HMO a house or a flat?	
What date did the current owner acquire the above property?	
How many storeys make up the HMO?	
Which levels does the HMO occupy? (circle all that apply) Basement Ground First Second Third Fourth Other:	
Was the above property an HMO before 1st October 2018? Yes/No	
Has planning permission been granted for use of the property as a HMO? Yes / No / NA	
Is this application a renewal of an existing licence? Yes \(\) No \(\) If 'no', please provide details and evidence as to why the property has just become licensable.	
How many of the following are there in the HMO:-	
Separate letting units (different tenancies)	Number of self contained flats in property
Households occupying the HMO (current)	People occupying the HMO (current)
Maximum number of Households in the HMO	Maximum number of People occupying the HMO
Sleeping rooms	Bathrooms / Shower rooms
Living rooms	Kitchens
Toilets	Wash hand basins
Sinks	Fridges
Carbon monoxide (CO) detector	Freezers
Give details of any fire precautions including the number and location of smoke alarms:	

Give details of fire escape routes and other fire safety training provided to occupiers:
Is the proposed licence holder the owner of the property? Yes No
Is the proposed licence holder the owner of the property? Yes No If 'Yes', does anyone else have a legal interest in the property, eg as joint owner or freeholder/
leaseholder? Please provide full details in the declarations section.
leaserrolaer: Trease provide fair details in the decidrations section.
If 'No', explain why you think the proposed licence holder should be the licence holder (e.g. the owner
is ill or living abroad, or the proposed licence holder has a long lease on the property), including
evidence that they have the necessary powers.
Please provide full details of the owner in the declarations section
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Does the property have a mortgage? Yes No
If 'Yes', please provide full details of the mortgagee in the declarations section
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ANY OTHER PERSON WHO HAS AGREED TO BE BOUND BY A CONDITION OF THE LICENCE
Full name:
Address:
Telephone no: Email:

DECLARATIONS

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

- any mortgagee of the property to be licensed
- any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessors who are known to you
- any other person who is a tenant or long leaseholder of the property or any part of it (including any flat) who is known to you other than a statutory tenant or other tenant whose lease or tenancy is for less than three years (including a periodic tenancy)
- 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 conditions in a licence if it is granted

You must tell each of these persons:

- your name, address, telephone number and e-mail address or fax number (if any)
- the name, address, telephone number and e-mail address or fax number (if any) of the proposed licence holder (if it will not be you)
- whether this is an application for an HMO licence under Part 2 or for a house licence under Part 3 of the Housing Act 2004
- the address of the property to which the application relates
- the name and address of the local housing authority to which the application will be made
- the date the application will be submitted

1. 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. Details of all relevant persons or organisations: Address Description of interest in the Name Date of service property or the application 2. I confirm, that for this individual property, the following meet any safety requirements contained in any enactment: (i) any gas appliances (ii) any furniture provided under the terms of any tenancy or licence 3. 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 am/are reckless as to whether it is false or misleading. Signed:(All Applicants) If the applicant is not the proposed licence holder, the proposed licence holder must also sign the application above. Please submit all sections of the application together with any additional sheets, the appropriate fee and the following documentation: • Current Landlord's Gas Safety Certificate • Current Periodic Electrical Installation Inspection Report

- Any fire alarm or emergency lighting test certificates
- Any details relating to management arrangements for the property
- A floor plan for the property. Please note this does not have to be to scale, nor does it have to be professionally drawn

Please tick here if you are submitting electronic certificates to
ehealth@easthants.gov.uk
Please note that we reserve the right to request original documents if deemed
necessary.

Please Note, the HMO Licensing Regime and the Planning Regime are separate areas of law. The granting of an HMO Licence does not automatically grant planning permission for change of use, and vice versa.