



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, 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 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. – **Submission options available** – Via Post, in person or via email (see details below)

(Please tick as appropriate when submitting supporting evidence with your application)

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| <ul style="list-style-type: none"> • Evidence of permanent residential address for Proposed Licence Holder/Owner
Utility Bill, Drivers Licence or current DBS Certificate | ✓ |
| <ul style="list-style-type: none"> • Evidence of permanent residential address for Local Managing Agent <i>(if applicable)</i>
Business Utility Bill, Drivers Licence or current DBS Certificate | |
| <ul style="list-style-type: none"> • Current Gas Safe Certificate
Required annually, must be in date and produced by a Gas Safe Registered Engineer | |
| <ul style="list-style-type: none"> • 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 | |
| <ul style="list-style-type: none"> • Current Fire Detection Test Certificate
Required annually - Certified to BS5829-2002 – Fire Maintenance Reports are not acceptable | |
| <ul style="list-style-type: none"> • Current Emergency Lighting Test Certificate <i>(if applicable)</i>
Required annually - Certified to BS5266-1 | |
| <ul style="list-style-type: none"> • Current PAT Test Certificate for portable electrical equipment <i>(if applicable)</i>
Required annually – Full details of tester, testing company and inventory of items to be provided | |
| <ul style="list-style-type: none"> • Criminal Records Check (DBS) for Proposed Licence Holder. Must have been issued in the last six months
Apply at www.gov.uk/disclosure | |
| <ul style="list-style-type: none"> • 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 | |
| <ul style="list-style-type: none"> • Floor Plans Detailing facilities, fire doors, windows, fire detection and full room dimensions | |
| <ul style="list-style-type: none"> • EPC Certificate - Energy Performance Certificate required for all rental properties from 1st April 2018 | |

You may now submit your scanned HMO Application and any electronically produced certificates from your contractors via email at: 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?
(i.e. is legally entitled to receive the rental income from the property) YES NO
- Does the proposed licence holder have the powers necessary to manage the property? ✓ YES NO

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"/>

 - 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

Website: www.newport.gov.uk/hmo

Fit and Proper Person Test for Proposed 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:	<i>(please tick)</i> ✓	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"/>		
• 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"/>		
• Contravened any legislation relating to housing, public health, environmental health or landlord and tenant law?	<input type="checkbox"/>		
• Been refused a licence under Part 2 or 3 of the Housing Act 2004?	<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"/>		
• Contravened any Code of Practice relating to the management of HMOs?	<input type="checkbox"/>		
• Been subject to a Control Order under the Housing Act 1985 (in the past 5 years)?	<input type="checkbox"/>		
• Been subject to a Management Order under the Housing Act 2004?	<input type="checkbox"/>		
• Failed to comply with a Housing Notice (requiring works etc.) served by a local authority?	<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"/>		
• Been declared bankrupt?	<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
 Email 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: _____

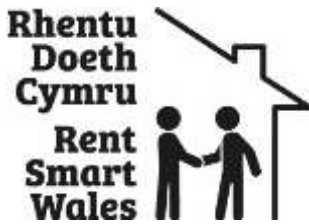
Date of Birth: _____ Relationship to Licence Holder _____

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:	<i>(please tick)</i> ✓	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"/>		
• 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"/>		
• Contravened any legislation relating to housing, public health, environmental health or landlord and tenant law?	<input type="checkbox"/>		
• Been refused a licence under Part 2 or 3 of the Housing Act 2004?	<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"/>		
• Contravened any Code of Practice relating to the management of HMOs?	<input type="checkbox"/>		
• Been subject to a Control Order under the Housing Act 1985 (in the past 5 years)?	<input type="checkbox"/>		
• Been subject to a Management Order under the Housing Act 2004?	<input type="checkbox"/>		
• Failed to comply with a Housing Notice (requiring works etc.) served by a local authority?	<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"/>		
• Been declared bankrupt?	<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
Email 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 11 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: _____



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

Website: 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>			

Section 5A Heating, Electricity and Energy Efficiency

Does the property have a **gas supply**? *(please tick)* YES NO

If yes, you **must** supply your current **original** Gas Safe Certificate covering all gas appliances
(this must be checked annually by a Gas Safe registered engineer)

The property **electrical installation condition report**

You **must** supply your current **original** Electrical Installation Condition Report covering the whole property, this report must be satisfactory and completed by a competent electrical engineer
(certificates with code 1 or code 2 defects are not accepted as satisfactory)

Do you provide **electrical appliances** to the occupants? *(please tick)* YES NO

If yes, you **must** supply your current **original** Portable Appliance Test Certificate covering all electrical appliances over 12 months old (e.g. fridge, microwave, kettle), these must all be satisfactory and completed by a competent engineer *(these must be checked annually. Any appliances that 'fail' must be removed)*

What type of heating does the property have? *(please tick all that apply)* ✓

Gas central heating	<input type="checkbox"/>	Electrical central heating/night storage heaters	<input type="checkbox"/>
Fixed electrical heaters/fire	<input type="checkbox"/>	Fixed has heaters/fires	<input type="checkbox"/>
Sold fuel fires	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

Do all rooms have a source of heating? *(please tick)* YES NO

If no, please provide details: _____

Do all baths, showers, sinks and wash hand basins provide a constant supply of hot and cold water? *(please tick)* YES NO

Do all shower/bathrooms and kitchens have a means of natural or mechanical ventilation? *(please tick)* YES NO

If no, please provide details: _____

Are the windows double glazed? *(please tick)* All Some None N/A

Are the walls solid or cavity? *(please tick)* Solid Cavity

If cavity, are the walls insulated? *(please tick)* YES NO Don't know

If yes, please provide details: _____

If solid, are the walls insulated? *(please tick)* YES NO Don't know

If yes, please provide details: _____

Is the roof space insulated? *(please tick)* All Some None N/A

If all or some, please provide details of thickness in mm: _____

Are hot water tanks lagged? *(please tick)* All Some None N/A

Section 5A continued - Fire Precautions

If the property does not already comply with the standards detailed in the HMO guidance notes, you will be required to provide mains wired detection and alarm system. In order to comply with these requirements a reasonable timescale will be set and attached as a condition of the HMO Licence.

Is the property equipped with a hard wired detection and alarm system? *(please tick)* YES NO

If yes, do you have an alarm panel? *(please tick)* YES NO

how many heat detectors: _____ and how many smoke detectors: _____

Is the property equipped with emergency lighting? *(please tick)* YES NO

Do you provide fire safety instructions for all residents/employees regarding the action to be taken in the event of a fire and the escape routes to be used? *(please tick)* YES NO

Are the escape routes from the property kept clear of obstruction? *(please tick)* YES NO

Do you provide the occupants with furniture and soft furnishings? *(please tick)* YES NO

If yes, do all furniture and soft furnishings provided comply with the Furniture and Furnishings (Fire Safety) Regulations 1998? *(please tick)* YES NO Don't know

What other fire safety equipment do you have in the property? *(please tick all that apply)* ✓

Fire extinguishers <input type="checkbox"/>	Fire Doors <input type="checkbox"/>
Fire Blankets in each kitchen <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

Do the fire doors in the property have any of the following? *(please tick all that apply)* ✓

Self-closing devices <input type="checkbox"/>	Intumescent strips <input type="checkbox"/>
Cold smoke seals <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

Section 5B - 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 Proposed Licence Holder? *(please tick)* Weekly Monthly Other: _____

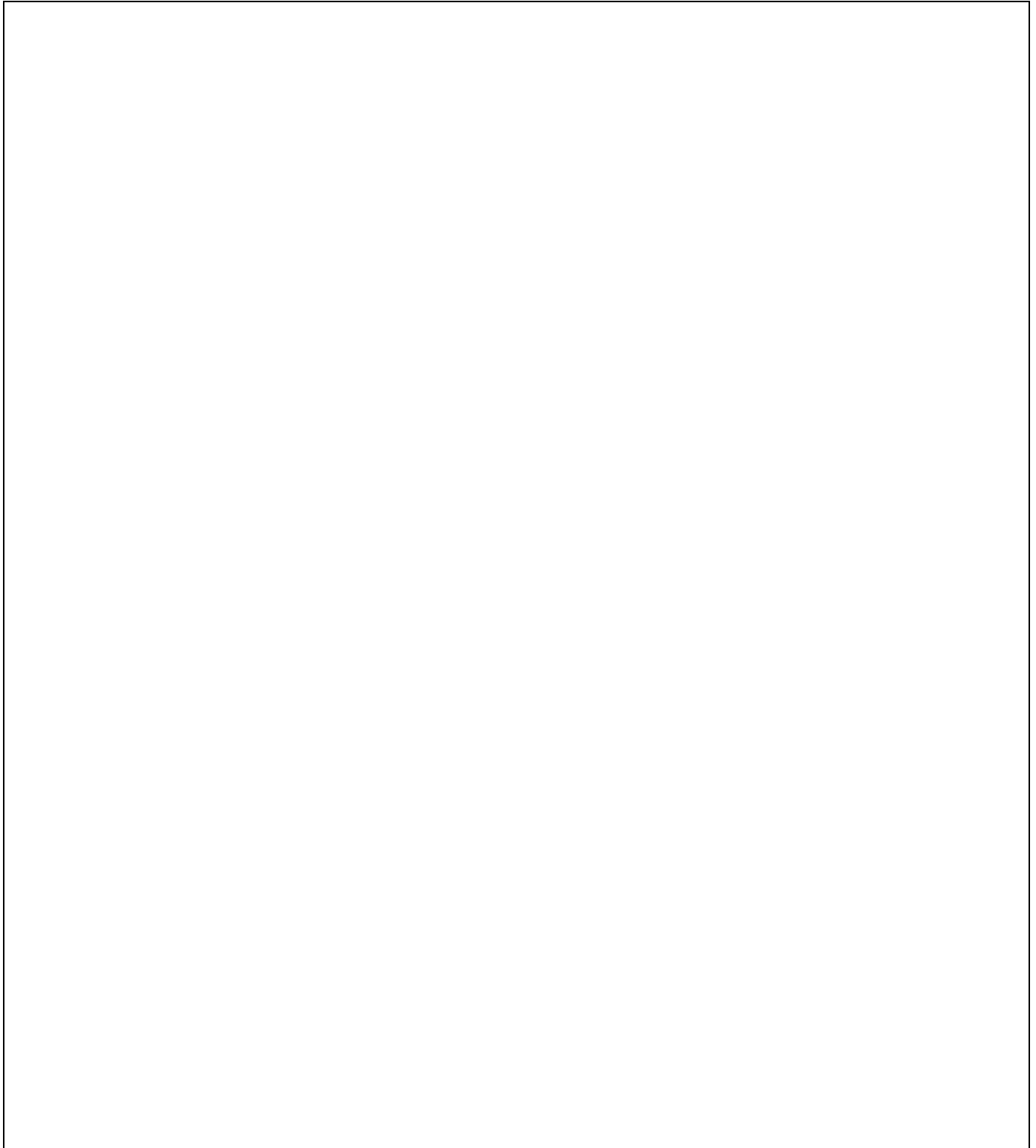
How often is the property visited by the Manager? *(please tick)* Weekly Monthly Other: _____

Section 6 - Floor Plans

The Council must decide how many people can live at a House in Multiple Occupation. That decision will be made having regard to the dimensions of habitable rooms and the level of provision of basic amenities. We need to have a basic plan of the property in order to make that decision.

If you have scale plans, please provide them. Alternatively you may sketch your own below, please continue on a separate sheet if necessary.

Please clearly indicate the location of each bedroom, living room, kitchen and bathroom(s)/shower room(s) facilities. Please also detail any fire doors, escape windows, fire detection and the full room dimensions of each internal wall in linear metres.



Please clearly indicate the location of each bedroom, living room, kitchen and bathroom(s)/shower room(s) facilities. Please also detail any fire doors, escape windows, fire detection and the full room dimensions of each internal wall in linear metres. Please continue on a separate sheet if necessary.

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to draw or detail the room layouts as instructed in the text above.

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: _____

Ethnic Monitoring

Newport City Council operates an Equality Policy. In order to make sure that our services are delivered in a fair manner we need to know who is using the services. The following information will help us to ensure that our services can be accessed equally by all residents and communities of Newport.

Any information you give us will be used in the strictest confidence and solely for compiling statistics. By signing the declaration in Part 7 you are agreeing for this information to be used for this purpose.

Please tick here if you would prefer not to answer the following questions

Gender: Male Female

Please indicate below which ethnic group you consider yourself to be part of: (Please tick) ✓

White	British European Irish Any other additional white background <i>(please specify)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Black	British African Caribbean Any other additional black background <i>(please specify)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Asian	British Pakistani Indian Bangladeshi Any other additional Asian background <i>(please specify)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Dual Heritage	White and Black Caribbean White and Black African White and Asian Any other additional Dual Heritage background <i>(please specify)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Chinese or far eastern	British Chinese Vietnamese Japanese Korean Any other additional Chinese or far eastern background <i>(please specify)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other	Any other additional ethnic background not listed <i>(please specify)</i>	<input type="checkbox"/>

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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.

Occupier	Licence holder/ manager signature
Full name	
Signature	
Dated	