



## House in Multiple Occupation (HMO) Licence Application

**NOTE:** When completing this form, please refer to the notes at the end of this document.

Please complete this form in black pen and **make sure every section is completed.**

**Address of HMO:**

<b>I wish to:</b>	Tick one box below
<b>Apply for a licence</b>	<input type="checkbox"/>
<b>Apply to vary an existing licence</b>	<input type="checkbox"/>
<b>Renew my licence</b>	<input type="checkbox"/>

### 1. Applicant and proposed licence holder (See Note 1)

<b>Title</b>	Mr / Miss / Mrs / Ms <input type="checkbox"/> other – please state		
<b>Name (in full):</b>			
<b>Address:</b>			
	<b>Postcode:</b>		
<b>Telephone:</b>		<b>Fax:</b>	
<b>E-mail:</b>			

**Interest in the property** (e.g. freeholder etc.)

**If a company etc, please give name of contact and position in company:**

Please note; for Public Register purposes the licensees' name and address must be made available to the public. If you do not wish for your private address to be shown, you can supply your business address where appropriate.

**(Licence holder - please tick if you require use of business address for Public Register Purposes)**

**Business Address:**


**If this application is being dealt with by a person who is not the proposed licence holder, please provide contact details.**

<b>Title</b>	Mr / Miss / Mrs / Ms <input type="checkbox"/> other – please state		
<b>Name (in full):</b>			
<b>Address:</b>			
		<b>Postcode:</b>	
<b>Telephone:</b>		<b>Fax:</b>	
<b>E-mail:</b>			

### Age of Building

Pre 1919 <input type="checkbox"/>	1919 – 44 <input type="checkbox"/>	1945 – 64 <input type="checkbox"/>	1965 – 80 <input type="checkbox"/>	Post 1980 <input type="checkbox"/>
1.1	Total number of storeys		Count habitable basements and attics and include commercial storeys.	
1.2	Number of habitable rooms in the whole premises		Count bedrooms and living rooms but not kitchens, bathrooms and WCs	
1.3	Number of 'Self Contained' flats		See note 2.1	
1.4	Number of bedsits or bedrooms		See note 2.2	
1.5	Number of occupiers of whole house			
1.6	Number of households in whole house			
1.7	Does this building only contain self contained flats each occupied by a single household?	<b>Yes / No</b>	If yes, you do not need an HMO licence and need go no further. See note 2	
<b>2.</b>	<b>Fee Enclosed</b> Please make cheques or postal orders payable to Islington Council			
	For explanation of fees, see note 4. Fee = number of flats / bedsits / bedrooms / lettings X application fee.	<b>Cost per letting / bedroom</b>	<b>No. of lettings</b>	<b>Fee (£)</b>
2.1	Standard licence application fee	<b>£120</b>		
2.2	Licence application fee if applicant/manager is accredited under the London Landlord Accreditation Scheme (LLAS) or similar	<b>£90</b>		
2.3	Assisted application fee (Added to the fee per letting/bedroom for assistance with measuring rooms and completing the application form)	<b>£220</b> (per HMO)		
2.4	Renewal of Licence	<b>£90</b>		
2.5	Renewal of Licence if accredited under the London Landlord Accreditation Scheme (LLAS) or similar	<b>£70</b>		
2.6	Change to manager or licence holder details (property under same ownership)	<b>£60 (total)</b>		

2.7	Variation of licence	<b>£60 (total)</b>		
2.8	Student accommodation blocks - per bed space NB This fee only applies to licensable large scale purpose built or convert student accommodation blocks where the provider has signed up to the ANUK/Unipol Code of Practice	<b>£10</b>		
			<b>Total fee tendered:</b>	

**3 Ownership and management – Please fill in all parts of Section 3. If not applicable insert 'NA'**  
For limited companies, partnerships and trusts see note 5.

**3.1 Freeholder**

<b>Title</b>	Mr / Miss / Mrs / Ms <input type="checkbox"/> other – please state		
<b>Name (in full):</b>			
<b>Address:</b>			
		<b>Postcode:</b>	
<b>Telephone:</b>		<b>Fax:</b>	
<b>E-mail:</b>			

**3.2 Leaseholder (if more than one, please copy this page)**

<b>Title</b>	Mr / Miss / Mrs / Ms <input type="checkbox"/> other – please state		
<b>Name (in full):</b>			
<b>Address:</b>			
		<b>Postcode:</b>	
<b>Telephone:</b>		<b>Fax:</b>	
<b>E-mail:</b>			
<b>Which part(s) of the property is this leaseholder responsible for?</b>			
<b>How long is the full term of your lease?</b>			
<b>How many years do you have left to run on your lease?</b>			

Complete 3.3 and/or 3.4 below if a manager or a person who receives rent is employed.

**3.3 Manager**

<b>Title</b>	Mr / Miss / Mrs / Ms <input type="checkbox"/> other – please state		
<b>Name (in full):</b>			
<b>Address:</b>			
		<b>Postcode:</b>	
<b>Telephone:</b>		<b>Fax:</b>	
<b>E-mail:</b>			
<b>If a company etc, please give name of contact and position in company:</b>			
<p>Please note; for Public Register purposes the Managers' name and address must be made available to the public. If you do not wish for your private address to be shown, you can supply your business address where appropriate.</p>			
<input type="checkbox"/> Manager - please tick if you require use of business address for Public Register Purposes			
<b>Business Address:</b>			

<b>3.4 Person who receives rent</b>			
<b>Title</b>	Mr / Miss / Mrs / Ms <input type="checkbox"/> other – please state		
<b>Name (in full):</b>			
<b>Address:</b>			
		<b>Postcode:</b>	
<b>Telephone:</b>		<b>Fax:</b>	
<b>E-mail:</b>			
<b>If a company etc, please give name of contact and position in company:</b>			

<b>3.5 Any other 'relevant person'</b>			
This includes other persons with an estate or interest in the property, such as mortgagors / mortgagees, trustees and leaseholders or tenants in occupation with an unexpired lease of more than three years.			
<b>Title</b>	Mr / Miss / Mrs / Ms <input type="checkbox"/> other – please state		
<b>Name (in full):</b>			
<b>Address:</b>			
		<b>Postcode:</b>	
		<b>Fax:</b>	
<b>Telephone:</b>			
<b>E-mail:</b>			
<b>Please state type of interest held in the property:</b>			
<b>Title</b>	Mr / Miss / Mrs / Ms <input type="checkbox"/> other – please state		
<b>Name (in full):</b>			
<b>Address:</b>			
		<b>Postcode:</b>	
		<b>Fax:</b>	
<b>Telephone:</b>			
<b>E-mail:</b>			
<b>Please state type of Interest held in the property:</b>			

**4 MANAGEMENT**

The Council is required to satisfy itself that there are satisfactory management arrangements for the property. To enable us to do this, please answer the following:

**Manager's Background**

The manager should either be yourself (the applicant) or someone appointed by you as in 3.3 above. See note 6.

4.1	<b>Are you or your appointed manager currently involved in the management of any other licensable HMOs?</b>	<b>Yes / No</b>
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If **Yes**, please specify the address(es) within London Borough of Islington. If outside Islington, specify both the addresses and the borough (attach an extra sheet if necessary).

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4.2	<b>Is the licence applicant and/or manager accredited under the London Landlords Accreditation Scheme?</b>	<b>Yes / No</b>
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**Management Arrangements:**

4.3	<b>Are there regular inspections for maintenance and management of the property? (see note 6)</b>	<b>Yes / No</b>
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<p>If yes, how often are they carried out?</p> <p>Who carries out the inspections?</p>	<p><input type="checkbox"/> Monthly   <input type="checkbox"/> Quarterly   <input type="checkbox"/> Yearly</p> <p><input type="checkbox"/> Other – please state.....</p>
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4.4	<b>Are there arrangements in place to deal with repairs as they arise and emergencies at the property?</b>	<b>Yes / No</b>
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If **Yes**, briefly describe, (1) how do the tenants know who to contact (2) how they can contact them and (3) what their role is

(1)

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(2)

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(3)

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If the person is someone other than stated previously, please give person's details.

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4.5	<b>In case of emergency:</b> <b>a) If the main contact is a business, is there someone to contact at all times outside office hours?</b>  <b>b) If the main contact is an individual, is there an alternative contact to deal with emergencies when that person is not available?</b>	Yes / No / N/A
		Yes / No / N/A

4.6 **If person(s) stated in 4.4 is/are not the owner of the HMO please explain how funds are made available for general maintenance of the property and for provision for emergencies:**

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4.7	<b>Are there arrangements in place to deal with repairs as they arise and emergencies at the property?</b>	Yes / No
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4.8 **Briefly describe actions you would take, if occupiers cause nuisance or act in an anti-social way towards neighbours?**

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**5. Electrical Safety:**

5.1	<b>Have all electrical installations within the property been checked within the last five years and reported on by a NICEIC/ECA registered contractor/installer?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.2	<b>Have all electrical appliances provided by the landlord within the property been tested (Portable Appliance Test) within last year?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**If Yes, please enclose copies of the last test reports**

**6. Fire Safety**

<b>Does the property have a system of fire detection?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
If Yes, does the system include:	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
a. A fire alarm panel?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
b. Heat detectors in kitchens?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
c. Smoke detectors in rooms?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
d. Smoke detectors in common parts?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
e. Sounders/alarms on all levels?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
f. Emergency lighting?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

If you have ticked Yes to any of the above (a-f) please submit annual test certificate.

If you have smoke detectors, are they (tick one box below):

Battery powered?

Mains linked?

6.1 <b>Do you provide upholstered furniture within lettings?</b>	<b>Yes / No</b>
<b>If Yes, does it all comply with the Furniture and Furnishings (Fire Safety) Amendment Regulations 1993?</b>	<b>Yes / No</b>

Compliance with this legislation will be a condition of the licence. If your furniture does not comply, you will need to take steps to comply immediately.

6.2 <b>Do all gas appliances within the HMO or house meet the safety requirements of the Gas Safety (Installation and Use) Regulations 1998? (please enclose a copy of the most recent gas safety certificate)</b>	<b>Yes / No</b>
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## 7. FIT AND PROPER PERSON

The Council **must** satisfy itself that the licence applicant **and** the manager (if they are different people) are **fit and proper persons** to hold a licence or to manage a House in Multiple Occupation – see note 7.

To enable us to satisfy this legal requirement please answer the following questions.

If the manager and the licence applicant are two different people, then **both** should complete this section; **please copy this page and the next or contact us for a separate form**. You do **not** have to disclose convictions which are spent under the Rehabilitation of Offenders Act 1974.

**Please circle Yes or No**

7.1	Have you contravened or been convicted of failing to comply with a Housing Act notice in the past five years? See note 7.1.	YES	NO
7.2	Has any house of which you were the owner or manager been subject to a Control Order made under Section 379 of the Housing Act 1985 in the past five years? See note 7.2.	YES	NO
7.3	Has any Local Authority carried out work in your default or works with or without agreement in respect of a Housing Act Notice in the past five years? See note 7.3.	YES	NO
7.4	Have you been in control of any property and as a result have been subject to any legal proceedings brought by any Local Authority (for example under Planning or Environmental Protection Law or Compulsory Purchase proceedings) in the last five years? See note 7.4.	YES	NO
7.5	Have you committed any offence involving fraud, dishonesty, violence, drugs or offences listed in schedule 3 of the Sexual Offences Act 2003 (offences attracting notification requirements)? See note 7.5.	YES	NO
7.6	Has any tribunal found that you practised, or have you been convicted of practising, unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in or in connection with any business? See note 7.6.	YES	NO
7.7	Have you contravened any Housing or Landlord and Tenant Law, (including harassment, illegal eviction and any civil proceedings taken against you)? See note 7.7.	YES	NO
7.8	Have you been refused a licence or had a licence revoked under the HMO licensing provisions of the Housing Act 2004? See note 7.8.	YES	NO
7.9	Have you had a licence revoked due to breach of condition on an HMO licence under the Housing Act 2004 for any property? See note 7.9.	YES	NO
7.10	Have you been in control of any property which has been the subject of an interim management order, or final management order under the Housing Act 2004? See note 7.10.	YES	NO
7.11	Have you been found by any local authority to have contravened any Approved Code of Practice under the Housing Act 2004 Section 233? See note 7.11.	YES	NO

7.12	Are you a member of the London Landlords Accreditation Scheme? See note 7.12. (If you are a member of another equivalent landlords' scheme, which includes training, please give details below):	<b>YES</b>	<b>NO</b>
7.13	To the best of your knowledge, has any person associated or formerly associated with you (whether on a personal, work or other basis) done any of the things set out in 7.1 to 7.11 above? See note 7.13.	<b>YES</b>	<b>NO</b>
7.14	To the best of your knowledge, has any person proposed to be involved with the management of the property (except the manager) done any of the things set out in 7.1 to 7.11 above? See note 7.14.	<b>YES</b>	<b>NO</b>

If you have answered **YES** to any questions above, please give details (including dates):

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It is a criminal offence if you supply information to the Council which you know is false or misleading, or you are reckless as to whether or not it is false or misleading. A person who supplies you with information which they know will be used in this application may commit a criminal offence if they know it is false or misleading or they are reckless as to whether or not it is false or misleading.

This may result in legal action being taken against you or that other person and your licence being revoked. If you are convicted of such an offence, you may be liable to a fine of level 5 on the standard scale.

**Both the applicant AND the manager to sign and date application**

**FIT AND PROPER PERSON DECLARATION**

**I declare I am the applicant and to the best of my knowledge and belief that I have answered all questions in section 7 above truthfully and that this statement is valid on the date of application.**

<b>Signed:</b>	<b>Print Name:</b>
<b>Company name (if applicable):</b>	
<b>Position in company (if applicable):</b>	
<b>Date:</b>	

**I declare I am the manager and to the best of my knowledge and belief that I have answered all questions in section 7 above truthfully and that this statement is valid on the date of application.**

<b>Signed:</b>	<b>Print Name:</b>
<b>Company name (if applicable):</b>	
<b>Position in company (if applicable):</b>	
<b>Date:</b>	

## **DETAILS OF THE HMO TO BE LICENSED**

- There are separate sections for bedsit rooms and bedrooms, and for self contained flats. Both sections ask for details of facilities exclusive to the letting. A further section asks for details of facilities that are shared.
- If there are no self contained flats, please complete sections 8 and 10.
- If there is a mix of all these, please complete sections, 8, 9 and 10.
  - **Please photocopy sections 8, 9 and 10 if necessary, to provide details of the whole HMO.**

Definitions:

**A self contained flat** is a unit of accommodation containing all kitchen, WC and bathroom facilities for exclusive use by one household, entered through a single door.

**A Bedsit** is a room containing living and sleeping accommodation (it may also include kitchen facilities). The occupiers will usually share bathroom and WC facilities with other households.

**8 BEDSIT ROOMS OR BEDROOMS ONLY – Address of Property:** \_\_\_\_\_

This section is for all the bedsits and bedrooms within the property and whether they have any facilities for **exclusive** use.

Details of room and occupants				Facilities within the room					
<b>Location of room</b> <i>(see Note 8.1)</i>				<b>Bathroom</b> <i>(see note 8.2)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>WC</b> <i>(see note 8.3)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Room number</b>		<b>Size of room</b>		<b>Wash hand basin</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Sink</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Name(s) of current occupier(s)</b>				<b>Kitchen facilities</b> <i>(see note 8.4)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<b>Type of tenancy</b> <i>(see note 8.5)</i>									
Details of room and occupants				Facilities within the room					
<b>Location of room</b> <i>(see Note 8.1)</i>				<b>Bathroom</b> <i>(see note 8.2)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>WC</b> <i>(see note 8.3)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Room number</b>		<b>Size of room</b>		<b>Wash hand basin</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Sink</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Name(s) of current occupier(s)</b>				<b>Kitchen facilities</b> <i>(see note 8.4)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<b>Type of tenancy</b> <i>(see note 8.5)</i>									

**8 (cont'd) BEDSIT ROOMS OR BEDROOMS ONLY – Address of Property:** \_\_\_\_\_

This section is for all the bedsits and bedrooms within the property and whether they have any facilities for exclusive use.

Details of room and occupants				Facilities within the room					
<b>Location of room</b> <i>(see Note 8.1)</i>				<b>Bathroom</b> <i>(see note 8.2)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>WC</b> <i>(see note 8.3)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Room number</b>		<b>Size of room</b>		<b>Wash hand basin</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Sink</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Name(s) of current occupier(s)</b>				<b>Kitchen facilities</b> <i>(see note 8.4)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<b>Type of tenancy</b> <i>(see note 8.5)</i>									
Details of room and occupants				Facilities within the room					
<b>Location of room</b> <i>(see Note 8.1)</i>				<b>Bathroom</b> <i>(see note 8.2)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>WC</b> <i>(see note 8.3)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Room number</b>		<b>Size of room</b>		<b>Wash hand basin</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Sink</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Name(s) of current occupier(s)</b>				<b>Kitchen facilities</b> <i>(see note 8.4)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<b>Type of tenancy</b> <i>(see note 8.5)</i>									

**8 (cont'd) BEDSIT ROOMS OR BEDROOMS ONLY – Address of Property:** \_\_\_\_\_

This section is for all the bedsits and bedrooms within the property and whether they have any facilities for exclusive use.

Details of room and occupants				Facilities within the room					
<b>Location of room</b> <i>(see Note 8.1)</i>				<b>Bathroom</b> <i>(see note 8.2)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>WC</b> <i>(see note 8.3)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Room number</b>		<b>Size of room</b>		<b>Wash hand basin</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Sink</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Name(s) of current occupier(s)</b>				<b>Kitchen facilities</b> <i>(see note 8.4)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<b>Type of tenancy</b> <i>(see note 8.5)</i>									
Details of room and occupants				Facilities within the room					
<b>Location of room</b> <i>(see Note 8.1)</i>				<b>Bathroom</b> <i>(see note 8.2)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>WC</b> <i>(see note 8.3)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Room number</b>		<b>Size of room</b>		<b>Wash hand basin</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Sink</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Name(s) of current occupier(s)</b>				<b>Kitchen facilities</b> <i>(see note 8.4)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<b>Type of tenancy</b> <i>(see note 8.5)</i>									

9. SELF CONTAINED AND STUDIO FLATS ONLY – Address of Property: \_\_\_\_\_

This section considers all the self contained and studio flats within the property that have facilities for exclusive by their occupants.

Details of flat and occupants			Facilities within the flat			
<b>Location of flat</b> <i>(see note 9.1)</i>			<b>No. of habitable rooms</b> <i>(see note 9.2)</i>			
<b>Flat number</b>			<b>No. of bathrooms or shower rooms</b> <i>(see note 9.3)</i>			
<b>Type of tenancy</b> <i>(see note 9.6)</i>			<b>No. of separate WC rooms</b> <i>(see note 9.4)</i>			
<b>Name(s) of current occupier(s)</b>			<b>No. of kitchens with all required facilities</b> <i>(see note 9.5)</i>			
			<b>No. of kitchens without all required facilities</b> <i>(see note 9.5)</i>			
<b>No. of occupants</b>		<b>No. of households</b> <i>(see note 9.7)</i>		<b>No. of wash hand basins</b>		<b>No. of sinks</b>

  

Details of flat and occupants			Facilities within the flat			
<b>Location of flat</b> <i>(see note 9.1)</i>			<b>No. of habitable rooms</b> <i>(see note 9.2)</i>			
<b>Flat number</b>			<b>No. of bathrooms or shower rooms</b> <i>(see note 9.3)</i>			
<b>Type of tenancy</b> <i>(see note 9.6)</i>			<b>No. of separate WC rooms</b> <i>(see note 9.4)</i>			
<b>Name(s) of current occupier(s)</b>			<b>No. of kitchens with all required facilities</b> <i>(see note 9.5)</i>			
			<b>No. of kitchens without all required facilities</b> <i>(see note 9.5)</i>			
<b>No. of occupants</b>		<b>No. of households</b> <i>(see note 9.7)</i>		<b>No. of wash hand basins</b>		<b>No. of sinks</b>

9 (Cont'd) **SELF CONTAINED AND STUDIO FLATS ONLY – Address of Property:** \_\_\_\_\_

This section considers all the self contained and studio flats within the property that have facilities for exclusive by their occupants.

Details of flat and occupants				Facilities within the flat			
<b>Location of flat</b> <i>(see note 9.1)</i>				<b>No. of habitable rooms</b> <i>(see note 9.2)</i>			
<b>Flat number</b>				<b>No. of bathrooms or shower rooms</b> <i>(see note 9.3)</i>			
<b>Type of tenancy</b> <i>(see note 9.6)</i>				<b>No. of separate WC rooms</b> <i>(see note 9.4)</i>			
<b>Name(s) of current occupier(s)</b>				<b>No. of kitchens with all required facilities</b> <i>(see note 9.5)</i>			
				<b>No. of kitchens without all required facilities</b> <i>(see note 9.5)</i>			
<b>No. of occupants</b>		<b>No. of households</b> <i>(see note 9.7)</i>		<b>No. of wash hand basins</b>		<b>No. of sinks</b>	

  

Details of flat and occupants				Facilities within the flat			
<b>Location of flat</b> <i>(see note 9.1)</i>				<b>No. of habitable rooms</b> <i>(see note 9.2)</i>			
<b>Flat number</b>				<b>No. of bathrooms or shower rooms</b> <i>(see note 9.3)</i>			
<b>Type of tenancy</b> <i>(see note 9.6)</i>				<b>No. of separate WC rooms</b> <i>(see note 9.4)</i>			
<b>Name(s) of current occupier(s)</b>				<b>No. of kitchens with all required facilities</b> <i>(see note 9.5)</i>			
				<b>No. of kitchens without all required facilities</b> <i>(see note 9.5)</i>			
<b>No. of occupants</b>		<b>No. of households</b> <i>(see note 9.7)</i>		<b>No. of wash hand basins</b>		<b>No. of sinks</b>	

**10 SHARED FACILITIES/AMENITIES – Address of Property:** \_\_\_\_\_

Shared amenities/facilities are separate bathrooms/shower rooms, kitchens and WCs which are shared by more than one household (for the definition of household see note 9.7). This could mean being shared by separate households in either a house or a flat. Do not include facilities here which are used exclusively by one household. These should be recorded in either section 8 or 9.

**Please specify the following:**

<b>Total number of shared kitchens</b>		<b>Total number of shared bathrooms or shower rooms with WC</b>	
<b>Total number of shared WCs in separate compartments</b>		<b>Total number of shared bathrooms or shower rooms without WC</b>	

**Shared kitchens:**

Location of shared kitchen(s) (see note 10.1)	Does the kitchen have all facilities (see note 10.2)		Does the kitchen contain a sink?		Number of occupiers sharing kitchen	Number of households sharing kitchen
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

**Shared Bathrooms/Shower rooms (with or without WCs) Address of Property:** \_\_\_\_\_

Location of shared bathroom/shower room(s) (see note 10.1)	Is there a WC within the bathroom/shower room?		Is there a wash hand basin within the bathroom / shower room?		Number of occupiers sharing bathroom/ shower room	Number of households sharing bathroom / shower room
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

**Shared WCs in separate compartments (i.e. not in a bathroom/shower room):**

Location of shared WCs (see note 10.1)	

**Total number of shared facilities in the whole property**

<b>Total number of bathrooms and/or shower rooms</b>		<b>Total number of kitchens</b>	
<b>Total number of separate WCs, i.e. not in bath/shower rooms</b>		<b>Total number of sinks</b>	
<b>Total number of WCs in a bathroom or shower room</b>		<b>Total number of wash hand basins</b>	

## **11 NOTIFICATION OF THIS APPLICATION REQUIRED TO BE GIVEN TO OTHER PERSONS:**

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 the form enclosed ("Statutory Notification to other interested parties of an Application for an HMO Licence."). The persons who need to know about it are-

- 11.1 Any mortgagee of the property.
- 11.2 Any Mortgagor of the property.
- 11.3 Any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessees who are known to you.
- 11.4 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 tenant whose lease or tenancy is for less than three years (including a periodic tenancy).
- 11.5 The proposed licence holder (if that is not you).
- 11.6 The proposed managing agent (if any) (if that is not you).
- 11.7 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 persons -

- Your name, address, telephone number and e-mail address.
- The name, address, telephone number and e-mail address of the proposed licence holder (if it will not be you).
- Whether this is an application under Part 2 (HMO licence) or Part 3 (selective licence) of the Housing Act 2004.
- 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.
- The date the application will be submitted.

Please complete the table on the next page stating who you have notified of your application.

**Declaration**

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, and I/we give my/our permission to contact other bodies to verify above information.

Name	Address	Person's interest in the property or the application (this should be one of 12.1 - 12.6 above)	Date of Service

If the above is not applicable, please tick box

**Please Note:**

The licence will state the maximum permitted number of occupiers and households. The council will assess this in accordance with its standards for kitchen, bathrooms and room sizes (copy enclosed).

**APPLICATION DECLARATION**

I/we the proposed licensee, 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:**  
(licence applicant)

**Print Name:**

**For and on behalf of:**  
(state company name)

**Position in company:**

**Date:**

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**12. Documents enclosed** (please indicate enclosures)

Plan of premises showing room sizes in square metres or square feet for all rooms, and position of kitchen, bathroom and WC facilities <b>(must be provided)</b>	<b>Yes / No</b>
Copy of most recent Gas Safety Certificate for all gas appliances <b>(must be provided if gas appliances used)</b>	<b>Yes / No</b>
Copy of electrical inspection report for the whole HMO if carried out within the last five years <b>(must be provided)</b>	<b>Yes / No</b>
Copy of most recent Annual Test Certificate for automatic fire detection and emergency lighting installation <b>(must be provided if applicable)</b>	<b>Yes / No</b>
Example of tenancy agreement (blank version) <b>(must be provided)</b>	<b>Yes / No</b>
London Landlord Accreditation (LLAS) Certificate <b>(must be provided if applying for reduction in fee)</b>	<b>Yes / No</b>

**Please send your completed application with your fee, the plan of the HMO and other documents listed above (if available) to:**

**Islington Council  
Residential Environmental Health  
222 Upper Street, London N1 1XR**

**If you have an electronic version of your completed form, it would be helpful if you could also email it to us – [residential.envh@islington.gov.uk](mailto:residential.envh@islington.gov.uk)**

## Houses in Multiple Occupation (HMO) Licensing Scheme

If you would like assistance in completing this form and drafting the plan of your HMO, this service is available from the council at a cost of £218 per HMO (see below for contact details).

### Advisory Notes on Application Form

1. The applicant should be the proposed licence holder (although the licence can be granted to someone else if both the applicant and that person agree). They must be the most appropriate person to be the licence holder. Usually that would be the person in control of or the person managing the property. This could be the freeholder or any other owner or lessee who receives rent or other payments (whether directly or through an agent or trustee) from tenants or lodgers in the property. The Council will be particularly looking for the licence holder to be the person who has the authority to comply with the licence conditions.

Please note; for Public Register purposes the licensee and managers' names and addresses must be made available to the public. If do not wish for your private addresses to be shown, you can supply your business addresses where appropriate.

Also see note 5.

#### 2. General premises details

- 2.1. A **self contained flat** is a unit of accommodation containing all kitchen, WC and bathroom facilities for exclusive use by one household, entered through a single door.
- 2.2. A **bedsit** is a room containing living and sleeping accommodation (it may also include kitchen facilities). The occupiers will usually share bathroom and WC facilities with other households.
- 2.3. A **Household** relates to any members of the same family, including spouses, aunts, uncles, nieces, nephews, grandparents etc and partners living together as husband and wife (or in an equivalent relationship in the case of persons of the same sex).

#### 3. Documents enclosed

- 3.1. Please annotate the sketch plan to correspond to the rooms / lettings, self contained flats and shared facilities detailed in sections 8, 9 and 10.
- 3.2. Documentation should be included if available. If not included, it will be required later as a condition of the licence.

#### 4. Fee enclosed

The basic fee is £120 per letting / bedroom or bedsit. See enclosed for details of reduced fees if applicant and manager are accredited under the LLAS Scheme. This fee is only intended to offset the cost to the Council of administering the licensing scheme.

Both a bedsit and a self contained flat command separate fees. For example, if there are 10 bedsits in the HMO the basic fee for will be  $10 \times £120 = £1200$ . Licences are not transferable. A fee is payable if there is a change of licence holder. Rates vary for changes to details of manager or licence holder, and for variation or renewal of a licence. See application form and enclosed list of fees for further information.

#### 5. Ownership and management

For a limited company, partnership or trust, please provide the registered address **and**, if different, that of the principal office. In the case of a limited company, partnership or trust registered outside the UK, please provide the address within the UK where documents may be served. In such circumstances proof of adequate management arrangements in the UK will be required in section 4.

## 6. Management arrangements.

The Council is required to satisfy itself that there are satisfactory management arrangements for the property (section 64, Housing Act 2004).

The questions refer to the person who is going to be managing the property, whether it is the applicant or another person appointed by them.

It is best practice for management arrangements to be in writing and for inspections to be carried out at a minimum of every three months.

Also see note 1

## 7. Fit and proper person

The Council **must** satisfy itself that the licence applicant and the manager (if they are different people) are **fit and proper persons** to hold a licence or to manage a House in Multiple Occupation. To do this we must have regard to matters laid down in the legislation (Housing Act 2004 Section 66). These questions are asked in order to enable us to satisfy this legal requirement.

In making a decision on whether or not to grant a licence on the basis of information given in this section, each case will be considered on its merits. That is, minor infringements that happened a long time ago will not necessarily mean that a licence will be refused. Conversely recent serious infringements relating directly to the business of running and managing an HMO may well imply to the Council that an applicant or manager is not a fit and proper person. There are of course appeal provisions if you are aggrieved by the Council's determination.

In addition please note:

- The questions should be answered in the name of the individual or company who has applied for the licence and a separate form should be completed by the manager of the HMO, if he or she is not the applicant.
- In the case of a limited company or partnership, offences attributed to both the company and directors or partners must be included.
- In answering questions concerning previous convictions, etc., details should be given in respect of all properties owned or managed by the applicant, whether in Islington or in other Local Authority areas.
- The Council will treat all responses received in the strictest confidence.

- 7.1. Include details of all contraventions and convictions related to any property within your control, i.e. property from which you received rents or other payments either directly or as agent for someone else.
- 7.2. A Control Order made under the Housing Act 1985 or the Housing Act 2004 is an order which removes control of an HMO from the owner and places it with the Council. It is made in order to protect the health, safety or welfare of the occupants.
- 7.3. Work in your default or works with or without agreement mean that you have failed to comply with the requirements of a Housing Act notice (see note 7.1) and as a result, the Council has instructed contractors to enter the premises to do the work and has charged you for this.
- 7.4. Include all legal proceedings of whatever description that were related to any property within your control, i.e. property from which you received rents or other payments either directly or as an agent for someone else.
- 7.5. Include all offences that fall within these categories, no matter how minor or serious.
- 7.6. Include information in relation to any business run by you or your manager, not just that relating to the letting of property.
- 7.7. Include matters not declared under questions 7.1, 7.2, 7.3 or 7.4.

- 7.8. Include refusal or revocation of House in Multiple Occupation licence from any local authority, not only Islington.
- 7.9. Include licence conditions relating to any property, not only in Islington.
- 7.10. Management orders are as described in Part 4 of the Housing Act 2004 and refer to a local authority's ability to take over the management of a property on either a short or long term basis, where the health, safety and welfare of occupiers or management of the property is of concern.
- 7.11. Although none have been approved to date (01.10.07), national approved codes of practice with regard to the management of HMOs etc. are expected in the future. For more information, please contact us.
- 7.12. The London Landlord Accreditation Scheme (LLAS) is an accredited scheme. See website at <http://www.londonlandlords.org.uk>. It is a condition of the licence for managers and owners to be accredited within two years of being licensed.
- 7.13. This question relates to your associates. Include full details or contact us if you are unsure. The Council will not refuse a licence on these grounds unless the association is relevant to whether you or your manager is a fit and proper person to be the licence holder or the manager, as the case may be.
- 7.14. This question deals with any person involved in the management of the premises. This may include rent collectors, maintenance staff, inspection staff etc.

## **8. Bedsits or bedrooms**

- 8.1. Describe the location as if you were standing in the street facing the property. Give the floor, location in the floor and letting number (if there is one).

Examples of description of a letting are:

- Ground floor front room, room number 1.
  - First floor front and rear rooms, flat number 2.
  - First floor back addition, second floor front and rear rooms.
- 8.2. Include any bath or shower in its own compartment, within the letting, whether or not the compartment contains a WC or wash hand basin.
  - 8.3. Include any WC within the letting whether or not it is in its own compartment or in a bathroom with other facilities.
  - 8.4. Kitchen facilities must include all of the HMO standards sent out with application pack.
    - a sink
    - a cooker
    - food storage
    - a fridge
    - a food preparation surface

**Please refer to the Islington HMO Standards (copy enclosed) for full details of the required standards.**

- 8.5. Insert the type of tenancy the occupant has, for example assured short hold, assured, protected etc.

## **9. Self contained flats and studio flats (entered through a single door)**

- 9.1. Describe the location as if you were standing in the street facing the property. Give the floor, location in the floor and flat number (if there is one). Please cross reference the flat number with the scale drawing or sketch supplied under section 3. Examples of description of a self contained flat are:

- Basement flat number 1.

- Second floor rear flat, number 4.
- 9.2. Count the number of living rooms and bedrooms. Don't include kitchens or bathrooms.
- 9.3. Include all baths or showers in separate compartments, whether or not they are in a bathroom with other facilities.
- 9.4. Include any WC within the letting whether or not it is in its own compartment or in a bathroom with other facilities.
- 9.5. Kitchen facilities must include all of the following:
- a sink
  - a cooker
  - food storage
  - a fridge
  - a food preparation surface

**Please refer to the Islington HMO Standards (copy enclosed) for full details of the required standards.**

- 9.6. Insert the type of tenancy the occupant has, for example assured short hold, assured, protected etc.
- 9.7. Single household is defined as members of the same family, that is:
- married or living together (including same sex relationships),
  - related i.e. – parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew, niece or cousin, or
  - related to one member of a couple and
  - includes foster children or domestic employees (nanny, carer, maid etc)
  - single person

## **10. Facilities /Amenities**

- 10.1. Describe the location as if you were standing in the street facing the property. Give the floor and location in the floor, e.g. ground floor back addition room, first floor front right room. Where appropriate cross reference the facility with those shown in the scale drawing or sketch plan given in section 3.
- 10.2. A shared kitchen should have:
- Food storage cupboards, not in a sink unit.
  - An adequately sized (1000x 600mm) suitable worktop for the preparation of food.
  - An adequately sized refrigerator.
  - A cooker with four rings or hot plates and a grill or oven and a microwave oven.
  - A sink and drainer of adequate size with its own supplies of hot and cold running water properly connected to the drainage system.

**Please refer to the Islington HMO Standards (copy enclosed) for full details of the required standards.**

**Please send your completed application with your fee, the plan of the HMO and other documents listed above (if available) to:**

**Islington Council  
Residential Environmental Health  
222 Upper Street, London N1 1XR**

**If you have an electronic version of your completed form, it would be helpful if you could also email it to us – [residential.envh@islington.gov.uk](mailto:residential.envh@islington.gov.uk)**