

Email: [HMO@Shropshire.gov.uk](mailto:HMO@Shropshire.gov.uk)

Web: [www.shropshire.gov.uk](http://www.shropshire.gov.uk)

Telephone: 0345 678 9067

## House in Multiple Occupation (HMO) Licence Application Housing Act 2004, Part 2

- If there is more than one house or flat in multiple-occupation that needs to be licensed, you will need to complete separate application forms.
- Please use a black pen and make sure every section is completed fully.
- In order for your application to be accepted you must ensure you send in the following information:
  1. Gas Safety Certificate
  2. Periodic Inspection Report for the Electrical Installation
  3. Fire Alarm Test Certificate
  4. Portable Appliance Test Certificate (PAT)
  5. Copy of your Tenancy Agreement
  6. Proof of identification and address
  7. Plan of Property
  8. Basic Disclosure Certificate
- If a question is not applicable please write N/A in the box.
- If you need to provide additional information requiring more space than that made available on the form, please state in the relevant box that there is additional information and include it on separate sheets, writing the address of the property and the relevant section on each page.
- Please note: if any part of the application form is incomplete, or the fee not paid, the application will not be processed until such a time as all the information / documentation is provided.
- Once your application has been validated and accepted, a member of the HMO Team will contact you to arrange an inspection of the property.
- For advice and terms please refer to the Guidance Notes and Glossary of Terms:  
<https://shropshire.gov.uk/private-rented-sector-housing/houses-in-multiple-occupation/>

**Fees 2022/23:** The licence is valid for five years. The fee is for up to and including five bedrooms. For each additional bedroom an additional fee is required.

Licence Type	Current Fee (£)
HMO up to and including five bedrooms	1000
Additional bedroom Fee (per Room)	95.00

To assist you in completing this application form please read the guidance notes.

### 1.1 Type of Application

## 1.2 Address of the Property to be licensed

### 1.3 Applicant Details:

#### 1.4 Proposed Licence Holder:

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[illegible]

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[illegible]

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[illegible]

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**Mortgagee:**

Name:

Address:

Email address:

[illegible]

Telephone number:

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

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**Leaseholder:**

Name:

Address:

Email address:

[illegible]

Telephone number:

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

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**Any other relevant person:**

Name:

Address:

Email address:

[illegible]

Telephone number:

Interest in the property:

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

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**PART 2 – Property details:**

**2.1 Property information:**

<u>Property type:</u>	
House in multiple occupation:	<input type="checkbox"/>
Flat in multiple occupation:	<input type="checkbox"/>
House converted into self-contained flats or bedsits:	<input type="checkbox"/>
Other, please describe:	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<u>Age of property:</u>	
<b><u>Pre 1919</u></b>	<input type="checkbox"/> <b><u>1919-1944</u></b> <input type="checkbox"/> <b><u>1945-1964</u></b> <input type="checkbox"/>
<b><u>1965-1980</u></b> <input type="checkbox"/>	<b><u>1981-1991</u></b> <input type="checkbox"/> <b><u>Post 1991</u></b> <input type="checkbox"/>
Number of <u>habitable</u> storeys in property:	
Number of <u>habitable</u> rooms in the whole premises:	
Number of 'self contained' flats:	
Number of bedsits or bedrooms:	
Number of people living in the whole house:	
Number of <u>households</u> living in the whole house:	

**2.2 Fire safety:**

Does the property have a system of fire detection?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, does it include any of the following:		
a)	Fire alarm control panel?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b)	Heat detectors in the kitchen(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c)	Smoke detectors in the rooms?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are these battery powered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d)	Smoke detectors in the common parts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are these battery powered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e)	Alarm sounders on each floor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f)	Emergency lighting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	How often is the above system tested?	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

*Continued over*

g) Does the property have fire doors fitted to the rooms that open onto the staircase?  
Yes ☐ No ☐

Does the property have the following fire safety equipment?

a) Fire blankets in all kitchens? Yes ☐ No ☐

b) Fire extinguishers in the common stairways? Yes ☐ No ☐

Has the fire safety equipment been serviced in the last 12 months?

Yes ☐ No ☐

Do you provide any fire safety training to occupants? Yes ☐ No ☐

If "Yes" please give details:

### 2.3 Gas Safety:

Does the property have a gas supply? Yes ☐ No ☐

Have all gas appliances been checked within the 12 months and issued with Gas Safety Certificates?  
Yes ☐ No ☐ N/A ☐

Is there a CO detector in every room with a gas, liquid or solid fuel burning appliance?  
Yes ☐ No ☐ N/A ☐

### 2.4 Electrical Appliance Safety:

Do you supply any of your tenants with portable electrical appliances?

Yes ☐ No ☐

If Yes, do you have a PAT Certificate for these appliances issued in the last 12 months?

Yes ☐ No ☐

Are the appliances less than 12mths old, with receipts? Yes ☐ No ☐

### 2.5 Furniture Safety:

Do you provide upholstered furniture within the lettings? Yes ☐ No ☐

If yes, does all the furniture comply with the Furniture and Furnishings (Fire Safety) Regulations 1988?  
Yes ☐ No ☐

## 2.6 Household Waste Storage and Disposal:

What arrangements are in place for the storage and disposal of household waste?

## 2.7 Plan of Property:

Property plans are required for all new licence applications (an example of a plan is provided in the guidance notes).

If this is an application to renew an existing licence and there have been no changes to the plan previously supplied, please tick here: ☐

### Drawing a plan:

The plan must clearly show the proportions and layout of the house, along with the locations of amenities and fire safety measures.

Please tick the boxes to confirm all the features are included in the plan:

- Address of property and date the plan was drawn ☐
- Dimensions of the main rooms – front to back and side to side (preferably in metres) plus indication of the use of the rooms, e.g. bedroom, living room ☐
- Indication of floor level, i.e. ground, first floor etc ☐
- Location of all smoke and heat detectors, call points (break glass) and control panel. ☐
- Indicate if the smoke and heat detectors are mains powered or battery operated ☐
- Indicate if the smoke detectors are interlinked or single point ☐
- Location of all fire doors ☐
- Location of all emergency lighting units (if provided) ☐
- Position of wash basins, showers, baths, sinks and wc's ☐
- Layout of the kitchen(s) showing work surfaces, sinks, cookers, microwave ovens, hobs, refrigerators and dishwashers (if any) ☐
- Location of all carbon monoxide detectors ☐

## 2.8 Property Management:

The Local Housing Authority is required to ensure that there are satisfactory management arrangements for the property. To enable this, please answer the following:

Are there regular inspections for maintenance at the property?

Yes ☐ No ☐

If yes, how often and who carries them out?

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Are there arrangements in place to deal with emergency repairs at the property?

Yes ☐ No ☐

If yes, what are these arrangements?

(How do the tenants know who to contact, how do they contact them and what is their role?)

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Is there provision for 24-hour contact for occupiers of the property in case of emergency?

Yes ☐ No ☐

If yes, specify the names and numbers of the contacts?




## **PART 3 – Declarations:**

### 3.1 Licence Holder and Manager Fit and Proper Person Declaration

The Local Housing Authority must be satisfied that the proposed licence holder and any person involved in the management of the property is fit and proper to carry out such duties. To enable the Local Housing Authority to satisfy this legal requirement, please answer the following questions.

If the Manager and the proposed Licence Holder are two different people, then each should complete this section using the relevant column below. If they are the same person, only the column for the licence holder need be completed.

You are required to obtain a DBS check, please see Guidance Notes for further details.

You do not have to disclose convictions that are spent under the Rehabilitation of Offenders Act 1974.

Has the Proposed Licence holder (or Property Manager, if applicable) ever:

	Proposed Licence Holder	Manager
Committed any offence involving fraud, dishonesty, violence, drugs or any offences listed in Schedule 3 to the Sexual Offences Act 2003?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Been found by a court or tribunal to have practised unlawful discrimination on the grounds of sex, colour, race, ethnic or national origins, or disability in, or in connection with, the carrying on of any business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contravened any provision of any enactment relating to Housing, Public Health, Environmental Health or Landlord and Tenant Law which led to civil or criminal proceedings resulting in a judgment being made against them?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ever owned or managed any HMO or house which has been the subject of a Control Order under Section 379 of the Housing Act 1985 or an Interim or Final Management Order under the Housing Act 2004, or any type of enforcement action in relation to Category 1 hazards under Part 1 of the Housing Act 2004?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ever been refused a licence for a HMO or house under the Housing Act 2004, or had such a licence revoked for breaching the conditions of the licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ever contravened any approved code of practice relating to the management of HMOs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If the answer is 'YES' to any of the above questions, please give further details:

*(Including, or incident and.)*

*Full name:*

*Date of offence:*

*Details:*

(Continue on a separate sheet if necessary)

*Full name:*

*Date of offence:*

*Details:*

(Continue on a separate sheet if necessary)

**Both the Proposed Licence Holder and the Manager need to sign and date the declaration below:**

**I/We declare that the information provided in this section 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 their functions under Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading, or I/we am/are reckless as to whether it is false or misleading.**

I declare I am the **Proposed Licence Holder** and to the best of my knowledge and belief that I have answered all questions in the Fit and Proper Person section above truthfully and that this statement is valid on the date of application.

Print name:

**Signed:**

Date:

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

Print name:

**Signed:**

Date:

### 3.2 Other licensed Houses in Multiple Occupation

Does the proposed licence holder hold a licence for any other Houses in Multiple Occupation under the Housing Act 2004, Parts 2 or 3?

Yes ☐ No ☐

If yes, please provide the addresses of these properties, and details of the Local Housing Authority that issued the licence. (Please continue on a separate sheet if necessary)

	Address of Licensed Properties	Name of Licensing Authority
1.		
2.		
3.		
4.		
5.		
6.		

### 3.3 Notification to all relevant parties

You must let certain persons know in writing that you have made an application for a House in Multiple Occupation Licence under Part 2 of the Housing Act 2004. (See guidance notes for further details).

**Please complete the table below.**

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. If there are no other interested parties, then please insert 'none' in the table and sign the declaration.

Name	Address	The person's interest in the property or application	Date of service

### 3.4 Declarations by Licence Applicant and Proposed Licence Holder only

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 I/we are reckless as to whether it is false or misleading.

#### **Data Protection**

The information provided will be used in the process of considering the application and may be sent to authorised bodies including: Police, Benefits, Councillors, Inland Revenue, other local authorities.

Shropshire Council is under a duty to protect the public funds that we handle and to this end we may share your information internally or with other organisations for the prevention and detection of a crime. We will not transfer your personal data outside the European Economic Area or disclose it to any third-party other than for the purposes outlined.

Signature:

Date:

Full name (in CAPITALS):

*For, on behalf of (state company name, if applicable)*

Full name (in CAPITALS):

Signature:

Date:

**PART 4 – Fees:**

Please see Page (1) for a breakdown of fees.

I wish to license a property with  Bedrooms.

And therefore, have included a fee of:  £  .00

Please do not enclose cash or cheque.

You can pay **via card** over the phone to Tel: 0345 678 9067. Or if you wish to pay **online** please use the Shropshire Council Pay Portal located at: <https://www.shropshire.gov.uk/pay/> choose Licence HMO from the drop down list, then either print the receipt or forward the receipt to [hmo@shropshire.gov.uk](mailto:hmo@shropshire.gov.uk)

You may wish to pay by **BACS**, please find details below:

Account Name: SC Direct Credit Account  
Account Number: 55636551  
Sort Code: 55-50-05

NatWest  
8 Mardol Head  
Shrewsbury  
Shropshire  
SY1 1HE

If you have made a **BACS payment** please notify [income@shropshire.gov.uk](mailto:income@shropshire.gov.uk) and [hmo@shropshire.gov.uk](mailto:hmo@shropshire.gov.uk) with the following information:

Your Surname  
Amount Paid  
Date payment made  
Confirm SC bank acc.no (as above)  
Quote 11044 A93512

I have paid by:

☐ BACS    ☐ Online    ☐ Over the telephone

P.T.O

### **PART 5 - Supporting documentation:**

Please indicate which certificates you are submitting with your application by placing a tick in either the "Included" or "Existing" boxes below. Advice on all Documents is available through guidance notes for further details.

Document Description		Included	Existing	N/A
5.1	Gas Safety Certificate	<input type="checkbox"/>		<input type="checkbox"/>
5.2	Period Inspection Report for the Electrical Installation	<input type="checkbox"/>		
5.3	Fire Alarm Test Certificate	<input type="checkbox"/>		<input type="checkbox"/>
5.4	Portable Appliance Test Certificate (PAT)	<input type="checkbox"/>		<input type="checkbox"/>
5.5	Copy of your Current Tenancy Agreement	<input type="checkbox"/>	<input type="checkbox"/>	
5.6	Proof of identification and address	<input type="checkbox"/>		
5.7	Plan of Property (see section 2.7)	<input type="checkbox"/>	<input type="checkbox"/>	
5.8	Basic Disclosure and Barring Service Declaration (DBS) Check	<input type="checkbox"/>		
5.9	Application Fee (see section 4.0)	<input type="checkbox"/>		

#### **Please send completed form to:**

Housing Enforcement  
Business and Consumer Protection  
Homes and Communities  
Place Directorate  
Shirehall  
Abbey Foregate  
Shrewsbury  
Shropshire  
SY2 6ND

Or email it to us at: [hmo@shropshire.gov.uk](mailto:hmo@shropshire.gov.uk)

<b>For office use only</b>	X		
Completed application form		Portable Appliance Test Certificate (PAT)	
Fee or copy of receipt		Copy of your Tenancy Agreement	
Gas Safety Certificate		Proof of identification and address	
Period Inspection Report for the Electrical Installation		Plan of Property	
Fire Alarm Test Certificate			

## Appendix 1



### **The Licensing and management of houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006**

To:

As required by Regulation 7 of the Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulation 2006, I/we hereby notify you that I/we propose to submit a licence application for a House in Multiple Occupation under Part 2 of the Housing Act 2004 to:

**Shropshire Council  
Housing Enforcement**

Shirehall  
Abbey Foregate  
Shrewsbury  
Shropshire  
SY2 6ND

The application will be submitted on: *(Date)*

The licence application is for the property known as:

Name of Applicant for the licence is:

Address:

Telephone number:

Email Address:

Signed:

(Applicant for the licence)

The Name of the proposed licence holder is:

Address:

Telephone number:

Email Address:

If you do not agree with the licencing of this property, please contact: Shropshire Council on [HMO@shropshire.gov.uk](mailto:HMO@shropshire.gov.uk) or 0345 678 9000 with regards to HMO Licencing of the property above.