



# Licensing of Houses In Multiple Occupation (HMO) under the Housing Act 2004



## IMPORTANT

When submitting your HMO application please **ONLY** address the envelope as below:

**EH Housing – HMO Application  
Newport City Council  
Civic Centre  
Newport  
NP20 4UR**

If you address the envelope any other way, there may be an overall delay in the EH Housing department receiving your application and you may be charged a late fee.

You are also able to email your completed application to [hmo@newport.gov.uk](mailto:hmo@newport.gov.uk), should you wish to email your application you will need to ensure each document is scanned separately; we will no longer be accepting bulk scans which contain the application and supporting documents. You are able to send multiple emails with the documents if your attachment limit size is exceeded.



# Licensing of Houses In Multiple Occupation (HMO) under the Housing Act 2004



## Mandatory and Additional Licensing Renewal Application Form

Licensing of houses in multiple occupation ensures that certain types of rented property meet the necessary standards to ensure a property is safe for occupation and that the landlord/manager is competent and fit and proper to manage the property. **Failure to apply for a licence as required under the Housing Act 2004 is a criminal offence and may result in the council instigating legal proceedings.**

**Please read the [HMO Guidance Notes & HMO Standards](#) carefully before completing this form.** Please complete in **BLOCK CAPITALS** and write only within the boxes provided. If you need to provide additional information, please use continuation sheets and attach them to the application. A separate application must be submitted for each property.

Property to be licensed:	
Address:	
Postcode:	

The following documentation **must** be provided with this completed application form or the application will not be valid. **For certification standards please see the [HMO Guidance Notes](#) – Submission options available – Via Post, in person or via email (see details below)**

- **Evidence of permanent residential address for Proposed Licence Holder(s)/Owner(s)**  
Utility Bill, Drivers Licence or current DBS Certificate
- **Evidence of the Business/Residential Address for Local Managing Agent/Manager** *(if applicable)*  
(Must be within 50 miles of the HMO) Utility Bill, Drivers Licence or current DBS Certificate
- **Current Gas Safe Certificate**
  - Required annually, must be in date and produced by a Gas Safe Registered Engineer
- **Current Electrical Installation Condition Report**
  - Required every 5 years, 'Satisfactory' condition result, produced by an NICEIC registered or equivalent Electrician. Separate certificates are required for flats. One for each flat and another for the 'Communal/Landlord' supply. This must include testing of 'mains fed' Fire Detection & Emergency Lighting Circuits
- **Current Fire Detection Test Certificate**  
Required annually - Certified to BS5829-2002 – Fire Maintenance Reports are not acceptable
- **Current PAT Test Certificate for portable electrical equipment** *(if applicable)*  
Required annually – Full details of tester, testing company and inventory of items to be provided
- **Current Emergency Lighting Test Certificate** *(if applicable)*  
Required annually - Certified to BS5266-1
- **Criminal Records Check (DBS) for Proposed Licence Holder** Must have been issued in the last six months  
Apply at [www.gov.uk/disclosure](http://www.gov.uk/disclosure)
- **Criminal Records Check for Manager or Managing Agent and the Company Director of the managing agency.**  
Must have been issued in the last six months - Apply at [www.gov.uk/disclosure](http://www.gov.uk/disclosure)
- **EPC Certificate** - Energy Performance Certificate required for all rental properties from 1<sup>st</sup> April 2018
- **Floor Plans** Detailing facilities, fire doors, windows, fire detection and full room dimensions

You may now submit your scanned HMO Application and any electronically produced certificates from your contractors via email at: [HMO@newport.gov.uk](mailto:HMO@newport.gov.uk) – Please use PDF Format where possible. **Any discrepancies found will result in rejection and original documents will be requested. Criminal record checks (DBS) are to be date marked within the last 6 months.** We will return original documents received in the post. Upon receipt of a complete application, the invoice for the licence fee will be sent. **If you fail to complete the form correctly or fail to supply the required documentation this will delay the processing of your application.**

## Section 1 - Applicant Details

Please only complete this section if you are completing the form on behalf of the proposed licence holder. If you are the current licence holder, go to Section 2.

Title: Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Tel No.: \_\_\_\_\_ Work Tel No.: \_\_\_\_\_

Mobile Tel No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to licence holder? \_\_\_\_\_

## Section 2 - Proposed Licence Holder Details

Individual or sole trader  Company  Partnership  Joint Application  Charity or Trust

**Individual or sole trader** – No other parties involved other than the person ‘in control’ of the property (person who receives the benefit of the rent) **the Proposed Licence Holder must reside within 50 miles of the HMO.** Also tick this section when you are the individual Proposed Licence Holder who lives within the 50 miles radius that is intending on using a Local Managing Agent for the day to day HMO Management (details to be provided later in the application form)

**Company** – A HMO licence can be issued against a company – Please complete all required information in the relevant section of the Application Form. If your company is not based within the 50 mile radius of the HMO you must nominate a Local Managing Agent for the day to day HMO Management (details to be provided later in the application form)

**Partnership** - A HMO licence can be issued to a Partnership – Please complete all required information in the relevant section of the Application form. If your partnership is not based within the 50 mile radius of the HMO you must nominate a Local Managing Agent for the day to day HMO Management (details to be provided later in the application form)

**Joint Application Details: To be completed in the circumstance the person ‘in control’ does not reside in the UK full time; A joint UK based Licence Holder who resides within 50 Miles of the HMO address must be nominated.** The second Licence holder, with agreement could be your UK Local Managing Agent or another person that passes the Fit and Proper Test and is fully aware of the legal obligations of being a HMO Licence Holder.

**Charity, Trust or Supported Living Provider** (refer to Section 2A)

**SECTION 2A – Supported Living Providers – Are you registered with Care inspectorate Wales? CHECK THE REGISTER AT: <https://careinspectorate.wales/>**

**YES - You may be exempt from HMO Licensing - to confirm please call us on 01633 656656**

**NO – Please complete the remainder of the application form**

**Individual or sole trader details:**

Title: Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Tel No.: \_\_\_\_\_ Work Tel No.: \_\_\_\_\_

Mobile Tel No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to the property? \_\_\_\_\_

**Company or Partnership details** If the proposed licence holder is a company or partnership, please provide details of, all company directors, the company secretary, all partners and all trustees *(if applicable)*.

If a company or partnership *(provide registered Company House name & Number)* : \_\_\_\_\_

Trading As or Partnership Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Continue on a separate sheet if required**

**Joint Application details:** Complete in the circumstance the person 'in control' of the HMO does not reside in the UK full time.

**Licence Holder 1 (UK based nominated person or nominated Managing Agent who lives within 50 miles of the HMO):**

Title: Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Tel No.: \_\_\_\_\_ Work Tel No.: \_\_\_\_\_

Mobile Tel No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Interest in Property: \_\_\_\_\_

**Licence Holder 2 (Overseas Person in Control of property):**

Title: Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Tel No.: \_\_\_\_\_ Work Tel No.: \_\_\_\_\_

Mobile Tel No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Interest in Property: \_\_\_\_\_

**Other HMO properties**

If the proposed licence holder(s) owns or manages other properties which require a licence under the Housing Act 2004, please provide details (*please continue on a separate sheet if necessary*):

Property address	Is the property licensed?		
	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

## Section 2B - Ownership and Control of the property to be licensed

### Ownership of the property

(please tick) ✓ YES NO

- Is the proposed licence holder the owner of the property?  YES  NO
- If not, who is the owner of the property? \_\_\_\_\_
- Does anybody else have a legal interest in the property? ✓ YES NO  
(e.g. as freeholder, leaseholder, mortgage provider etc.)  YES  NO

If yes, please provide details of who has a legal interest (including your mortgage provider) or anybody who has agreed to be bound by the conditions of the licence (please continue on a separate sheet if necessary).

Interest in the property: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Address (if organisation, provide registered office): \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Tel No.: \_\_\_\_\_ Work Tel No.: \_\_\_\_\_

Mobile Tel No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Interest in the property: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Address (if organisation, provide registered office): \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Tel No.: \_\_\_\_\_ Work Tel No.: \_\_\_\_\_

Mobile Tel No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Control of the property

(please tick) ✓ YES NO

- Does the proposed licence holder have control of the property?  YES  NO  
(i.e. is legally entitled to receive the rental income from the property)
- Does the proposed licence holder have the powers necessary to manage the property? ✓ YES NO

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

  - Let to tenants
  - Issue tenancy agreements
  - Evict tenants
  - Deal with complaints and any disrepair or tenancy issues
  - Authorise any necessary expenditure
  - Gain full access to all parts of the property

Further information on what is expected from the licence holder of a House in Multiple Occupation under Newport City Councils HMO Licensing Scheme can found in our [HMO Guidance Notes & HMO Standards](#).

If you need any advice concerning the HMO Licensing standards or assistance completing this application form, then please contact:

EH Housing – HMO Application  
Public Protection  
Newport City Council  
Civic Centre  
Newport, NP20 4UR

Tel: 01633 656656  
Email: [hmo@newport.gov.uk](mailto:hmo@newport.gov.uk)  
Website: [www.newport.gov.uk/hmo](http://www.newport.gov.uk/hmo)

## Fit and Proper Person Test for Licence Holder(s)

Before the Local Authority can grant a licence, it must determine whether the proposed licence holder of the property is a fit and proper person. The **Proposed Licence Holder** is required to provide a declaration to confirm their status with regard to criminal offences. To satisfy this requirement a disclosure statement must be obtained from Disclosure Barring Service. This will detail any 'unspent' convictions under the Rehabilitation of Offenders Act 1974. **IF A JOINT APPLICATION PLEASE COPY AND COMPLETE ONE FOR EACH PERSON**

Licence Holder name: \_\_\_\_\_

For this purpose, the following matters are relevant if any such person has: (please tick) ✓

	YES	NO
• Committed any offence involving fraud, or other dishonesty (including benefit fraud), violence, drugs, or any offence listed in Schedule 3 to the Sexual Offences Act 2003?	<input type="checkbox"/>	<input type="checkbox"/>
• Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with any business?	<input type="checkbox"/>	<input type="checkbox"/>
• Contravened any legislation relating to housing, public health, environmental health or landlord and tenant law?	<input type="checkbox"/>	<input type="checkbox"/>
• Been refused a licence under Part 2 or 3 of the Housing Act 2004?	<input type="checkbox"/>	<input type="checkbox"/>
• Had a licence revoked for breach of any conditions under Part 2 or 3 of the Housing Act 2004?	<input type="checkbox"/>	<input type="checkbox"/>
• Contravened any Code of Practice relating to the management of HMOs?	<input type="checkbox"/>	<input type="checkbox"/>
• Been subject to a Control Order under the Housing Act 1985 (in the past 5 years)?	<input type="checkbox"/>	<input type="checkbox"/>
• Been subject to a Management Order under the Housing Act 2004?	<input type="checkbox"/>	<input type="checkbox"/>
• Failed to comply with a Housing Notice (requiring works etc.) served by a local authority?	<input type="checkbox"/>	<input type="checkbox"/>
• Been subject to complaints from tenants or other sources, regarding serious or repeated breaches of the conditions of a licence under the Housing Act 2004?	<input type="checkbox"/>	<input type="checkbox"/>
• Been declared bankrupt?	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, please provide full details of the offence:

Name	Offence	Date	Sentence	Court

In order to assist the Council in making proper assessment of suitability, details about previous convictions for criminal offences must be disclosed. Under the Rehabilitation of Offenders Act 1974 there is no requirement to provide details about previous convictions that are 'spent'. A conviction becomes 'spent' after a certain length of time, which varies depending upon the sentence and the age of the person at the time of conviction. If a person is sentenced to more than 2 ½ years in prison, his/her conviction can never become 'spent'. If you have any doubts about whether you have to declare a previous conviction, you should contact your local Probation Office, Citizens Advice Bureau or your Solicitor.

**Disclosure Barring Service** can provide a 'basic' disclosure that contains details of unspent convictions personal to an applicant. This type of disclosure is only issued to the applicant and may be used more than once. Disclosure applications can be made at:

**Disclosure Barring Service** DBS customer services  
 PO Box 3961  
 Royal Wootton Bassett  
 SN4 4HF

Website: [www.gov.uk/disclosure](http://www.gov.uk/disclosure)  
 Email [customerservices@db.s.gsi.gov.uk](mailto:customerservices@db.s.gsi.gov.uk)  
 DBS helpline 03000 200 190  
 Minicom 03000 200192  
 Welsh 03000 200191

International +44151 676 9390  
 Disclosure statements provided with this application must be dated no more than **six months** prior to the date of licence application. Any Information given will be treated as confidential and used only in connection with this application.

### Section 3 - Manager Details

Further information on what is expected from a manager/managing agent of a House in Multiple Occupation under Newport City Councils HMO Licensing Scheme can found in our [HMO Guidance Notes & HMO Standards](#).

Will the proposed licence holder be the manager of the property? If yes, go to Section 4. YES  NO

If no, please complete this section with the Manager Information:

Business or Organisation Name, (if applicable)

\_\_\_\_\_

Company Registration number: \_\_\_\_\_

Local Managing Agent Business Address (Must be within a 50 mile radius of the HMO)

\_\_\_\_\_

Postcode: \_\_\_\_\_

Local Managing Agency Managing Director (or the person with significant control of the Management Company) information:

Title: Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address (if organisation, provide registered office): \_\_\_\_\_

Postcode: \_\_\_\_\_

Please provide details of all staff/employees who will be involved in the management of the property (please continue on a separate sheet if necessary).

Full Name (please print): \_\_\_\_\_ Position: \_\_\_\_\_

Business Tel No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Full Name (please print): \_\_\_\_\_ Position: \_\_\_\_\_

Business Tel No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

If you are an individual Manager, please complete this section:

Title: Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Tel No.: \_\_\_\_\_ Work Tel No.: \_\_\_\_\_

Mobile Tel No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Licence Holder \_\_\_\_\_

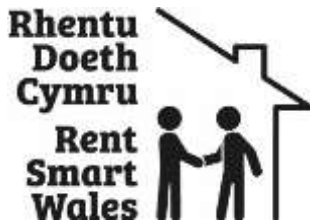


Does the manager/managing agent have the powers necessary to manage the property? (please tick) ✓ **YES** **NO**

- Let to tenants
- Issue tenancy agreements
- Evict tenants
- Deal with complaints and any disrepair or tenancy issues
- Authorise any necessary expenditure
- Gain full access to all parts of the property


## RENT SMART WALES

### FOR LICENCE HOLDER



In addition to HMO Licensing, landlords and agents are now required by law under the Housing (Wales) Act 2014 to be registered or licensed with **Rent Smart Wales**.

Are you registered with Rent Smart Wales? **YES**  **NO**

Are you licensed with Rent Smart Wales? **YES**  **NO**

Have you attended approved Rent Smart Wales training? **YES**  **NO**

### FOR MANAGER



In addition to HMO Licensing, landlords and agents are now required by law under the Housing (Wales) Act 2014 to be registered or licensed with **Rent Smart Wales**.

Are you registered with Rent Smart Wales? **YES**  **NO**

Are you licensed with Rent Smart Wales? **YES**  **NO**

Have you attended approved Rent Smart Wales training? **YES**  **NO**

## Fit and Proper Person Test for Manager

Before the Local Authority can grant a licence, it must determine whether the manager of the property is a fit and proper person. The **Manager** is required to provide a declaration to confirm their status with regard to criminal offences. To satisfy this requirement a disclosure statement must be obtained from Disclosure Barring Service. This will detail any 'unspent' convictions under the Rehabilitation of Offenders Act 1974.

Manager Name; \_\_\_\_\_

For this purpose, the following matters are relevant if any such person has: <span style="float: right;">(please tick) ✓</span>	YES	NO
• Committed any offence involving fraud, or other dishonesty (including benefit fraud), violence, drugs, or any offence listed in Schedule 3 to the Sexual Offences Act 2003?		
• Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with any business?		
• Contravened any legislation relating to housing, public health, environmental health or landlord and tenant law?		
• Been refused a licence under Part 2 or 3 of the Housing Act 2004?		
• Had a licence revoked for breach of any conditions under Part 2 or 3 of the Housing Act 2004?		
• Contravened any Code of Practice relating to the management of HMOs?		
• Been subject to a Control Order under the Housing Act 1985 (in the past 5 years)?		
• Been subject to a Management Order under the Housing Act 2004?		
• Failed to comply with a Housing Notice (requiring works etc.) served by a local authority?		
• Been subject to complaints from tenants or other sources, regarding serious or repeated breaches of the conditions of a licence under the Housing Act 2004?		
• Been declared bankrupt?		

If yes to any of the above, please provide full details of the offence:

Name	Offence	Date	Sentence	Court

In order to assist the Council in making proper assessment of suitability, details about previous convictions for criminal offences must be disclosed. Under the Rehabilitation of Offenders Act 1974 there is no requirement to provide details about previous convictions that are 'spent'. A conviction becomes 'spent' after a certain length of time, which varies depending upon the sentence and the age of the person at the time of conviction. If a person is sentenced to more than 2 ½ years in prison, his/her conviction can never become 'spent'. If you have any doubts about whether you have to declare a previous conviction, you should contact your local Probation Office, Citizens Advice Bureau or your Solicitor.

**Disclosure Barring Service** can provide a 'basic' disclosure that contains details of unspent convictions personal to an applicant. This type of disclosure is only issued to the applicant and may be used more than once. Disclosure applications can be made at:

**Disclosure Barring Service** DBS customer services  
 PO Box 3961  
 Royal Wootton Bassett  
 SN4 4HF

Website: [www.gov.uk/disclosure](http://www.gov.uk/disclosure)  
 Email: [customerservices@db.s.gsi.gov.uk](mailto:customerservices@db.s.gsi.gov.uk)  
 DBS helpline 03000 200 190  
 Minicom 03000 200192  
 Welsh 03000 200191  
 International +44151 676 9390

Disclosure statements provided with this application must be dated no more than **six months** prior to the date of licence application. Any Information given will be treated as confidential and used only in connection with this application.

## Section 4 - Notifying people about the licence application

You must let certain persons know in writing that you have made this application, or give them a copy of it. A form is provided on page 8 of this application form which may assist you with the process. Please print or copy as many as required.

The persons who need to know about it are:-

- Any Mortgage Provider.
- Any owner of the property to which the application relates (if this is not yourself) i.e. the freeholder and any head lessors who are known to you.
- Any other person who is a tenant or long leaseholder of the property or any part of it (including a flat) who is known to you, other than a statutory tenant or other tenant whose lease or tenancy is for less than 3 years (including a periodic tenancy).
- The Proposed Licence Holder (if not you).
- The Proposed Managing Agent (if any) (if it's not you).
- Any person who has agreed that he/she will be bound by any condition(s) of this licence if it is granted.

You must tell each of these people (or organisations) the following information:-

- The address of the property to be licensed.
- Your name, address, telephone number and email address (if any).
- The name, address, telephone number and email address (if any) of the Proposed Licence Holder (if not you).
- That this is an application for a HMO licence under Part 2 of the Housing Act 2004.
- The name and address of the Local Housing Authority to which the application will be made.
- The date the licence application will be submitted.

**A form is provided Page 11 of this application form which may assist you with the process. Please print or copy as many as required.**

Please provide details of the persons notified about the HMO licence application (*please continue on a separate sheet if necessary*).

Interest in the property or the application: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Business Name (*if applicable*): \_\_\_\_\_

Address (*if organisation, provide registered office*): \_\_\_\_\_

Postcode: \_\_\_\_\_

Date notice was served: \_\_\_\_\_

Interest in the property or the application: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Business Name (*if applicable*): \_\_\_\_\_

Address (*if organisation, provide registered office*): \_\_\_\_\_

Postcode: \_\_\_\_\_

Date notice was served: \_\_\_\_\_

**Continue on a separate sheet if required**



# Notification of Application for a Mandatory/Additional Houses in Multiple Occupation (HMO) Licence under the Housing Act 2004



## To persons having an interest in the property

I/we are required to inform you that a licensing application has been made under Part 2 of the Housing Act 2004.

**Address of property to be licensed :** \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

I have made this application to my Local Housing Authority:

**Newport City Council  
Environmental Health Housing Team  
Public Protection  
Civic Centre  
Newport  
NP20 4UR**

### Proposed Licence Holder:

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Applicant (if different from proposed licence holder):

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Date application made:** \_\_\_\_\_

Full Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you would like further information on the licensing of houses in multiple occupation in Newport, please contact the HMO Licensing Team on:

Tel: 01633 656656

Email: [hmo@newport.gov.uk](mailto:hmo@newport.gov.uk)

Website: [www.newport.gov.uk/hmo](http://www.newport.gov.uk/hmo)

## Section 5 - Details of property to be licensed

Address of property to be licensed: \_\_\_\_\_

Postcode: \_\_\_\_\_

Type of property? *(please tick)*

Detached  Semi-detached  Terrace  End-Terrace  Other: \_\_\_\_\_

Approximate date of construction? *(please tick)*

Pre 1919  1919-1945  1946-1964  1965-1980  Post 1980

If converted, approximate date of conversion: \_\_\_\_\_

How many storeys? *including basement, attic conversions and mezzanines (please tick)*

One  Two  Three  Four  Five  Other: \_\_\_\_\_

Is any part of the property used for commercial use? *(please tick)* YES  NO

If yes, please state location and usage: \_\_\_\_\_

How many separate households live in the property? *(refer to the guidance notes for the definition of households)*

At the time of application: \_\_\_\_\_ Proposed maximum: \_\_\_\_\_

How many occupants live in the property?

At the time of application: \_\_\_\_\_ Proposed maximum: \_\_\_\_\_

Is there a resident landlord? YES  NO  If yes, how many people in landlord's households? \_\_\_\_\_

Which parts of the property does the landlord's household occupy? \_\_\_\_\_

Continued on next page

Unit	Total Units
Bedrooms <i>(i.e. all other facilities shared)</i>	
Bedsits <i>(i.e. combined living room/bedroom or kitchen/bedroom)</i>	
Self-contained flats <i>(i.e. exclusive use)</i>	

How many room and facilities are available?

Rooms/Facilities in the property	Total in property	Exclusive use to one unit/household	Shared use between units/households
Living rooms <i>(excluding kitchen/living rooms and bedsits)</i>			
Dining rooms <i>(excluding kitchen/dining rooms)</i>			
Kitchens <i>(include kitchen/living rooms and kitchen/dining rooms)</i>			
- Kitchen Sinks			
- Fridges-Freezer			
- Fridge <i>(without freezer)</i>			
- Cooker			
- Microwave			
Shower/Bathrooms			
- Toilets			
- Wash hand basins			
Separate Water Closets <i>(i.e. toilet and wash hand basin)</i>			

### Property Management

Do all tenants have a tenancy agreement or given a tenancy agreement when commencing occupation of the property? *(please tick)*

YES  NO

Does the tenancy agreement include guidance on procedures for tenants to report necessary repairs and make complaints about the property? *(please tick)*

YES  NO

Does the tenancy agreement include clauses relating to anti-social behaviour at the property? *(please tick)*

YES  NO

Are the tenants provided with full contact details (including address, telephone number/email address) of the Landlord, Manager or Managing Agent? *(please tick)*

YES  NO

Is a deposit required at the start of a new tenancy agreement? *(please tick)*

YES  NO

Is the deposit secured in a deposit protection scheme? *(please tick)*

YES  NO

If yes, which scheme provider: \_\_\_\_\_

If no, please note, that by law you **must** protect all tenant deposits in a government-authorised tenancy deposit protection scheme.

Do you operate a tenant rent book? *(please tick)*

YES  NO

Are tenants given receipts for rent payments? *(please tick)*

YES  NO

How often is the property visited by

The Licence Holder? *(please tick)*

Weekly  Monthly  Other: \_\_\_\_\_

How often is the property visited by the Manager? *(please tick)*

Weekly  Monthly  Other: \_\_\_\_\_

**FLOOR PLANS** – ONLY FOR ANY STRUCTURAL CHANGES OR ROOM SET UP CHANGES SINCE LAST LICENCE ISSUED:

## Section 7 - Declarations – PLEASE READ CAREFULLY

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 notified the people listed in Section 4 above about this application and that these are the only people known to me/us that are required to be informed that I/we 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 good safe working order and comply with all relevant safety legislation.

I/we declare that the smoke and heat detectors/alarms installed in the house are in good safe working order and comply with all the 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 understand that the Council may need to carry out investigations to assess whether I/we am/are a “fit and proper” person for the purposes of Part 2 of the Housing Act 2004. I hereby authorise the Council to make such enquiries and share information as it sees fit. Such enquiries may include Disclosure Barring Service/Criminal Records Bureau checks, liaison with the Police, Fire Service and other Local Authorities.

The Council are required by law to maintain a public register of all licensed HMO properties within its area which includes the names and addresses of licence holders and managers. I/we understand that the details on the public register will be provided to anyone who requests them.

By providing email addresses, I consent to receive documents transmitted by electronic means via email in accordance with S247 of the Housing Act 2004. This will also apply to all interested parties specified on this application form where an email address has been provided.

### Property to be licensed:

Address include post code: \_\_\_\_\_

**Please continue overleaf for each status if required (PLEASE ENSURE EVERY RELEVANT SECTION IS SIGNED APPROPRIATELY):**

#### Property Owner/s

Full Name *(please print)*: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Proposed Licence Holder/s

Full Name *(please print)*: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Proposed Managing Agent Managing Director *(if applicable)*

Full Name *(please print)*: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Proposed Local Managing Agent or proposed Manager *(if applicable)*

Full Name *(please print)*: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**PLEASE COPY AS REQUIRED AND HAVE EACH TENANT**

**COMPLETE AND SIGN THIS FORM**



**APPENDIX A**

**DECLARATION OF UNDERSTANDING**

ADDRESS.....

**FIRE PRECAUTIONS**

The use and purpose of the fire precautions facilities as set out below have been explained to me and I understand them:

1. The fire alarm
2. The means of escape
3. The protection of the escape route and keeping it free from obstruction
4. The importance of fire doors
5. Fire fighting equipment

**WASTE MANAGEMENT**

The arrangements for waste storage, collection and recycling have been explained to me as set out below and I understand them.

1. Non-recycling waste to be placed for collection in black refuse sacks placed in the wheelie bins.
2. Recycling waste, namely cans, bottles and paper should be placed in the appropriate recycling box.
3. No refuse sacks or any other type of waste must accumulate in front gardens or rear gardens.
4. Only normal household waste may be disposed of within a wheelie bin. Do not dispose of oil, grease, asbestos, clinical waste, building waste or garden waste. For advice on how these and bulky items may be disposed of, the contact number is 01633 656656.

## **ANTI-SOCIAL BEHAVIOUR**

The requirements relating to anti-social behaviour as set out below have been explained to me and I understand them.

1. What may constitute anti-social behaviour
2. The standard of behaviour expected.
3. The consequence of anti-social behaviour including formal action by the police, educational body or local authority.
4. The possible consequences in terms of my tenancy agreement.

### **DECLARATION OF UNDERSTANDING**

I have read and understood the declarations of understanding as set out overleaf in relation to:

- Fire Precautions
- Waste Management
- Anti-Social Behaviour
- 

I understand that if I fail to comply with these, I may be committing an offence for which I maybe prosecuted.

<b>Occupier</b>	<b>Licence holder/ manager signature</b>
Full name	
Signature	
Dated	