

# HOUSING ACT 2004, PART 2 SECTION 63

## LICENSING OF HOUSES IN MULTIPLE OCCUPATION (HMO) – APPLICATION FORM 2022

---

Please return the completed form with supporting documents, and fee to:

London Borough of Richmond upon Thames  
Regulatory Services Partnership  
Private Sector Housing  
Civic Centre, London Road  
Morden SM4 5DX  
Telephone: (020) 8545 3025  
[privatehousing@merton.gov.uk](mailto:privatehousing@merton.gov.uk)

**If you are uncertain how to answer any of the questions or have any queries about the process or HMOs in general we would encourage you to seek advice and guidance by contacting Private Housing using the contact details above**

**If you have more than one property in multiple occupation, you will need to fill in a separate application for each property.**

---

### 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).

- Part 1 - Licence-holder etc details.
- Part 2 - Information about the interest in the property.
- Part 3 - Information about the property and its occupation
- Part 4 - Letting details and fee calculation
- Part 5 - Licence-holder test of fitness
- Part 6 - Details of persons served with notice of this application

**Please attach all relevant certificates of installation, inspection or maintenance. The declaration at the end of the application must be signed and dated and must include the appropriate fee (see notes). Please include a sketch plan of the property, showing approximate room sizes and layout.**

Full address of the property which the licence application applies to	
	Postcode

**Part 1.****Licence Holder etc details****(see note about disclosure of licence holder's address in the HMO Register)**

<b>1.1</b>	<b>To be completed if applicant is an individual</b>	
	(a) Full Name (block letters)	
	Surname	First Name(s)
	(b) Home Address	(c) Telephone numbers Home
	Postcode:	Work / Mobile
	<b>Email address</b>	
	Preferred method of contact (please tick)	
	Home <input type="checkbox"/>	Work / Mobile <input type="checkbox"/> Email <input type="checkbox"/>
	Are you the proposed licence holder?( <i>please tick</i> )      Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If not, please give the name, address, telephone number <b>and email address</b> of the proposed licence holder.	
<b>1.2</b>	<b>To be completed if applicant is Company or Partnership</b>	
	(a) Full name of Company or Partnership	
	(b) Address of Principal or Registered Office	
	(c) Tel. Number	<b>Email address</b>
	Is the Company or Partnership the proposed licence holder?      Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If not, please give the full names address telephone number and email of the proposed licence holder.	
<b>1.3</b>	<b>Please give details of the person Managing the HMO if different from above (see note on page 13)</b>	

	(a) Full Name (block letters)	
	(b) Home Address:  Postcode:	(c) Telephone Numbers Home:  Work/mobile:
	<b>Email address</b>	
<b>1.4</b>	<b>Please give details of the person in control of the HMO if different from above (see note on page 13)</b>	
	(a) Full Name (block letters)	
	(b) Home Address:  Postcode:	(c) Telephone Numbers Home:  Work / Mobile
	(d) Email Address	
<b>1.5</b>	<b>Please give details of any person who has agreed to be bound by any condition contained in the licence (see note on page 13)</b>	
	(a) Full Name (block letters)	
	(b) Home Address:  Postcode:	(c) Telephone Numbers Home:  Work / Mobile
	<b>Email address</b>	
<b>1.6</b>	<b>Details of other properties licensed under Part 2 or Part 3 of the Act</b>	
	Does the proposed licence holder hold a licence in respect of any other properties? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, please give property address(es) and the name of the licensing authority(s)	
<b>1.7</b>	<b>Details of Accreditation Schemes</b>	
	Give details of any Accreditation Schemes you are a member of including any reference numbers.	

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

		<p>Detached <input type="checkbox"/></p> <p>Semi-detached <input type="checkbox"/></p> <p>Mid-terraced <input type="checkbox"/></p> <p>End terraced <input type="checkbox"/></p> <p>Grouped design <input type="checkbox"/></p> <p>Residential Block <input type="checkbox"/></p> <p>Other (please specify).....</p> <p>.....</p> <p>.....</p>
<p><b>2.3</b></p>	<p><b>Are you the owner?</b> (refer to note 2.3) (Please tick appropriate box)    Yes <input type="checkbox"/>    No <input type="checkbox"/></p>	
<p><b>2.4</b></p>	<p>If you own the interest jointly with other people, please give the names and postal addresses <b>and Email addresses</b> of your co-owners.          If you do not own the property please give the name(s) and address(es) of the owner(s)</p>	
<p><b>2.5</b></p>	<p>Is there a mortgage on the property?            Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>If Yes, please enter details of the mortgage provider in the box on page 9 to confirm that you have notified the mortgage provider of your intention to apply for an HMO licence.</p>	

**Part 3.**  
**Information about the property and its occupation (see guidance note)**

<b>3.1</b>	<b>Type of property</b> (please tick appropriate box)	
	<p>A house in multiple occupation?          Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>A flat in multiple occupation?          Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>A house converted into and comprising only of self-contained flats? Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>If yes, how many flats are in the converted house and how many are let to tenants?</b></p> <p>A building only containing purpose built flats?          Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>If yes, how many flats are in the block?</b></p> <p>A building in both residential and business use?          Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Other (please specify).....          .....</p>	<p>Detached <input type="checkbox"/></p> <p>Semi-detached <input type="checkbox"/></p> <p>Mid-terraced <input type="checkbox"/></p> <p>End terraced <input type="checkbox"/></p> <p>Grouped design <input type="checkbox"/></p> <p>Residential Block <input type="checkbox"/></p> <p>Other (please specify).....          .....</p>
<b>3.1</b>	<b>What is the approximate age of the property?</b> Pre 1919 <input type="checkbox"/> 1919-1945 <input type="checkbox"/> 1945-1964 <input type="checkbox"/> 1965-1980 <input type="checkbox"/> post 1980 <input type="checkbox"/>	
<b>3.2</b>	<b>How many storeys are there, including the ground floor (ie street level)?</b> (Please include any occupied basement and business premises whether above or below the living accommodation and any mezzanine floor)  Total Number.....Number Below Ground.....	
<b>3.3</b>	<b>How many separate letting units?</b>	
<b>3.4a</b>	<b>How many living rooms?</b> (this excludes kitchens and kitchen / dining rooms)	
<b>3.4b</b>	<b>How many bedrooms or bedsitting rooms / bedsits?</b>	

3.5	How many bath / shower rooms?
3.6a	How many separate WCs within own compartment?
3.6b	How many WCs within bathrooms / shower rooms?
3.7	How many wash hand basins?
3.8	How many kitchens or kitchen / dining rooms?
3.9	How many kitchen sinks?
3.10	How many households occupy the property?
3.11	How many people occupy the property?
3.12	<p><b>Is any of the following fire precautions equipment provided?</b></p> <p>Fire Extinguishers Yes <input type="checkbox"/> None <input type="checkbox"/> Protected Escape route with fire doors Yes <input type="checkbox"/> None <input type="checkbox"/></p> <p>Warning Notices Yes <input type="checkbox"/> None <input type="checkbox"/> Fire Blankets Yes <input type="checkbox"/> None <input type="checkbox"/></p> <p>Smoke Alarms Yes <input type="checkbox"/> None <input type="checkbox"/> How many smoke alarms? .....</p> <p>Where are the smoke alarms located? .....</p> <p>Details of any other fire precautions equipment:.....</p> <p><b>Please provide details of fire escape routes and other fire safety training provided to occupiers</b></p>
3.13	<p><b>Does the furniture in the property, which is provided under the terms of any tenancy or licence, meet the statutory fire safety requirements?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3.14	<p><b>Do the gas and electrical appliances in the property meet the statutory safety requirements?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>PLEASE PROVIDE COPIES OF ALL RELEVANT DOCUMENTATION AND CERTIFICATES INCLUDING CURRENT ANNUAL GAS SAFETY CERTIFICATE, PORTABLE APPLIANCE TEST AND ELECTRICAL INSTALLATION CONDITION REPORT (dated within 5 years).</b></p>
3.15	<p><b>Has building work been carried out at the property within the last five years requiring planning consent or building regulations approval?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p>

**YOU MUST PROVIDE A FLOOR PLAN SHOWING ROOM LAYOUT AND USAGE, APPROXIMATE ROOM SIZES AND POSITION OF ANY SMOKE ALARMS**

**Part 4.**  
**Letting Details.** Please continue on a separate sheet if necessary

	<b>Letting *</b> (eg Flat 1, Room 3 etc and description of the room occupied eg basement rear, ground floor front etc)	<b>Occupier</b> (Full Name of <u>each</u> occupier)	<b>Proposed number of occupants (if different)</b>	<b>Number of Habitable Rooms ** by Letting</b>	<b>Approx. room size</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Enter the total number of proposed occupants and habitable rooms**

--	--

\* Only members of the same household should occupy one room, ie persons who are of the same family or in a relationship (unless the HMO is of a hostel or dormitory type, which should be made clear on the application form      \*\*Habitable Room includes any room normally used as a bedroom or living room

**Part 5.**

**Licence-holder / Manager test of Fitness** *(If any questions are answered yes please see note 5.1 for information on how to provide details)*

5.1	<p>Has the proposed licence holder or manager got any unspent convictions for or involving fraud, dishonesty, violence, drugs or sexual offences?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
5.2	<p>Has the proposed licence holder or manager been found guilty by any court or tribunal of practising any unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability in or in relation to any business?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
5.3	<p>Has the proposed licence holder or manager been found guilty in any civil or criminal proceedings of contravention of any enactment relating to housing, public health, environmental health or landlord and tenant law?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
5.4	<p>Has any property owned by the proposed licence holder or manager been the subject of :</p> <p>(i) A Control Order under section 379 of the Housing Act 1985 in the last 5 years?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(ii) or any appropriate enforcement action described in section 5(2) of the Act? (See note)</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
5.5	<p>Has the proposed licence holder or manager ever been refused a licence under Part 2 or Part 3 of the Housing Act 2004 for any property? <i>(If yes please give details)</i></p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
5.6	<p>Has the proposed licence holder or manager ever had a licence revoked for breach of any conditions of a licence granted under Part 2 or Part 3 of the Housing Act 2004? <i>(If yes please provide details)</i></p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
5.7	<p>Has a Local Authority carried out work in default in relation to a property that you own or have owned?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
5.8	<p>Have an Interim or Final Management Order ever been made in respect of any property owned or managed by the proposed licence holder or manager? <i>(If yes please provide details)</i></p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>

**Part 6.**

**Details of persons served with notice of this application**

You must let certain 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:

1. Any mortgagee of the property to be licensed
2. Any owner of the property to which the application relates (if this is not you) i.e. the freeholder and any head lessors that are known to you
3. 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)
4. The proposed licence holder (if that is not you)
5. The proposed managing agent (if any) (if that is not you)
6. Any person who has agreed that he will be bound by any condition in a licence if it is granted.

You must tell each of these persons:

1. Your name, address, telephone number and email address and fax number (if any)
2. The name, address, telephone number and email address and fax number (if any) of the proposed licence holder (if it will not be you)
3. Whether this is an application for an HMO Licence under Part 2 or a house licence under Part 3 of the Housing Act 2004
4. The address of the property to which the application relates
5. The name and address of the Local Housing Authority to which the application will be made
6. The date the application will be submitted

**Details of Persons served with notice of this application** *(Continue on another sheet if necessary)*

Description of persons interest in the property or the application	Name	Address	Email address	Date of Service
Mortgagee of the property to be licensed				
Owner of the property				
Long leaseholder				
Proposed licence holder (if that is not you)				
Proposed managing agent (if any) (if that is not you)				
Any person who has agreed that he will be bound by any condition in a licence				

### Checklist for submitting an application and documents required

Please tick the box (or state "not applicable") to confirm that you have supplied the following:

1. A floor plan for the property detailing the layout and position and size of each room
2. A "Gas Safe" Annual Gas Safety Record for all appliances and installations
3. Periodic Electrical Installation Condition Report dated within 5 years
4. Portable Electrical Appliance test Reports (PAT Tests) dated within 1 year
5. Test reports relating to the automated fire detection system (AFD) if applicable  No AFD
6. Test reports relating to the emergency lighting (if applicable)  No emergency lighting
7. Building Regulations Compliance Certificate (if the answer to 3.15 is yes)
8. Date of planning consent (if the answer to 3.15 is yes)  Date:

Please confirm by ticking the box that you:

1. Have appropriate Landlords' HMO and Building Insurance in place
2. Have paid (or are about to pay) the initial Licence fee

**Part 7.  
DECLARATION**

**WARNING: IF YOU KNOWINGLY MAKE A FALSE STATEMENT OR FAIL TO COMPLY WITH ANY CONDITION OF THE LICENCE YOU MAY BE LIABLE FOR PROSECUTION**

**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 fee.**

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.

I/we declare that I/we have served a notice of this application on the persons listed in Part 6 who are the only persons known to me/us that are required to be informed that I/we have made this application.

Signature..... Date.....

*Applicant*

Applicant's Full name:.....

*(Block Capitals please)*

Position (if acting on behalf of a company).....

Signature..... Date.....

*Proposed Licence Holder*

Proposed licence holder's Full name:.....

*(Block Capitals please)*

Position (if acting on behalf of a company).....

***This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes'.***

## Equalities data

The Council wishes to ensure that the HMO Licencing process is fairly administered and therefore asks applicants for HMO licences to give the following information about themselves in order to enable the Council to monitor whether there is any disproportionate effect related to the protected characteristics in the Equalities Act 2010.

**Circle, tick that which applies, or delete those which do not apply**

Applicant's gender: Male          Female

Do you consider yourself to have a disability? Yes    No

Of which ethnicity would you describe yourself?

White British  
White Irish  
White European  
Other white background

Black or Black British  
Black Caribbean  
Black African  
Black European  
Other Black background

Mixed White and Black Caribbean  
Mixed White and Black African  
Mixed White and Asian  
Other mixed background

Asian or Asian British  
Indian  
Pakistani  
Bangladeshi  
Chinese  
Other Asian Background

Arabian

Other ethnicity

## 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 Housing.**

In these notes “the Act” means the Housing Act 2004, unless otherwise stated, all references to sections etc are to sections in the Act.

### Meaning of HMO

“HMO” means a house in multiple occupation as defined by sections 254 to 259 Housing Act 2004 and The Licensing of Houses in Multiple Occupation (Prescribed Description) (England) Order 2018.

An HMO licence is required if all of the following apply:

- it has five or more occupiers comprising two or more separate households, regardless of number of storeys
- it is a house or self-contained flat but is not a purpose-built flat situated in a block comprising three or more self-contained flats
- some or all of the occupants share amenities such as bathrooms, toilets or cooking facilities
- at least one of the occupants pays rent (or the accommodation is linked to their employment)
- it is the occupiers' main residence
- it is not an exempt property, namely:
  - Buildings or part of buildings, occupied by no more than two households each of which comprise a single person
  - Buildings occupied by a resident landlord with up to 2 tenants
  - Managed or owned by a public body (such as the police or the NHS) or an LHA or a Registered Social Landlord
  - Where the residential accommodation is ancillary to the principal use of the building e.g. religious establishments
  - Student Halls of Residence, where the educational establishment has signed up to an Approved Code of Practice
  - Buildings regulated otherwise than under the Act, such as care homes, bail hostels etc
  - Building entirely occupied by freeholders or long leaseholders

Operating a licensable HMO without a licence is an offence which can be dealt with by a financial penalty or a conviction in court.

From 1 October 2018, mandatory licensing is no longer limited to HMOs that are three or more storeys high, but includes buildings with one or two storeys.

**The Person in Control of the HMO** is the person who is entitled to receive the majority of the rent from the tenants and may be the owner, or the owner of a long lease on the property

**The Person Managing an HMO** must either be the person in control of the house or be an agent or employee of the person having control of the house, and be a fit and proper person to be the manager. The manager has day to day responsibility for the HMO and the authority to act on behalf of the person in control. The manager may receive a fee or commission from the person in control of the house or receive a percentage of the rent.

**A Person Bound by Conditions** is any person who has responsibility for compliance with one or more of the conditions in the licence, and may be an agent or employee of the licence holder if the licence holder is a company.

## **HMO Register – Disclosure of Licence Holder’s name and address**

Section 232 of the Housing Act 2004 and Statutory Instrument 2006/373 which provides for a public register and regulation 11 of the Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions)(England) Regulations 2006 prescribe the information which must go in that register. This includes the licence holders name and address but does not include the telephone number or email address of the licence holder.

Regulation 11 of SI 2006/372 states that the following particulars are prescribed for each entry in a register established and maintained under section 232(1)(a) of the Act in respect of a licence granted under Part 2 (HMOs) or 3 (selective licensing) of the Act which is in force—

- (a) the name and address of the licence holder;
- (b) the name and address of the person managing the licensed HMO or house;
- (c) the address of the licensed HMO or house;
- (d) a short description of the licensed HMO or house;
- (e) a summary of the conditions of the licence;
- (f) the commencement date and duration of the licence;
- (g) summary information of any matter concerning the licensing of the HMO or house that has been referred to [the First-tier Tribunal] 1 or to the [Upper Tribunal] 2 ; and
- (h) summary information of any decision of the tribunals referred to in sub-paragraph (g) that relate to the licensed HMO or house, together with the reference number allocated to the case by the tribunal.

Whereas a name and address is personal data, section 35 of the Data Protection Act 1998 provides that personal data is exempt from the non-disclosure provisions where disclosure is required by or under any enactment.

The licence holder is advised that there is no requirement for the address given to be their home address and a business address can be used instead. Where a business address is given, the section 40(2) DPA exemption applies as there would be no reasonable expectation that this personal data (home address) would be disclosed in light of the choice given to give a business address instead.

## Completing the Form

### Part 1. Licence Holder etc details

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

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

- 2.2 A flat is a dwelling, which is a separate set of premises, whether or not on the same floor
- 2.3 Owner, in relation to the premises
- (a) means a person (other than a mortgagee not in possession) who is for the time being entitled to dispose of the fee simple of the premises whether in possession or in reversion; and
  - (b) includes also a person holding or entitled to the rents and profits of the premises under a lease of which the unexpired term exceeds three years

### Part 3. Information about the property (not mandatory for renewal applications made before the expiry of an existing licence)

- 3.10 Persons are to be regarded as not forming a single household unless they are all members of the same family. A person is a member of the same family as another person if those persons are relatives (parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew, niece, or cousin) or other persons living together who are married or live together as husband and wife (or in an equivalent relationship in the case of persons of the same sex)
- 3.12 The Standard of fire protection required will vary with each property. The form asks about certain equipment but it does not necessarily mean that you will have to provide this if it is missing. Fire Escape Routes will be shown on the sketch plan of the property. If you have a full Automatic Fire Detection System you should provide details of what training you have given the occupants of the property. In other cases it will be adequate to provide information such as a leaflet that are available from [www.firekills.gov.uk](http://www.firekills.gov.uk). Fire Warning signs such as fire exit signs are only appropriate in properties over 4 storeys
- 3.13 Upholstered furniture supplied with rented accommodation must comply with the Furniture and Furnishings (Fire) (Safety) Regulations 1988(as amended). This means that all cover materials must have passed cigarette and match ignition tests and the filling materials must have passed flammability tests. You should check to see that your furniture has a label permanently attached to the lining or underside giving the appropriate details.
- 3.14 Under the Gas Safety (installation and Use) Regulations 1998 the landlord must have an annual gas safety check on all gas appliances by a Gas Safe registered gas installer

A regular and appropriate inspection of the electrical wiring installation is required to ensure that the health and safety of your tenants is not compromised. The landlord is required to provide certification that any appliances provided by the landlord, have been examined by a competent person who has confirmed that they are functioning properly and are safe. An electrical installation certificate is required. Competent electricians must be approved by the NICEIC, ECA, BRE Certification Ltd, British Standards Institute,

ELECSA Limited, or NAPIT Certification Ltd. Your electrician will recommend the frequency of inspection appropriate to your property.

- 3.15 Planning Permission may be required in relation to your HMO if there are more than 6 tenants. 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.

#### **Part 4. Licence Fee**

A fundamental review of HMO licence fees was required due to changes following clarification of the matters that a local authority can take into account when setting a locally determined fee in the case of R (on the application of Hemmings (t/a Simply Pleasure Ltd) and others) v Westminster City Council [2015]. The costs of managing and enforcing the licensing regime cannot be charged at the point of application. However, a fee for these elements can be charged when the licence is granted.

For this reason, from 1st August 2017 applicants for an HMO licence will need to pay the first part payment with the application (based on the number of rooms being let – see table below). This is the “fee on application”. An additional “fee on grant of licence” is payable just before the licence is granted.

After an HMO Licence is granted, refunds will only be granted in exceptional circumstances at the Council's discretion, as the fees are calculated to cover the Council's costs, which have already been incurred. Even if the HMO ceases to be licensable during the licence period and the licence is revoked, there is no pro rata refund as costs have already been incurred by the Council.

A full refund of the fee paid would only be made before a licence is granted in exceptional circumstances, unless at the time the fee was paid the house was not an HMO, or was not an HMO that was required to be licensed, in which case the fee can be refunded in full. During the licensing process, if the licensing process is not complete and an application is withdrawn or cancelled, then a partial refund can be granted. The refund would be the balance of the fee paid, minus the costs incurred up to that point.

Registered charities are exempt from paying HMO Licence fees.

Current fees can be found online or refer to [www.richmond.gov.uk/hmo](http://www.richmond.gov.uk/hmo)

Contact [privatehousing@merton.gov.uk](mailto:privatehousing@merton.gov.uk) for more details on how to pay the fee.

## Part 5 Licence holder test of fitness and compliance with management conditions

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 & Rescue Service, Office of Fair Trading, etc., to check whether the applicant has any relevant convictions. We may require your co-operation in obtaining DBS information in confirmation of the above.

- 5.1 If you do have any convictions you are required to declare, these 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, which are excluded from the Act (i.e. never spent). 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.
- 5.4 The appropriate enforcement action described in section 5(2) of the Act means:
- 1) Serving an Improvement Notice under section 11 or 12
  - 2) Making a Prohibition Order under section 20
  - 3) Serving a Hazard Awareness Notice under section 28
  - 4) Taking Emergency Remedial Action under section 40;
  - 5) making an Emergency Prohibition Order under section 43;
  - 6) making a Demolition order under subsection (1) or (2) of section 265 of the Housing Act 1985 (c. 68);
  - 7) declaring the area in which the premises concerned are situated to be a clearance area by virtue of section 289(2) of that Act.
- 5.7 “Works in default” - provisions of housing legislation which enables 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.