

# Housing Act 2004 - Part 2 APPLICATION TO LICENCE A HOUSE IN MULTIPLE OCCUPATION

If you rent out a property which is a house in multiple occupation (HMO) that is subject to licensing and you have not applied for a licence, you are committing a <u>Criminal</u> Offence. Denbighshire County Council operates a **Mandatory** & **Additional** Licensing Scheme. Licensing aims to ensure that landlords of HMOs are fit and proper people, or employ managers who are, and that each **HMO** is suitable for occupation by the number of people allowed under the licence. Licensing will enforce the standards of management and conditions of the **HMO**, to provide a better quality of living for its occupants and will allow high risk **HMOs** to be identified and targeted for improvement.

Please complete the application carefully and legibly using black or blue ink and refer to the guidance notes to assist you in completing it. Please complete in BLOCK CAPITALS. If you find there is insufficient space to supply answers to a question, please use a continuation sheet and attach it to the application marking the sheet with the section number to which the information relates.

# Address of Premises to be Licensed:

Completed application forms must be returned to the following address:

Public Protection (HMO Licensing)
Denbighshire County Council,
Po Box 62
Ruthin
LL15 9AZ

Phone: 01824 706389

Website: <a href="www.denbighshire.gov.uk">www.denbighshire.gov.uk</a>
E mail: <a href="mailto:envhealth@denbighshire.gov.uk">envhealth@denbighshire.gov.uk</a>

For assistance in completing this form or any further enquiries, please contact **Public** 

Protection (HMO Licensing)

Failure to apply for a licence for a licensable House in Multiple
Occupancy will be an offence liable on summary conviction to an
unlimited fine (previous £20,000)

# **Application for a HMO Licence**

# The person who is completing this licence application. Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Address: Post Code \_\_\_\_\_ Home Tel No: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Mobile Tel No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_\_ E-mail Address: \_\_\_\_\_ Date \_\_\_\_\_ IMPORTANT NOTE TO APPLICANTS Please note that it is a <u>criminal</u> offence to knowingly supply information, which is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application with regard to the property concerned may be required at a later date. If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be revoked or other action taken. In order for an application to be valid, you must provide the relevant documentation (if applicable) with the completed application form and signed Declaration. The following checklist provides details of the documentation that must be provided with this completed application form. (Please tick) ☐ Appropriate fee (details on how to pay on pages 15-16) □ 1 set of floor plans indicating: o The room layout on each floor, identifying room dimensions and usage The location of all smoke/heat sensors, escape lighting, call points, inspection panel, extinguishers and fire blankets. The position of all self closing half hour fire resisting doors. Current Fire Alarm installation/inspection and servicing report (where applicable) Emergency Lighting periodic inspection and testing certificate (where applicable) Electrical System Periodic Inspection Certificate(s) for all units of accommodation and common areas ☐ Current Gas Safety Certificate(s) (where applicable)

If you believe the property is exempt from HMO Licensing please fill in and return the back exemption sheet (Page 28).

A copy of your written anti-social behaviour procedures for the premises

# Ownership and Control of the Property to be Licensed

| Is the proposed licence hol  | Yes / No  |  |
|--|---|--|
| Does the proposed licence the property? (i.e. is legally rental income from the prop | entitled to receive the   | Yes / No   |
| Does the proposed licence  | holder have the authority:  |  |
|  | f the premises.   | Yes / No<br>Yes / No<br>Yes / No<br>e who has the authority to |
| carry out these functions:   |   |  |
|  | egal interest in the property?<br>older, or mortgage provider)  | Yes / No   |
| provider), and anyone else   | ut the owner(s) of the property (incl<br>who has a legal interest in the prop<br>y the conditions of the licence (if gr | perty and/or anyone who  |
| 1. Nature of interest in prop  | erty:   |  |
| Surname:   | First name(s):  |  |
| Address (if an organisation,   | give the registered office or other   | official address) :  |
|  | Post Code   |  |
| Home Tel. No:  | Work Tel. No:   |  |
| E mail address:  | Mobile Tel No:  |  |
| 2. Nature of interest in prop  | erty:   |  |
| Surname:   | First name(s):  |  |
|  | give the registered office or other   | ·  |
|  | Post Code   |  |
| Home Tel. No:  | Work Tel. No:   |  |
| E mail address:  | Mobile Tel No:  |  |

# **Proposed Licence Holder**

The person(s) who you propose will hold the licence.

The licence holder must be competent to undertake HMO management duties, be locally based and have in place a clear chain of responsibility to efficiently and effectively deal with all remedial works, expenditures and breaches of licence conditions that may require rectifying during the term of the licence.

In this context, locally based means within **one hour travelling distance** of the licensed house. Licence holders who can demonstrate that adequate provisions are in place to deal with urgent repair / management issues, may be exempted from this requirement.

| Surname:                         | First Name:     |          |           |            |  |
|----------------------------------|-----------------|----------|-----------|------------|--|
| Address:                         |                 |          |           |            |  |
| Post Code:                       | _               |          | Tel No:   |            |  |
| E-mail address:                  |                 | N        | ∕lobile 1 | ۷o:        |  |
| Date of Birth:                   | Place of Birth: |          |           |            |  |
| Joint Licence holder ( if applic | cable)          |          |           |            |  |
| Surname:                         | First           | Name:    |           |            |  |
| Address:                         |                 |          |           |            |  |
| Post Code:                       |                 |          |           |            |  |
| Mobile Tel No:                   |                 | E-mail c | address   | :          |  |
| Date of Birth:                   |                 | F        | Place o   | f Birth: _ |  |
| Status of the proposed licenc    | e hold          | er(s):   |           |            |  |
| Individual or sole trader        |                 | Company  |           |            |  |
| Partnership                      |                 | Charity  |           | Trust      |  |
| Other (please specify) :         |                 |          |           |            |  |

| If company, partnership, charity or trusts please give details below:  |
|--|
| Business/organisation name (if registered, use the registered name):   |
| Post Code: Registration Number:  |
| E-mail Address:  |
| Provide details about all Company Directors and the Secretary (if the proposed licence holder is a company), all partners (if it is a partnership), and all the trustees (if it is a charity or trust) |
| Name and Address of Company Secretary (if applicable)  |
| Post Code:   |
| Names and addresses of directors/partners/trustees (if applicable)  1  |
| 2  |
| 3  |

# **Rent Smart Wales**

Rent Smart Wales process landlord registrations and grant licences to landlords and agents who need to comply with the Housing (Wales) Act 2014. In order to apply for a HMO Licence you **must** be registered, and if applicable, licenced under the Rent Smart Scheme. More information about Rent Smart can be found at <a href="https://www.rentsmart.gov.wales">www.rentsmart.gov.wales</a>

Please provide details of all registered owners of the property

| Name | Rent Smart Registration Reference |  |  |
|------|-----------------------------------|--|--|
|      |                                   |  |  |
|      |                                   |  |  |
|      |                                   |  |  |
|      |                                   |  |  |
|      |                                   |  |  |
|      |                                   |  |  |
|      |                                   |  |  |

# **Person Managing**

| Will the proposed licence holder                                 | be the manager of the property?  | Yes / No         |
|--|--|------------------|
| If No, please provide details abo                                | out the manager below:   |                  |
| Surname:   | First Name(s):   |                  |
| Business Name:   |  |                  |
| Address (if an organisation, give                                | the registered office or other official ac                             | ddress)          |
|  |  |                  |
| Postcode:  | Mobile Tel No:   |                  |
| Home Tel. No:  | Work Tel. No:  |                  |
| E mail address:  |  |                  |
| number of years managing, rele                                   | experience of the person(s) managing vant training and qualifications) |                  |
|  |  |                  |
| Do you inspect the condition of at the beginning and end of each |  | Yes / No         |
| What arrangements do you hav                                     | e with your tenants for reporting mainte                               | enance issues:   |
| What arrangements do you hav premises: (E.g. inoperable fire po  | e in place to carry out emergency mai<br>anel, burst water supply)     | intenance at the |
| What financial arrangements do maintenance requirements?         | you have in place for day-to-day and                                   | l planned        |

| What arrangements are in of the common areas with         | n place for maintaining the decorat<br>nin the HMO?                       | ive condition and cleanlines:   |
|---|---|---------------------------------|
| Do you provide written ter<br>(If yes, please provide a c | , -   | Yes / No                        |
| What procedures/arrange                                   | ement do you have in place to vet   | prospective tenants?            |
| End a tenancy?  |   |                                 |
| How do you deal with inc                                  | idents of anti-social behaviour in the                                    | e property?                     |
| To demonstrate this provide behaviour procedures for      | de with your application a copy of y<br>the premises                      | our written anti-social         |
| Accreditation and G                                       | Qualification   |                                 |
| Is the proposed licence he                                | older and/or the manager -  |                                 |
| A member of any langer                                    | andlords association or other profes                                      | sional body? Yes / No           |
| •   | elevant qualification or undertaken evant to the ownership and managerty? | ,                               |
| Name of Person  | Organisation/Scheme/Awarding body   | Membership<br>No./Qualification |
|   |   |                                 |

| Name of Person | Organisation/Scheme/Awarding body | Membership<br>No./Qualification |
|----------------|-----------------------------------|---------------------------------|
|                |                                   |                                 |
|                |                                   |                                 |
|                |                                   |                                 |

# Fit and Proper Person

When deciding to grant a licence, the Council must be satisfied that the proposed licence holder, proposed manager and agent or employee are fit and proper persons, in doing so the Council must have regard to any evidence within the list below. Under the Rehabilitation of Offenders Act 1974, there is no requirement to provide details about previous convictions that are 'spent' (see glossary for further guidance).

Please indicate which of the below offences, if any, apply to you or any person named in Parts 2, 3, 4 and 5 and/or any person associated with any of them of which have of been convicted in a Court of Law:

| Committed an offence involving fraud or other dishonesty, or violence or drugs or any offence listed in Schedule 3 of the Sexual Offences Act 2003?                    | Yes | No |
|--|-----|----|
| Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability in, or in connection with the carrying out of any business? | Yes | No |
| Contravened any legislation relating to housing, public health, environmental health or landlord and tenant law?   | Yes | No |
| Been subject to a Control Order under the Housing Act 1985 in the past 5 years?  | Yes | No |
| Been refused a licence for any property in relation to Part 2 and 3 of the Housing Act 2004?   | Yes | No |
| Has had a licence revoked due to a breach of the licensing conditions for any property in relation to Part 2 and 3 of the Housing Act 2004?                            | Yes | No |
| Has been subject to an Interim or Final Management Order under the Housing Act 2004?   | Yes | No |
| Acted otherwise than in accordance with any applicable Code of Practice approved under section 233 of the Housing Act 2004?  | Yes | No |

We require your cooperation in obtaining further supporting evidence in confirmation of the above, see page 9 for further details on obtaining these checks. We may also approach other Authorities such as the Police Authority, Fire and Rescue, Office of Fair Trading, etc. for information and confirmation.

The information you give will be treated in confidence and will only be taken into account in relation to your application.

| <b>Property Detail</b>   | S                                      |                     |                      |                    |
|--|--|---------------------|----------------------|--------------------|
| When was the prop<br>Before 1919 □   | -                                      | 1946-1964 🗆         | 1965-1980 🗆          | After 1980 □       |
| Description of prop  | erty:                                  |                     |                      |                    |
| Detached $\square$   | Semi-detached                          | d □ Mid Terrace     |                      |                    |
| End Terraced □   | Mixed Resident                         | ial and Commerc     | ial 🗆                |                    |
| Other (Please spec   | cify)                                  |                     |                      | _                  |
| Number of storeys: (including ground   |  | and attic convers   | ions)                |                    |
| Are any commerciaccommodation p  |  | -                   |                      |                    |
| Yes / No   |  |                     |                      |                    |
| • If yes, please   | e provide details                      | of any commerci     | al use and on wh     | nich storey:       |
|  |  |                     |                      |                    |
|  |  |                     |                      |                    |
|  |  |                     |                      |                    |
| Gas, Electricity   | Supply and A                           | Asbestos            |                      |                    |
| Is there a gas supp  | ly to the property                     | <b>/?</b>           |                      | Yes / No           |
| If yes, you must sup<br>Certificate(s) cove<br>date and show the<br>Please attach a co | ring all gas applicat all appliances o | ances in the prop   | erty. The certifico  | ite must be within |
| Do you have an elengineer within the are safe? If yes, at                              | e last 5 years to c                    | onfirm that the ele | ectrical installatio |                    |
| Has an asbestos su   | ırvey been under                       | taken at the prop   | erty?                | Yes / No           |
| • If yes, provid   | de a copy of this                      | report with your a  | pplication           |                    |
| <ul><li>If no, please<br/>2012</li></ul>   | be aware of the                        | e requirements of t | the Control of As    | bestos Regulations |

# Occupancy and Tenancy Information

How many separate households live in the property?

| Unit number e.g Bedsit 1,<br>Flat 1 | Number of Current<br>Occupants | Number of<br>Proposed<br>Maximum | Forms one household?<br>Yes/No |
|-------------------------------------|--------------------------------|----------------------------------|--------------------------------|
|                                     |                                |                                  |                                |
|                                     |                                |                                  |                                |
|                                     |                                |                                  |                                |
|                                     |                                |                                  |                                |
|                                     |                                |                                  |                                |
|                                     |                                |                                  |                                |
|                                     |                                |                                  |                                |
|                                     |                                |                                  |                                |
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|                                     |                                |                                  |                                |
|                                     |                                |                                  |                                |
|                                     |                                |                                  |                                |

| ls | there | a resident | landlord? | Yes/No  |
|----|-------|------------|-----------|---------|
| •• |       | u          |           | . 00, 0 |

| • | How many people | e form the | landlords' | household? |  |
|---|-----------------|------------|------------|------------|--|
|   |                 |            |            |            |  |

| • | Which part of the property does the landlords' household |
|---|--|
|   | occupys  |

# **Accommodation Details**

| Type of Unit(s)                                       | <u>Total Unit(s)</u> |
|---|----------------------|
| Bedsits (i.e combined living/bedroom)                 |                      |
| Non self-contained flats                              |                      |
| Self-contained flats                                  |                      |
| Shared Kitchens                                       |                      |
| Shared Bathrooms                                      |                      |
| Give the total number of habitable rooms (excluding   |                      |
| separate kitchen & bathroom)                          |                      |
|   |                      |
| How many self-contained flats are owner occupied? (if |                      |
| any)  |                      |

| Do you have adequate refuse storage/disposal facilities?  | Yes / No |
|---|----------|
| <ul> <li>If yes, do all your tenants have access to the above<br/>refuse storage facilities?</li> </ul> | Yes / No |
| Do you have a door entry / intercom system for the property?  | Yes / No |

# Bathrooms, Water Closets, Wash Hand Basins, and Showers

| ballilooms, water closers, wash hana basins, and showers   |                           |
|--|---------------------------|
| State the number of bathrooms with fixed bath or shower (with or without w.c.)                                     |                           |
| How many bathrooms are provided with heating?  |                           |
| State the number of fixed wash hand basins   |                           |
| How many wash hand basins are shared?  |                           |
| State the number of fixed water closets?   |                           |
| How many water closets are shared?   |                           |
| Are all wash hand basins supplied with continuous hot and  | cold water Yes / No       |
| Areas for Food Storage, Preparation and Cooking  |                           |
| State the number of kitchens in the house?   |                           |
| How many sinks are shared?   |                           |
| State the number of sinks in the house   |                           |
| State the number of cookers in the house   |                           |
| State the number of fridges in the house   |                           |
| Are all kitchens provided with the following:  |                           |
| Impervious work surfaces?  | Yes / No                  |
| Fixed storage cupboards?   | Yes / No                  |
| A cooker?  | Yes / No                  |
| Fridge with freezer compartment?   | Yes / No                  |
| Dedicated cooker point?  | Yes / No                  |
| Sinks with draining board & continuous supply of hot and c   | old water? Yes / No       |
| Minimum 2 x two gang electrical sockets (or 4 single sockethe work surfaces for the use of portable appliances?    | rs) above<br>Yes / No     |
| Dedicated sockets for large appliances? e.g. Fridge, Freez<br>Washing Machine                                      | er,<br>Yes / No           |
| Is there a provision for laundry facilities? (i.e. dedicated plin water supply and drainage for a washing machine) | u <b>mbed</b><br>Yes / No |
| If yes, is the provided laundry facility:  |                           |
| In each unit of accommodation?   |                           |

In the communal area? (shared facility)

# Is a dedicated landlord controlled mains wired smoke and/or heat alarm/detectors provided to the property? Yes /No Does the property contain: A fire alarm panel? Yes / No Escape lighting in the communal stairway? Yes / No Is the main escape route protected with Yes / No 30 minute self-closing fire doors? (SPF30) Fire extinguishers in the communal stairway? Yes / No Is the escape route kept clear of flammable material and other obstructions? Yes / No Provide details on the fire escape routes from the property and how you ensure that they are kept clear: Provide details of any fire safety information or training provided to the occupiers of the property: Does each kitchen contain a fire blanket? Yes / No Do all fire doors have the following: Self-closing devices Cold smoke seals or Intumescent Strips □ None of the mentioned Yes / No Do you have a contractor to maintain and inspect your system? • If yes, please state inspector/company Is there a log book of inspection / testing? Yes / No If yes, where is it kept? \_\_\_\_\_ Does the landlord supply upholstered furniture? Yes / No • If yes does all furniture provided by you in the property meet the statutory safety requirements of the Furniture and Furnishings (Fire ) (Safety) Regulations 1988?

**Fire Precautions** 

Yes / No

(see separate leaflet)

# **Heating and Energy Efficiency** Is there an energy performance certificate for the property? Yes / No If yes, what it is current banding \_\_ Please be aware that all private rental properties in Wales must achieve an energy efficiency rating of at least E on their Energy Performance Certificate (EPC). What type of heating does the property have? (please tick all that apply) Electrical central heating/night storage heaters □ Gas central heating П Fixed electrical heaters/fire □ Solid fuel fires □ Fixed gas heaters/fires Other (please provide details Do all the rooms in the property have a source of fixed heating? (e.g. Radiator or fire) Yes / No Do all the bathrooms and kitchens have a means of natural or mechanical ventilation? Yes / No Are windows double glazed? $AII \square$ Some □ None □ Is the roof space insulated? $AII \square$ Some □ None □ Please provide details including the thickness of insulation in mm \_\_\_\_\_ Are external walls insulated?

All  $\square$ 

All  $\square$ 

(E.g. Cavity, External rendering)

Are hot water tanks lagged?

Some □

Some □

None □

None □

# Notifying People about the Licence

As the Applicant, you must let certain persons know in writing that you have made this application, or give them a copy of it. You must confirm this by completing the table below.

| Does anybody (other than you) own the                        |          |
|--|----------|
| Property? (e.g freeholder, joint owner)                      | Yes / No |
| Is there a mortgage on the property?                         | Yes / No |
| Does the property have any tenant or leaseholder             |          |
| with more than 3 years remaining on the tenancy or lease?    | Yes / No |
| Is the proposed licence holder somebody other than you?      | Yes / No |
| Is the proposed manager somebody other than you?             | Yes / No |
| Has anybody else agreed to be bound by the conditions of the |          |
| Licence, if it is granted?                                   | Yes / No |

The following information must be provided to any person (or organisation) where you have answered yes to any of the questions above:

- Your name, address, telephone number and email address (if possible)
- The name, address, telephone number and email address (if possible) of the proposed licence holder (if it will not be you)
- That this is an application for a HMO Licence under Part 2 of the Housing Act 2004
- The address of the property to which the application relates
- The name and address of the local housing authority to which the application will be made
- The date of when the application will be submitted

To help you comply with this requirement the Council have provided a form, at the back of this application form (Part 22), which you can use to notify all persons of the licensing application you have made. Please compete the bottom 3 boxes of the form with your details. Photocopy this as many times as you need and fill in the name and address of the person you must notify in the top box

Provide details of those people you have notified about the licence application

| Name of Person<br>Notified | Address | Interest in the Property (e.g freeholder, mortgage, etc) | Date Notified |
|----------------------------|---------|--|---------------|
|                            |         |  |               |
|                            |         |  |               |
|                            |         |  |               |
|                            |         |  |               |

# **HMO Licensing Fee Structure**

# Fee Structure 1 - New Applications

The basic fee to be £820 based on 5 habitable rooms which is a bedsit, separate living room or bedroom in a 3 storey or greater building.

For properties with between 6 and 10 habitable rooms there is additional charge of £30 for each habitable room. Properties with 11 or more habitable rooms the charge will be £40 per habitable room over and above 11 habitable rooms.

In summary the proposed fees for HMO licensing are as follows:

| Habitable rooms<br>(bedsit, living<br>room or | Total fee of<br>licence for 5<br>years (3 storey or | Total fee of<br>licence for 5<br>years (2 storey | Total fee of<br>licence for 5<br>years (Single |  |  |
|---|---|--|--|--|--|
| bedroom)                                      | more Building)                                      | Building)  | storey Building)                               |  |  |
| 5 or less                                     | £820  | £620   | £420   |  |  |
| 6*  | £850  | £650   | £450   |  |  |
| 7*  | £880  | £680   | £480   |  |  |
| 8*  | £910  | £710   | £510   |  |  |
| 9*  | £940  | £740   | £540   |  |  |
| 10*   | £970  | £770   | £570   |  |  |
| 11#   | £1,010  | £810   | £610   |  |  |
| 12#   | £1,050  | £850   | £650   |  |  |
| 13#   | £1,090  | £890   | £690   |  |  |
| 14#   | £1,130  | £930   | £730   |  |  |
| 15#   | £1,170  | £970   | £770   |  |  |
| 16#   | £1,210  | £1,010   | £810   |  |  |
| 17#   | £1,250  | £1,050   | £650   |  |  |
| 18#   | £1,290  | £1,090   | £690   |  |  |
| 19#   | £1,330  | £1,130   | £730   |  |  |
| 20#   | £1,370  | £1,170   | £770   |  |  |

### **Example:**

A 3 storey property consisting of 5 habitable rooms with a fee of £820 for five years will cost:

- £164 per habitable room for 5 years
- £32.80 per habitable room a year
- 63 pence a week for each habitable room

| Additional Discounts Available on First Application                                | Total Discount |
|--|----------------|
| Full application received within 8 weeks of notification of Licensing requirement. | £200           |
| For Charitable Organisations, the fee is 50% of the original fee.                  | 50%            |

# Fee Structure 2 - Renewal of Licence

Renewal of an existing Licence will attract a 50% discount on the fees detailed in Fee Structure 1 provided a "Full" application (see check list on page 2) is received a minimum of 8 weeks prior to the date the existing licence expires. This is to allow sufficient time to process the application which includes including carrying out a full HHSRS inspection, issuing notice of proposal and notice of decision to grant a licence before the old licence expires and the new one has to be issued. Renewals will not be subject to "additional discounts".

# Fee Structure 3 – Change of HMO Ownership

Licenses are non-transferable to another person or property and fees are non-refundable. If the property were sold on as a HMO, the new landlord will need to apply for a new licence, the fee structure remains unchanged in such circumstances.

### Fee Structure 4 - Payment Method

Payment can be made either in full at the application stage, or by two instalments: Instalment 1 – 50% of fee to be paid on Application Instalment 2 – Remaining 50% of fee to be paid once the Property Licence has been Granted.

# Fee Payable

| <u>Total Unit(s)</u> | <u>Discount/Additional</u><br><u>Fees</u> | <u>Total Fee</u><br><u>Payable</u> |
|----------------------|---|------------------------------------|
|                      |   |                                    |
|                      | Total Unit(s)                             |                                    |

# **How to Pay**

#### 1. Over the phone

You can pay over the phone with a credit or debit card by contacting Finance on 01824 706417. Please quote **3479-40142** (Additional Licence), **or 3479-40091** (Mandatory Licence) and the **property address**.

#### 2. Payment can also be made by a BACS Transfer

The bank is the NatWest at Ruthin

Account number: 22837469

• Sort Code: **54-41-06** 

To ensure the payment reaches our account, you must provide the following information in the BACS reference field:

- Cost code: 3479-40142 (Additional Licence), or 3479-40091 (Mandatory Licence)
- Postcode

e.g. Mandatory HMO Licence application for 26 Fox Street, Rhyl, LL18 1ZP:

| _ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ſ | 3 | 4 | 7 | 9 | - | 4 | 0 | 0 | 9 | 1 | L | L | 1 | 8 | 1 | Z | Р |

Please can you notify us when you have made a payment.

# **Declaration**

**Proposed Licence Holder** 

Signature(s)\_\_\_

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

I/we declare that I/we have notified the people listed in Part 17 about this application and that these are the only people known to me/us that are required to be informed that I have made this application.

I/we declare that any gas appliances, electrical appliances and furniture provided for the use of tenants in the property are in safe working order and comply with all relevant safety legislation.

I/we declare that the smoke and heat detectors/alarms installed in the house as described in this form are in good safe working order and comply with all relevant safety information.

I/we declare that adequate financial resources are available to maintain the property ensuring the health and safety of the tenants and fulfil all other statutory obligations.

I/we accept that in connection with the checking of the accuracy of a fit and proper person declaration, that the local authority may share this information with other statutory bodies, particularly other local authorities and the Police.

| Full Name(s)        |       | Full Names(s) |       |  |  |
|---------------------|-------|---------------|-------|--|--|
| Signature(s)        | _Date | _Signature(s) | _Date |  |  |
| Proposed Manager(s) |       |               |       |  |  |
| Full Name(s)        |       |               |       |  |  |

Date

# **Denbighshire County Council Privacy Notice**

Please visit <a href="https://www.denbighshire.gov.uk/en/resident/legal/privacy.aspx">https://www.denbighshire.gov.uk/en/resident/legal/privacy.aspx</a> for more information.

# **General Information**

### **MANDATORY LICENSING**

The Housing Act 2004 came into force in Wales on 30<sup>th</sup> June 2006. Part 2 of the Act requires that Houses in Multiple Occupation (HMOs) consisting of:

- 3 or more storeys
- and occupied by 5 or more persons who constitute more than 2 household
- where there may be sharing of facilities but not necessarily

must be subject to the requirements of mandatory licensing.

This scheme is known as **The Denbighshire County Council (Licensing of Houses in Multiple Occupation) Regime 2006** 

#### **ADDITIONAL LICENSING**

The Housing Act 2004 Section 56 allows a Local Housing Authority to designate areas as subject to **Additional Licensing**, thereby allowing them to deal with those properties which could not be dealt with under the Mandatory Scheme

Denbighshire County Council has designated the electoral wards of **Denbigh**, **Llangollen**, **Prestatyn and Rhyl** as subject to Additional Licensing, this designation was made on the 28<sup>th</sup> July 2020.

This scheme will be known as **The Denbighshire County Council Additional Licensing** (Houses in Multiple Occupation) Scheme 2020. The designation is in accordance with the Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (Wales) Regulations 2006.

The Scheme to which the designation applies has General Approval of the Welsh Assembly Government under the Housing Act 2004 (Additional HMO Licensing Wales) General Approval 2007 of which came into force on 13<sup>th</sup> March 2007. Accordingly by virtue of Section 58 subsections (1) (b) and (7) of the designation need not be confirmed and will come into effect on a date specified in the Designation.

The Scheme will work in conjunction with the Mandatory Licensing of Houses in Multiple Occupation Regime referred to above. The Scheme will be effective from 1st December 2020 and unless revoked beforehand or extended will cease to have effect on 30th November 2025.

This Scheme shall be applied to the area described above and will include properties that meet **all** of the criteria, within either one of the following two categories:

 any type of HMO as defined by Section 254 of the Housing Act 2004 which does not fall within the mandatory licensing scheme, occupied by three or more persons, forming two or more households  HMO properties which are defined within the scope of Section 257 of the Housing Act; HMO's created by converting buildings into flats, but do not meet the 1991 Building Regulations and they have not been subsequently brought up to the relevant standards

The Scheme shall not be applied to those properties exempted by relevant sections of the Act and those already licensed under the Mandatory Licensing of Houses in Multiple Occupation Scheme.

#### FIT & PROPER PERSON

The proposed licence holder and any other persons involved with the management of the house must be fit and proper persons within the definition of Section 66 of the Housing Act 2004, please refer to Part 7 of the application form on how to apply for a Disclosure Scotland Certificate or Subject Access Check

The licence holder must also satisfy the Authority that a proper management structure exists in terms of management competence and funding for the effective operation of the house.

#### **FIRE SAFETY**

Under the Regulatory Reform (Fire safety) Order 2005 (RRO) the responsible person (licence holder) must ensure a fire risk assessment is carried out by a competent person and produce a written record of the significant findings. The licence holder will be required to submit their risk assessment to the **Public Protection (HMO Licensing)** when requested.

#### **SUBMITTING YOUR APPLICATION - WHAT HAPPENS NEXT**

Please check through the application form to ensure that all relevant sections have been completed and that all documentation listed on the page 2 check list (if applicable) have been enclosed, including the requisite licensing fee. (Full application must be received in order to quality for discounts)

Following submission of your <u>fully completed</u> application for a licence, we aim to notify you of our decision in relation to your application within 6 weeks of receiving your completed application. The authority must serve a notice upon you stating our proposed decision stating any Conditions attached to the licence, you will be giving an opportunity to make representations regarding that decision.

Further opportunity is given to make representation when the authority serve upon you the decision to grant a licence with any conditions attached.

# **How will licensing work?**

The Authority must grant a licence if it is satisfied that:

- The HMO is reasonably suitable for occupation by the number of people allowed under the licence.
- the proposed licensed holder is a fit and proper person and the most appropriate person to hold the licence
- the proposed manager, if there is one, is a fit and proper person to be the manager
- the management arrangements are satisfactory
- the financial structure for the management are suitable

#### What is in a licence?

The licence will be subject to conditions relating to its management, use, occupation, content and condition.

 The licence will specify the maximum number of people who may live in the HMO.

It will also include the following conditions, which apply to every licence.

- A valid current gas safety certificate, which is renewed annually, must be provided.
- Proof that all electrical appliances and furniture are kept in a safe condition.
- Proof that all smoke alarms are correctly positioned and installed.
- Each occupier must have a written statement of the terms on which they occupy the property, for example, a tenancy agreement.

Denbighshire County Council may also apply the following conditions.

- Restrictions or prohibitions on the use of parts of the HMO by occupants.
- A requirement that the condition of the property, its contents, such as furniture
  and all facilities and amenities, bathroom and toilets, for example, are in good
  working order.
- A requirement for specified works or repairs to be carried out within a particular timeframe, these will need to be carried out as outlined in your licence
- A requirement that the responsible person attends an approved training course.

Please refer to Licensing Conditions (Minimum Standards for Houses in Multiple Occupation) for full details of your requirements. As part of your licence you may be required to carry out work in order to comply with the licensing conditions.

# **How long will it last?**

A licence will be valid for a maximum period of **5 years**, will relate to **one HMO only** and **will not be transferable**. If the property is sold, transferred to another person a new licensing application form will need to be completed. Licences may granted for less than 5 years if concerns are raised regarding poor management, persistent non compliance with works required or fit and proper person concerns.

# **Licensing inspections**

The authority will also carry out inspections of houses to validate the content of completed application forms and to confirm that licence conditions are being maintained during the period of the licence.

#### Can I change my licence once it has been issued?

Yes, where a licence holder wishes to alter the terms of their licence, they may apply for a **variation** to the licence by making a written request to the Public Protection (HMO Licensing).

#### Can I Appeal?

You may appeal if the council decides to:

- Refuse a licence.
- Grant a licence with conditions.
- Revoke a licence.
- Vary a licence.
- Refuse to vary a licence

You must appeal to the Residential Property Tribunal (RPT), normally within **28 days**. A fee of £150 must accompany your application.

The contact address for the RPT is:

The Residential Property Tribunal Wales, Oak House, Cleppa Park, Celtic Springs, Newport, NP10 8BD.

Telephone - 03000 252 777. E-mail - rpt@gov.wales. Fax: 03000 256 146

# **Planning & Building Regulations**

In line with the Authorities policies, please ensure that you seek the necessary Planning and / or Building Regulations approval before you undertake any works or changes of use to the property. It is also advised that you seek clarification from the Planning Section, in order to ensure that the property has HMO status.

# **Housing Health and Safety Rating Scheme**

The Authority is also required, as a general rule, to address health and safety issues in the house through Part 1 functions of the Housing Act 2004. This involves an inspection by Public Protection Officers applying the **Housing Health & Safety Rating System (HHSRS)**. The inspection can be carried out at any time within the 5 year of receiving the licensing application. You may be required to carry out work to comply with these health and safety standards.

#### **Temporary Exemption Notice**

If it is your intention to take particular steps to secure that the house is no longer required to be licensed, you may apply for a Temporary Exemption Notice (TEN). In order to apply for a TEN you must notify the Authority when returning your application form, by providing details of the proposed measures to be taken, to secure that the house is exempt from mandatory licensing.

If granted, a Temporary Exemption Notice will negate the requirement to licence the house during the period the TEN is in force.

A Temporary Exemption Notice is in force for a period of 3 months beginning on the date of service. If the Authority receives a further notification, and consider that there are exceptional circumstances that justify the service of a second TEN in respect of the house, this would take effect from the end of the period of 3 months applying to the first Notice. No further Notice can be served following the expiry of the second TEN.

If the Local Authority decides not to serve a TEN in response to a notification they must inform the applicant of:

- a) The decision
- b) The reasons for it and the date on which it was made
- c) The right to appeal
- d) The period within which an appeal may be made

The licence holder will be required to satisfy the authority that reasonable procedures are in place to deal with and reduce anti-social behaviour problems that may occur within the premises. The licence holder will be expected to apply the procedures and manage these issues effectively.

### **Licensing Penalties**

### **Section 21 Notice**

In relation to assured shorthold tenancies, a landlord who is required to have a licence in respect of an HMO, but who does not have a licence, forfeits the right to automatic possession by use of Section 21 of the Housing Act 1988.

#### <u>Fines</u>

Failure to apply for a licence for a licensable house will be an offence liable on summary conviction to an unlimited fine.

The house must be reasonably suitable for occupation by a particular maximum number of households or persons. It will be a criminal offence liable on summary conviction to an unlimited fine, to increase the occupancy level of a house above that stated in the licence.

Breaking any of the licence conditions can result in fines of up to £5,000. Giving false or misleading information can result in fines of up to £5,000

# **Management Orders**

If a landlord fails to bring an HMO up to the required standard, or fails to meet the fit and proper person criteria, the council can issue an **Interim Management Order (IMO)**, which allows it to step in and manage the property. The owner keeps his/her rights as an owner. This order can last for a year until suitable permanent management arrangements can be made. If the IMO expires and there has been no improvement, then the council can issue a **Final Management Order**. This can last up to five years and can be renewed.

#### **Rent Repayment Orders**

A Landlord who receives rent while operating an unlicensed property could be liable to a penalty equivalent to any rent received during the period of the offence up to a maximum of 12 months. The Residential Property Tribunal (RPT) has the power to make a "rent repayment order" where it determines that an offence has been committed. The Authority is also entitled to make an application to the RPT for a rent repayment order in respect of housing benefit paid during the period where an offence has been committed, irrespective of whether there has been a prosecution.

### **FURTHER INFORMATION**

If you require more information regarding licensing, or if you are unsure whether your property needs to be licensed, please contact **Public Protection (HMO Licensing)** for Denbighshire, details below:

Public Protection (HMO Licensing)
Denbighshire County Council,
Po Box 62
Ruthin
LL15 9AZ

Phone: 01824 706389

E mail: <u>envhealth@denbighshire.gov.uk</u> Website: <u>www.denbighshire.gov.uk</u>

https://www.denbighshire.gov.uk/en/business/licences-and-permits/hmo-licence.aspx

This guide is also available in Welsh, please contact us if you need a copy. Mae'r daflen wybodaeth hon ar gael hefyd yn yr iaith Gymraeg, am gopi cysylltwch a ni.

These notes are provided for general information only. All owners, landlords or agents of properties should seek advice from the Local Authority regarding Licensing of Houses in Multiple Occupation. However where applicants require clarification regarding interpretation of the legal content of this application form, they should seek professional legal advice.

# **Glossary of Terms**

This Part explains some of the terms used in the application form, it also give general guidance, please refer to this while completing the form.

| A person bound                              | Could be any person who is involved in the management/ and/or maintenance of the property. This will also depend on the licence  |
|---|--|
| by a condition of the licence               | conditions.  |
| Agent                                       | Someone appointed by the landlord to carry out some or all of the duties on behalf of the landlord. This could be a professional property manager, associate or relation of the landlord. The agent could or could not be paid by the landlord.  |
| Building<br>Regulation<br>Approval          | Means a document issued by the Local Authority which, following the submission of plans and/or specifications indicates that any work to be done in the property which requires Building Regulation Approval has been assessed by the Local Authority and approval given to the works proceeding.  |
| Building Regulations Completion Certificate | Means a certificate issued by the Local Authority which indicates that specified building work carried out in the building has been completed to a standard which complied with the Building Regulations in force at the time the work was done.   |
| Certificate of Electrical Inspection        | Means a certificate completed and signed by a <b>competent person indicating</b> the state of the electrical installations, electrical switchgear and accessories and all fixed and portable electrical appliances provided by the landlord. Appliances provided by the landlord include any appliances left by previous tenants and not removed by the landlord.  |
| Fit and Proper<br>Person                    | <ul> <li>In deciding whether someone is fit and proper the council must take into account:</li> <li>Any previous convictions relating to violence, sexual offences, drugs and fraud.</li> <li>Whether the proposed license holder has broken any laws relating to housing or landlord and tenant issues.</li> <li>Whether the person has been found guilty of unlawful discrimination.</li> <li>Whether the person has previously managed HMOs that have broken any approved code of practice.</li> </ul>  |
| Freeholder                                  | Means the same as <b>owner</b> i.e. the person entitled to sell the property.  |
| Gas Safe<br>Register                        | Gas Safe Register is the hallmark for gas safety. They manage the register of gas engineers who are properly qualified to work with gas in Great Britain and Isle of Man. To carry out work on gas installations and appliances safely and legally, gas engineers must be on the Gas Safe Register.  |
| Habitable Room                              | Means rooms capable of being used for everyday activities. Such rooms would include all living accommodation and sleeping accommodation but would exclude kitchens, bathrooms, conservatories porches etc., and unconverted basements.   |
| Household                                   | <ul> <li>Persons married to each other or living as husband and wife (or in an equivalent relationship in the case of persons of the same sex)</li> <li>Relatives living together, including parents, grandparents, children, (and step children), grandchildren, brothers, sisters, uncles, aunts, nephews, nieces or cousins</li> <li>Half-relatives will be treated as full relatives. A foster child living with his foster parent is treated as living in the same household as his foster parent.</li> <li>Domestic staff are included in the household if they are living rent-free in the accommodation provided by the person for whom they are working.</li> </ul> |

| consi<br>third<br>a pro<br>after   | efore, three unrelated friends sharing living accommodation are idered to be three separate household. A couple sharing with a unrelated person would constitute two households. A family renting operty is a single household. If that family had an au pair to look their children that person would be included in their households.   |  |
|--|---|--|
| property above<br>business premises<br>defined as an<br>HMO?   | Yes, where living accommodation is situated in a part of a building above or below business premises, each storey of the business premises is counted as a <b>storey</b> .  |  |
| in the<br>lease<br>with<br>be th   | ns the person who has the legal right to let and terminate tenancies house. This could be by virtue of being the <b>freeholder</b> , being a cholder with rights to let, or as the result of some form of agreement the <b>freeholder</b> . If no <b>manager</b> is appointed then the landlord will also me <b>manager</b> .   |  |
| Safety Record complete general the general the irrequired complete safe  | ns a form completed and signed by a properly qualified and petent person indicating the state of repair and appropriateness of gas installation and appliances. The report must cover the whole of installation and all gas appliances including necessary venting irements. These certificate are now issued under the banner of Gas Register, to find a registered installer visit:   |  |
| Licence Holder  Mean resperance authority reasons arise them a monowing of the contraction at fit of to authority and contraction and contract | ns a person entitled to apply for, or has been awarded, a licence in ect of the <b>HMO</b> . The licence holder needs to be the person who can orise, organize and pay for essential repairs. They also must be anably available for tenants to contact in case of problems that may with respect to the property and they must have the means to resolve in the proposed licence holder will often be the landlord or it could be anager to whom the rent is paid to and who has authority from the er to effectively manage the property. Overall it is the person in control to e property. A proposed licence holder may appoint an agent to roll the property and hold the licence if they are not considered to be and proper person. This licence holder should also have the authority outhorise and pay for works or repairs as they will be liable for any ches of the licence. Organisations that are landlords must nominate appropriate person to be the licence holder. This person will be onsible for ensuring that there are no breaches of the licence. |  |
| purporthe land   | ns a person, or company appointed by the landlord expressly for the ose of managing the house. The manager could be an employee of andlord. If no separate manager is appointed the landlord will also be manager. The manager will act under the instructions of the lord and will have powers and duties given to him by the landlord. In manager must have, at least, the following powers:  to let to tenants and terminate tenancies in accordance with the law; to access all parts of the premises to the same extent as the landlord; and be authorised to approve reasonable expenditure necessary for   |  |
| time   | repairs etc. (note that the <b>manager</b> is not expected to authorise such expenditure but that he or she has the authority to do so if there is a reasonable need) nanager must be able to travel to the property within a reasonable unless there are arrangements in place to cover every eventuality may otherwise demand his or her presence.  |  |
| Non-Self Some Separation behind  | such expenditure but that he or she has the authority to do so if there is a reasonable need) nanager must be able to travel to the property within a reasonable  |  |

| Person                     | Includes persons of all ages including newly born children. Give the number of people including children who live in the house now and the number that you anticipate will live there in the future.   |  |
|----------------------------|--|--|
| Planning<br>Consent        | Means a document issued by the Local Authority which, following the submission of plans and/or specifications and/or information indicates that the building complies or will comply with relevant planning criteria.  |  |
| Rent Smart Wales           | Rent Smart Wales process landlord registrations and grant licences to landlords and agents who need to comply with the Housing (Wales) Act 2014. In order to apply for a HMO Licence you must be registered, and if applicable, licenced under the Rent Smart Scheme. More information about Rent Smart can be found at <a href="https://www.rentsmart.gov.wales">www.rentsmart.gov.wales</a>  |  |
| Self-Contained<br>Flat     | A flat which has all rooms such as bedrooms / lounge / kitchen / bathroom etc all located behind <b>one closed door.</b>   |  |
| Spent conviction           | A conviction becomes spent after a certain length of time, which changes depending upon the sentence and the age of the person at the time of the conviction. The periods are halved if the conviction took place when aged 17 or less. If a person is sentenced to more than 2.5 years in prison, his/her conviction can never be 'spent'. If you have any doubts whether you have to declare a previous conviction, you should contact your local Probation Office, Citizens Advice Bureau or a solicitor.   |  |
| Storeys                    | Attics, Loft Conversions, basements and mezzanine floors count as storeys if they are used as living accommodation i.e. living rooms and bedrooms, or if they are used in connection with the HMO i.e. kitchen, bathroom, w/c, storage room, laundry, or used for gas / electric intake meters and water mains. Commercial storeys must also be included, except for basements in purely commercial use.   |  |
| What is classed as an HMO? | <ul> <li>HMO stands for House in Multiple Occupation, which means a building or part of a building, such as a flat, that:</li> <li>Is occupied by more than one household and where more than one household shares – or lacks an amenity, such as a bathroom, toilet or cooking facilities.</li> <li>Is occupied by more than one household and which is a converted building – but not entirely self-contained flats (whether or not some amenities are shared or lacking).</li> <li>Is converted self-contained flats, but does not meet as a minimum standard the requirements of the 1991 Building Regulations, and at least one third of the flats are occupied under short tenancies.</li> <li>The Building is occupied by more than one household:</li> <li>As their only or main residence.</li> <li>As a refuge for people escaping domestic violence.</li> <li>By students during term time.</li> <li>By other purposes prescribed by the government.</li> </ul> |  |

# **Notification Of Licence Application Form**

To be used by the applicant to inform people identified in Part 17 of the application for a HMO Licence

# HOUSING ACT 2004 - Part2 LICENSING OF HOUSES IN MULTIPLE OCCUPATION.

| То  |                       |  |  |  |
|---|-----------------------|--|--|--|
|   |                       |  |  |  |
| Of:   |                       |  |  |  |
|   |                       |  |  |  |
|   |                       |  |  |  |
| n accordance with the Licensing & Management of Houses in Multiple Occupation and Other Houses<br>Miscellaneous Provisions) (Wales) Regulations 2006, 1/we hereby inform you that an application to licence<br>he following property has been made. |                       |  |  |  |
| Address of pren   | nises to be licensed: |  |  |  |
|   |                       |  |  |  |
| Application sub   | mitted to:            |  |  |  |
| Public Protection (HMO Licensing), Denbighshire County Council, Po Box 62, Ruthin, LL15 9AZ   |                       |  |  |  |
| Date submitted:   |                       |  |  |  |
| Applicant Name  | ə:                    |  |  |  |
| Address:  |                       |  |  |  |
|   |                       |  |  |  |
| Tel Nos.  | Home; Mobile;         |  |  |  |
| E-mail or FAX :   |                       |  |  |  |
|   |                       |  |  |  |
| Proposed Licene<br>Holder Name:   | ce                    |  |  |  |
| Address:  |                       |  |  |  |
|   |                       |  |  |  |
| Tel Nos.  | Home; Mobile;         |  |  |  |
| F-mail or FAY:  |                       |  |  |  |

| Property Exemption Form  |  |  |  |  |
|--|--|--|--|--|
| If you believe that your property is exempt from this Scheme, for example, if your property is a family home only, wholly in single occupation, used solely for holiday accommodation or a conversion has been carried out in accordance with the Building Regulations 1991 onwards,   |  |  |  |  |
| please <b>complete this page only</b> and return it to   | o the Public Protection (HMO Licensing).         |  |  |  |
| Address of Property:   |  |  |  |  |
|  |  |  |  |  |
| Name of Freeholder :   |  |  |  |  |
| Address (if different from above):   |  |  |  |  |
|  |  |  |  |  |
| Post Code: Tel N   | o:   |  |  |  |
| Has a conversion been carried  |  |  |  |  |
| in accordance with the Building Regulations 1991 onwards?  | Yes / No   |  |  |  |
| If yes, please supply copies of planning consersissued on completion of the works.   | nt, building regulation approval or certificates |  |  |  |
| <ul> <li>Is this property your family home?</li> </ul>   | Yes / No   |  |  |  |
| Is this property rented by a single family   |  |  |  |  |
| <ul> <li>Is this property a guesthouse, B&amp;B or ho</li> <li>If Yes to 3, do any occupants reside Ion</li> </ul>   |  |  |  |  |
| "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 I/we am/are reckless as to whether it is false or misleading.  |  |  |  |  |
| Signed:  | Date:  |  |  |  |
| Signed:  | Date:  |  |  |  |
| Please note that it is a <u>criminal</u> offence to knowingly supply information, which is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application with regard to the property concerned may be required at a later date. If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be revoked or other action taken. Please see page 24 for Licensing Penalties |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |