

HMO Licence Renewal Form

Before you complete this form check if the property still requires a HMO Licence.

Please answer the following questions:

- 1. Is the property occupied by five, or more, persons (please include children)** YES NO
- 2. Do two or more separate households live in the house?** YES NO
[A household comprises persons who are all members of the same family (i.e. they are married or co-habiting, regardless of their sex or one of them is the parent, grandparent, child, stepchild, foster child (under the Fostering Services Regulations 2002), grandchild, brother, sister, uncle, aunt, nephew, niece or cousin of the other). 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].
- 3. Do the occupants of the house share bathroom or kitchen or WC facilities?** YES NO

If you have answered NO to any of the questions, then you DO NOT need to renew your HMO licence.

Use PART 2 of this form to tell us that the property no longer requires a licence.

RETURNING THE APPLICATION:

Send your completed application, along with all required supporting documents by post, or e-mail to:

By Post: Strategic and Private Sector Housing, Wigan Council, Place Directorate, PO Box 100, Wigan, WN1 3DS

By Email: hmo@wigan.gov.uk

General Information:

You **must** let certain persons know in writing that you have made this application or give them a copy of it. The persons who need to know about it are:-

- Any mortgagee of the property
- Any owner of the property to which this application relates (if that is not you) i.e. any freeholder and any head lessees who are known to you
- Any other person who is a tenant or long standing leaseholder of the property or any part of it (including any flat) who is known to you other than a statutory tenants or other tenant whose lease or tenancy is for less than 3 years (including a periodic tenancy)
- The proposed licence holder (if this is not you)
- The proposed manager or managing agent (if this is not you)
- Any person who has agreed that he or she will be bound by any condition or conditions in a licence if granted.

You should use the separate 'Landlord Notification Form' at the end of this application to notify all such persons that you have applied for a licence to operate a HMO at the property.

WHO CAN APPLY FOR A HMO LICENCE:

In determining a licence application the Council has a duty to award the HMO Licence to the most appropriate person. This will normally be the 'Person Having Control' of the property and will, at the very least, be the person who:

- Receives the rack rent of the premises whether on his own account, or as agent or trustee of another person; or who would receive it, if the premises were let at a rack rent.
- Has the power to let and terminate tenancies;
- Has the power to access all parts of the premises to the same extent as the owner; and
- Has the power to authorise expenditure, up to 25% of the yearly income of the house, for emergency repairs and/or maintenance.

You must complete this application fully and accurately. Please enter N/A to any questions that are not applicable to your application. The form should be completed in conjunction with **Wigan Council's Guidance for Completing a HMO Licence Application.**

The Council requires details of all other people involved in the ownership and/or management of the property covered by this application. Therefore, the application should be completed as follows;

- | | |
|---|---|
| Owner: | <ul style="list-style-type: none">• Part 1, Section 1 - Details of the Property Owner• Part 3 - Declarations |
| Proposed Licence Holder: | <ul style="list-style-type: none">• Part 1, Section 2 - Details of the Proposed Licence Holder• Part 2 - Property Details (for every property requiring a licence)• Part 3 - Declarations |
| Manager / Managing Agent:
(if appropriate) | <ul style="list-style-type: none">• Part 1, Section 3 - Details of the HMO Manager / Managing Agent - Manager's Details.• Part 3 - Declarations |

RETURNING THE APPLICATION:

Send your completed application, along with all required supporting documents by post, or e-mail to:

By email : HMO@wigan.gov.uk

By Post : Strategic and Private Sector Housing, Wigan Council, Place Directorate, PO Box 100, Wigan, WN1 3DS

PART ONE: APPLICATION DETAILS

Section 1: Details of the Person Completing the Form

Involvement in property (please tick)

Property Owner Proposed Licence Holder Managing Agent Other

If other, please state:

Type of application (please tick)

New Licence Application Renewal of Existing Licence Variation of Existing Licence

1.1	Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other
	Full name:					
	Residential Address:					
		Postcode:				
	Business address: (if applicable)					
		Postcode:				
	Home telephone no:					
	Work telephone no:					
	Mobile telephone no:					
	E-mail address:					
	Date of Birth:					
	Joint Owners Name and Address: (if applicable)					

Address of Property to be Licensed

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Section 2: Details of the Property Owner

2.1	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
	Full name:	
	Residential Address:	
		Postcode:
	Business address: (if applicable)	
		Postcode:
	Are either of the addresses provided the same as the details provided on land registry? (if the details are not the same as land registry, please still provide a contactable address)	
	Home telephone no:	
	Work telephone no:	
	Mobile telephone no:	
	E-mail address:	
	Date of Birth:	
	Joint Owners Name and Address: (if applicable)	

2.2	Are you the 'person having control' of the property'?
	[NB: This is the person who receives the rack rent of the premises whether on his own account, or as agent or trustee of another person, or who would so receive it if the premises were let at a rack rent].
	Yes <input type="checkbox"/> No <input type="checkbox"/> (If NO, ensure that you complete Section 4)

2.3 Do you have any other properties with a HMO Licence within Wigan Borough?

Yes (use the space below to provide the address of all your properties in Wigan with a HMO Licence).

No

Section 3: Details of the Proposed Licence Holder

Type of proposed licence holder (Please tick)

- Individual (complete Box 3.1); OR
- Company/Partnership/Charity or Trust (complete Boxes 3.2 and 3.3)

3.1 Proposed licence holder as an Individual. (then go to question 3.4).

Title: Mr Mrs Miss Ms Other

Name:

Residential address:

Postcode:

**Business address:
(if applicable)**

Postcode:

Home telephone no:

Work telephone no:

Mobile telephone no:

e-mail address:

Date of birth:

Interest in property:

Owner Manager Agent Other

**Has the proposed licence holder signed up the landlord hub?
(this is a mandatory requirement)**

2.2	Proposed licence holder as a Company, Partnership, Charity or Trust.	
	Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Charity <input type="checkbox"/> Trust <input type="checkbox"/>	
	Limited Company/partnership/charity/trust name:	
	Registered Company/Charity No:	
	Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/>	Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/>
	Full name of point of contact:	
	Company/partnership charity/trust registered address:	
	Postcode:	
	Telephone no:	
	Email address:	
Date of birth:		

2.3	Please provide details of the Company Secretary / Senior Partner / Trust Secretary:	
	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
	Full Name:	
	Company Secretary address:	
		Postcode:
	Telephone no:	
	Fax no:	
Email address:		

2.4	To be completed by the Proposed Licence Holder:
	<p>Please provide an address where all official correspondence should be sent. This will be the address used on the public register.</p> <p>In all cases the relevant person(s) MUST sign below agreeing to this address.</p>

	Name of person/company:	
	Correspondence address:	
		Postcode:
	Telephone no:	
Email address:		

***Signature of Proposed Licence Holder Required*:**

I, as an Individual, Partner/Trustee/Director hereby agree to the address in this box being used for all official correspondence and on the public register provided by Wigan Council.

Name:

Signature:

please print:

Fit and Proper Person – Proposed Licence Holder

The local authority must consider whether the proposed licence holder, is a fit and proper person.

2.5	Has the proposed licence holder , ever accepted a simple caution (previously known as a formal caution); OR is serving an unspent conviction of an offence involving any of the following?		
		Yes	No
	Fraud	<input type="checkbox"/>	<input type="checkbox"/>
	Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>
	Violence	<input type="checkbox"/>	<input type="checkbox"/>
	Drugs	<input type="checkbox"/>	<input type="checkbox"/>
	Sexual Offences Act, schedule 3	<input type="checkbox"/>	<input type="checkbox"/>
	Immigration Act 2014, part 3	<input type="checkbox"/>	<input type="checkbox"/>

2.6	Has the proposed licence holder ever been subject to proceedings for unlawful discrimination in connection with any business involving the following?		
		Yes	No
	Gender	<input type="checkbox"/>	<input type="checkbox"/>
	Colour	<input type="checkbox"/>	<input type="checkbox"/>
	Race	<input type="checkbox"/>	<input type="checkbox"/>
	Ethnic or national origin	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	

2.7	The licence holder must have leave to enter and remain in the United Kingdom? Is the proposed licence holder :		
		Yes	No
	A British citizen	<input type="checkbox"/>	<input type="checkbox"/>
	A Commonwealth citizen with the right of abode	<input type="checkbox"/>	<input type="checkbox"/>
	A national of a European Economic Area (EEA) country; or Switzerland	<input type="checkbox"/>	<input type="checkbox"/>
Other: (detail how you have leave to enter & remain in the UK)			

2.8	Has the proposed licence holder , or anyone associated with the proposed licence holder, ever been convicted for non-compliance of a Statutory Notice, accepted a simple caution, been subject to works carried out in default or received a statutory fine under any of the following?		
		Yes	No
	Housing Law	<input type="checkbox"/>	<input type="checkbox"/>
	Landlord and Tenant Law	<input type="checkbox"/>	<input type="checkbox"/>
	Environmental Protection Act 1990	<input type="checkbox"/>	<input type="checkbox"/>
	Public Health Law	<input type="checkbox"/>	<input type="checkbox"/>
	Health and Safety Law	<input type="checkbox"/>	<input type="checkbox"/>
	Building Regulation or Planning Laws	<input type="checkbox"/>	<input type="checkbox"/>

2.9	Has the proposed licence holder been in control of a property: -		
		Yes	No
	that has been the subject of a Management Order;	<input type="checkbox"/>	<input type="checkbox"/>
	where works have been carried out, by a Local Authority, in default of a Enforcement Notice;	<input type="checkbox"/>	<input type="checkbox"/>
	where a licence has been revoked or refused;	<input type="checkbox"/>	<input type="checkbox"/>
	been convicted for a breach of conditions of a licence.	<input type="checkbox"/>	<input type="checkbox"/>
been convicted of a breach of the HMO Management Regulations	<input type="checkbox"/>	<input type="checkbox"/>	


2.10	The licence holder must have adequate financial arrangements to ensure that the HMO is properly managed and maintained. Is the proposed licence holder :		
		Yes	No
	in a state of insolvency?	<input type="checkbox"/>	<input type="checkbox"/>
	in a period of undischarged bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>

Depending on your answers to the questions in sections 2.5 – 2.10 it may be necessary for the Council to undertake additional ‘fit and proper person’ checks.

Once this form has been submitted the Council will contact you to discuss this matter in more detail.

STATUTORY DECLARATION FOR RELEASE OF INFORMATION

To be completed by the Proposed Licence Holder:

 All information provided will be treated in confidence and in accordance with the Data Protection Act 1998. It will only be used to progress your application. As part of our duty under the Housing Act 2004 we may have to share and/or check your information with other agencies including the Police, Fire & Rescue Service, Office of Fair Trading, other local authorities and other relevant departments within this Council, for example Council Tax, Revenues and Benefits and Debtors.

Please sign and date the declaration below in order for us to progress your application.

***Signature of Proposed Licence Holder Required*:**

I, as the proposed licence holder, hereby authorise any statutory body holding information about me, which falls within the categories above, to provide this information on request by the Council.

Name - Please print:

Signature:

Date:

Section 3: Details of the HMO Manager / Managing Agent

[NB: If you DO NOT have a Manager / Managing Agent, please go to Section 4]

Type of Manager / Managing Agent (Please tick)

- Individual (complete Box 3.1); OR
- Company/Partnership/Charity or Trust (complete Boxes 3.2 and 3.3)

3.1	Proposed Manager/Managing Agent as an Individual. (then go to question 3.4).	
	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
	Full name:	
	Residential address:	
		Postcode:
	Business address: (if applicable)	
		Postcode:
	Home telephone no:	
Work telephone no:		

Mobile telephone no:	
Email address:	
Date of birth:	
Provide the addresses of all the licensed HMOs in the Wigan borough which they currently manage.	

3.2	Proposed Manager / Managing Agent as a Company, Partnership, Charity or Trust.	
	Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Charity <input type="checkbox"/> Trust <input type="checkbox"/>	
	Limited Company/partnership/charity/trust name:	
	Registered Company/Charity No:	
	Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/>	Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/>
	Full name:	
	Company/partnership charity/trust registered address:	
		Postcode:
	Telephone no:	
	Email address:	
	Date of Birth:	
	Provide the addresses of all the licensed HMOs in the Wigan borough which they currently manage.	

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3.3	Please provide details of the Company Secretary / Senior Partner / Trust Secretary:	
	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
	Full Name:	
	Company Secretary address:	
		Postcode:
	Telephone no:	
	Email address:	
	Date of birth:	
	Provide the addresses of all the licensed HMOs in the Wigan borough which they currently manage.	

3.4	To be completed by the Proposed Manager / Managing Agent:	
	Please provide an address where all official correspondence should be sent. This will be the address used on the public register. In all cases the relevant person(s) MUST sign below agreeing to this address.	
	Name of person/company:	

	Correspondence address:	
	Postcode:	
	Telephone no:	
	Email address:	

***Signature of Proposed HMO Manager Required*:**

I, as an Individual, Partner/Trustee/Director hereby agree to the address in this box being used for all official correspondence and on the public register provided by Wigan Council.

Name – Please print:

Signature:

Date:

3.5	Is the Manager/Managing Agent a member of any association or other professional body?	
	Organisation	Member since (date)

3.6	Is the Manager/Managing Agent accredited by this or any another Authority?		
	Authority	Organisation	Accredited since (date)

3.7	Please list training courses / conferences attended relevant to property management by the Manager/Managing Agent .	
	Training course	Date

Fit and Proper Person – Proposed HMO Manager

The local authority must consider whether the **Manager / Managing Agent** is a fit and proper person.

3.8	Has the Manager/Managing Agent ever accepted a simple caution (previously known as a formal caution) from the Police or been convicted of an offence involving any of the following?		
		Yes	No
	Fraud	<input type="checkbox"/>	<input type="checkbox"/>
	Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>
	Violence	<input type="checkbox"/>	<input type="checkbox"/>

Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Offences Act, schedule 3	<input type="checkbox"/>	<input type="checkbox"/>
Immigration Act 2014, part 3	<input type="checkbox"/>	<input type="checkbox"/>

3.9	Has the Manager/Managing Agent , ever been subject to proceedings for unlawful discrimination in connection with any business involving the following?		
		Yes	No
	Gender	<input type="checkbox"/>	<input type="checkbox"/>
	Colour	<input type="checkbox"/>	<input type="checkbox"/>
	Race	<input type="checkbox"/>	<input type="checkbox"/>
	Ethnic or national origin	<input type="checkbox"/>	<input type="checkbox"/>
	Disability	<input type="checkbox"/>	<input type="checkbox"/>

3.10	The Manager / Managing Agent must have leave to enter and remain in the United Kingdom? Is the proposed Manager/Managing Agent :		
		Yes	No
	A British citizen	<input type="checkbox"/>	<input type="checkbox"/>
	A Commonwealth citizen with the right of abode	<input type="checkbox"/>	<input type="checkbox"/>
	A national of a European Economic Area (EEA) country; or Switzerland	<input type="checkbox"/>	<input type="checkbox"/>
	Other: (detail how you have leave to enter & remain in the UK)		

3.11	Has the Manager/Managing Agent ever been convicted for non-compliance of a Statutory Notice, accepted a simple caution, been subject to works carried out in default or received a statutory fine under any of the following?		
		Yes	No
	Housing Law	<input type="checkbox"/>	<input type="checkbox"/>
	Landlord and Tenant Law	<input type="checkbox"/>	<input type="checkbox"/>
	Environmental Protection Act 1990	<input type="checkbox"/>	<input type="checkbox"/>
	Public Health Law	<input type="checkbox"/>	<input type="checkbox"/>
	Health and Safety Law	<input type="checkbox"/>	<input type="checkbox"/>
	Building Regulations or Planning Laws	<input type="checkbox"/>	<input type="checkbox"/>

ContinuedC

3.12	Has the Manager/Managing Agent ever managed a property:		
		Yes	No
	that has been the subject of a Management Order;	<input type="checkbox"/>	<input type="checkbox"/>

where works have been carried out, by a Local Authority, in default of a Enforcement Notice;	<input type="checkbox"/>	<input type="checkbox"/>
where a licence has been revoked or refused;	<input type="checkbox"/>	<input type="checkbox"/>
been convicted for a breach of conditions of a licence.	<input type="checkbox"/>	<input type="checkbox"/>
been convicted of a breach of the HMO Management Regulations	<input type="checkbox"/>	<input type="checkbox"/>


3.13	Adequate financial arrangements must be in place to ensure the property is properly managed and maintained. Is the proposed Manager/Managing Agent :		
		Yes	No
	Currently in a state of insolvency?	<input type="checkbox"/>	<input type="checkbox"/>
	Currently an undischarged bankrupt?	<input type="checkbox"/>	<input type="checkbox"/>
	Do you have the authority to carry out proactive maintenance to the property?	<input type="checkbox"/>	<input type="checkbox"/>
	Is there any financial limit on the amount of work you can carry out?	<input type="checkbox"/>	<input type="checkbox"/>
	Please detail the value of work that you can carry out before further authorisation is required; AND detail the procedure that you must follow if works exceed this limit.		

Depending on your answers to the questions in sections 3.1 – 3.13 it may be necessary for the Council to undertake additional ‘fit and proper person’ checks.

Once this form has been submitted the Council will contact you to discuss this matter in more detail.

STATUTORY DECLARATION FOR RELEASE OF INFORMATION

To be completed by the Proposed Manager/Managing Agent:

 All information provided will be treated in confidence and in accordance with the Data Protection Act 1998. It will only be used to progress your application. As part of our duty under the Housing Act 2004 we may have to share and/or check your information with other agencies including the Police, Fire & Rescue Service, Office of Fair Trading, other local authorities and other relevant departments within this Council, for example Council Tax, Revenues and Benefits and Debtors.

Please sign and date the declaration below in order for us to progress your application.

***Signature of Proposed Manager / Managing Agent Required*:**

I, as the proposed manager/managing agent, hereby authorise any statutory body holding information about me, which falls within the categories above, to provide this information on request by the Council.

Name - Please print:

Signature:

Date:

NOTE: Complete Section 4 only if your answered NO to question 1.2

Section 4: Details of the 'Person Having Control' of the property

[i.e. This is the person who receives the rack rent of the premises whether on his own account, or as agent or trustee of another person, or who would so receive it if the premises were let at a rack rent].

4.1	Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other
	Full name:					
	Residential address:					
	Business address (if applicable)					
		Postcode:				
		Postcode:				
		Home telephone no:				
	Work telephone no:					
	Mobile telephone no:					
	e-mail address:					
	Date of birth:					
	Interest in property:					

4.2	Is the 'person having control' of the property the Freeholder or the Leaseholder?
	Freeholder <input type="checkbox"/> Leaseholder <input type="checkbox"/> Other

PART TWO – PROPERTY DETAILS

SECTION 1: DETAILS OF PROPERTY TO BE LICENSED

1.0 Property Address

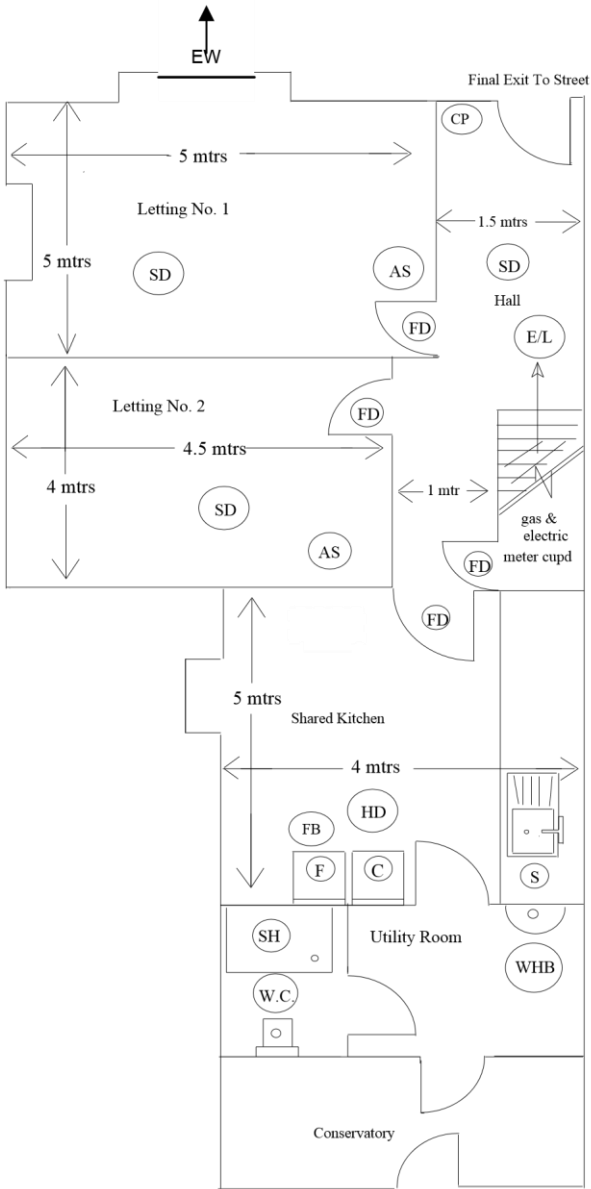
1.1 **Please provide a floorplan, demonstrating the present layout and how the rooms are utilised; it may be created by hand and does not have to be drawn to scale; nonetheless, it must be clear, readable, and generally proportional. The layout must demonstrate the difference in floor levels, location of stairs and must incorporate all current fire safety procedures at the property, such as a fire blanket, heat and smoke detectors, fire doors, fire escape windows, and a carbon monoxide detector. Additionally providing the sizes of the rooms (m²), excluding hallways, WCs, and baths, as well as the uses of each room, such as labelling kitchen, bedroom, and WC.**

Below is an example of the type of sketch and the detail required. You can use the abbreviations listed below to help you mark details on your drawing. It is important to provide a drawing of each floor level in the property.

If you already have plans of the property, you may submit those instead.

Key of symbols to be used on plan

- FD** Fire door
- EW** Escape window
- EL** Emergency lighting
- CP** Manual call point
- FAP** Fire alarm control panel
- SD** Smoke detector inter-linked to whole house system
- HD** Heat detector inter-linked to whole house system
- AS** Alarm sounder inter-linked to whole house system
- SA** Smoke detector/alarm that is stand-alone
- HA** Heat detector/alarm that is stand-alone
- FB** Fire blanket
- WE** Water extinguisher
- FE** Foam extinguisher
- DP** Dry powder extinguisher
- SH** Shower
- B** Bath
- WC** Toilet
- WHB** Wash-hand basin
- C** Cooker
- S** Sink
- F** Fridge



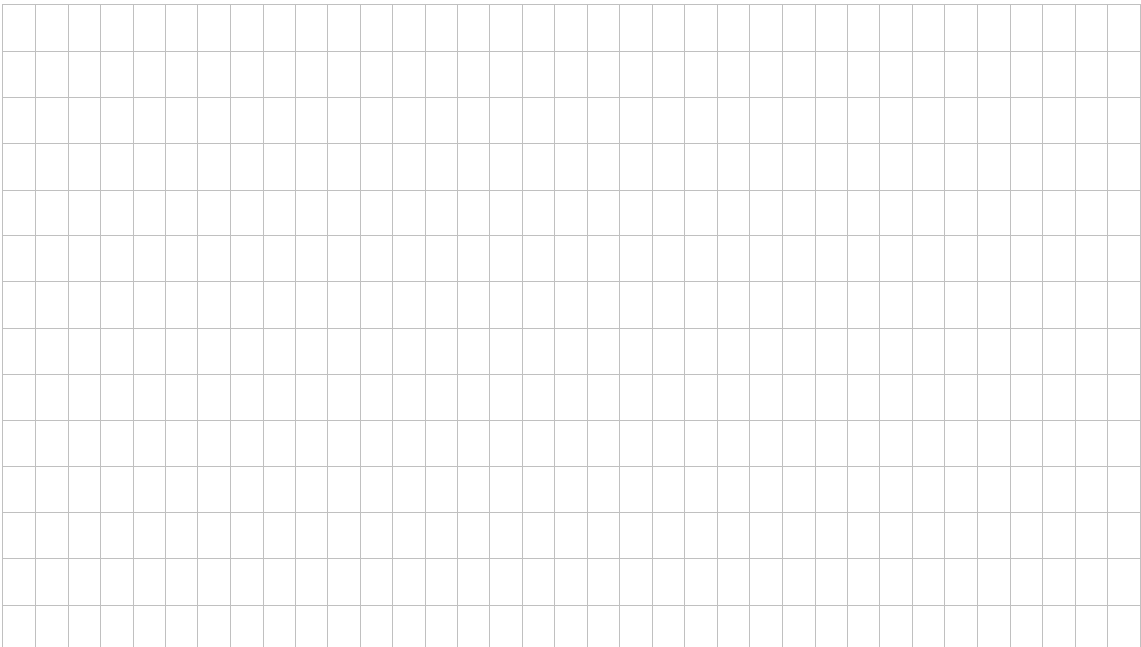
EXAMPLE GROUND FLOOR PLAN

Floor Plan 1



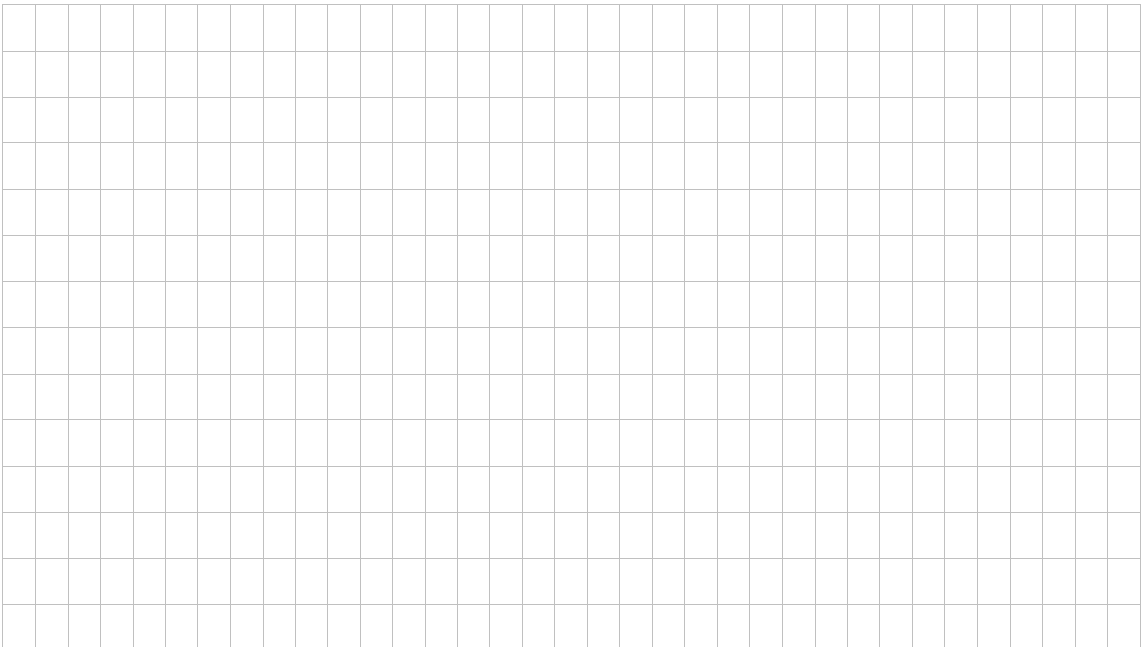


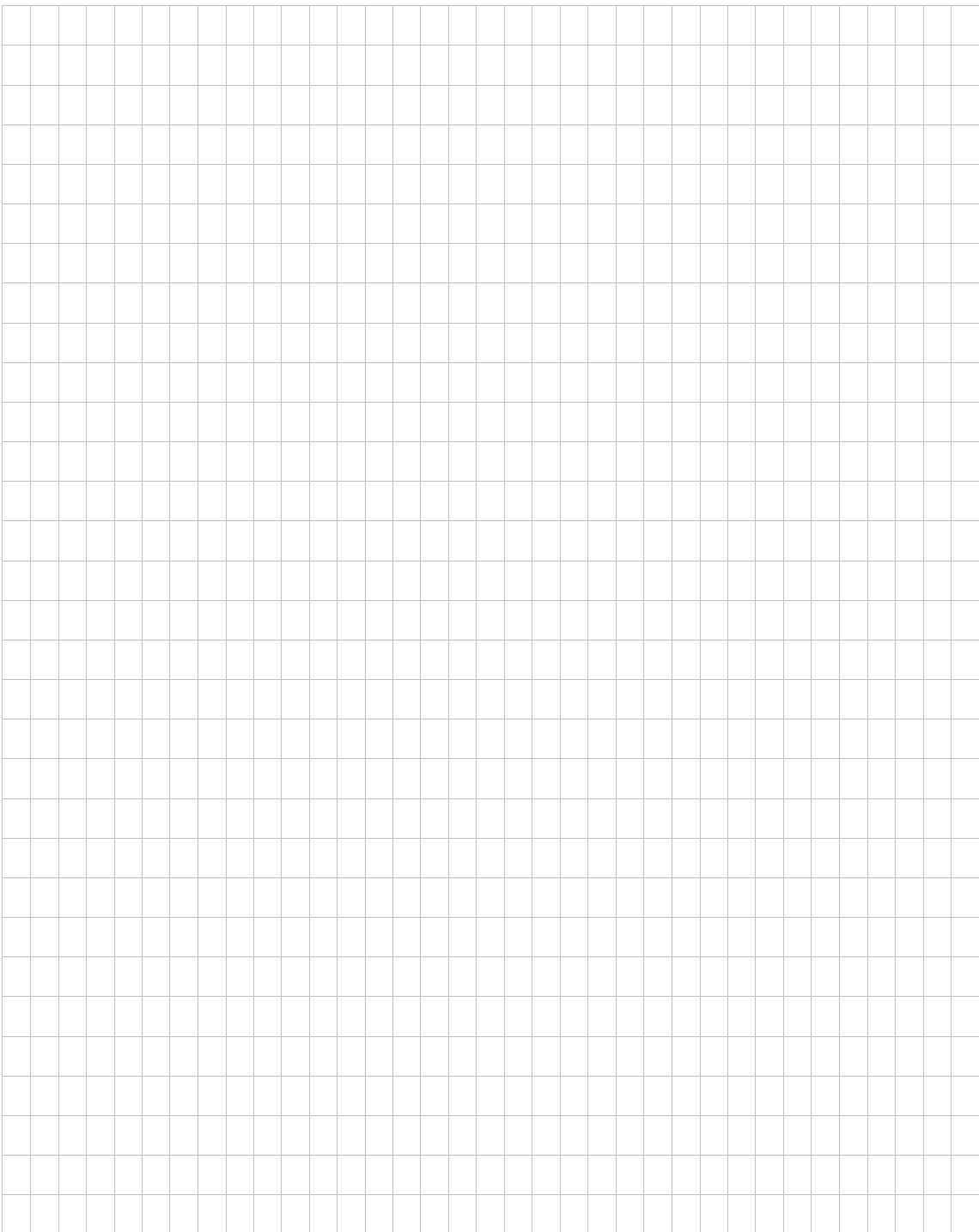
Floor Plan 2



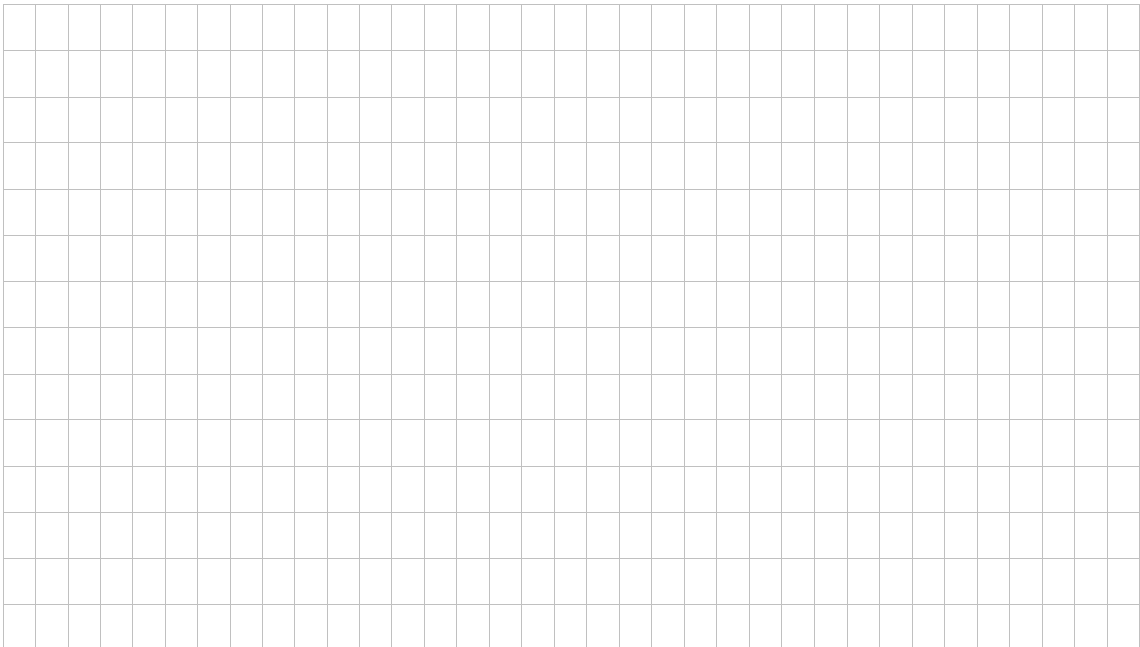


Floor Plan 3





Floor Plan 4



	Number of persons	
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1.7	Is there a resident landlord at the property?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Notes: 1 A **household** comprises persons who are all members of the same family. (i.e. they are married or cohabiting regardless of their sex, or one of them is the parent, grandparent, child, stepchild, foster child (under the Fostering Services Regulations 2002), grandchild, brother, sister, uncle, aunt, nephew, niece or cousin of the other. An employee living in the same household as the employer may be considered part of a single household.

PROPERTY DETAILS

1.8	Please indicate the type of property to be licensed.		
	Type:	<input type="checkbox"/> Detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Terrace	<input type="checkbox"/> End terrace <input type="checkbox"/> Other - please provide detail:
	Please give approximate date of construction of the property.		
	Date:	<input type="checkbox"/> Pre 1920 <input type="checkbox"/> 1920 – 1945 <input type="checkbox"/> 1946 – 1964	<input type="checkbox"/> 1965 – 1979 <input type="checkbox"/> Post 1979
	How many storeys does the property have? [basement and/or attic that provides accommodation OR is used in connection with the HMO to be included].		
Storeys:			

1.9	How many fully self contained ² and non-self contained units are there in the property?		
	Number self contained:		Number non-self contained:

1.10	Is any part of the property used for separate commercial activity?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If YES, please give details and location of the commercial parts below.	

Notes: 2 A self contained unit is a letting that has kitchen (or cooking area), bathroom and toilet inside it for the exclusive use of the household living in that unit. If the occupiers need to leave the unit to use any of the amenities then that unit is not self contained.

LETTING ROOMS, FACILITIES AND AMENITIES

1.11	How many of the following rooms does the property have?	
		Quantity
	Total number of bedrooms in the property:	
	Bedrooms with hand basin:	
	Bedrooms with en-suite facilities (i.e. with bath/shower, WC & hand basin):	

Bedrooms with combined kitchen (i.e. bedsit):	
Shared Bathrooms (with WC):	
Shared Shower Rooms (with WC):	
Separate Toilets (with hand basin):	
Living Room:	
Dining Room:	
Shared Kitchen/s:	
Shared Kitchen/Dining Room (combined):	
Other room/s (please specify):	

SPACE HEATING AND HOT WATER

1.12	To the individual Bedrooms what form of heating is there?	
	<input type="checkbox"/> Radiator/s as part of gas/oil central heating <input type="checkbox"/> Electric storage heater/s	<input type="checkbox"/> Individual wall-mounted electric heater/s <input type="checkbox"/> Other (please state)

1.13	To the Shared Bathrooms what form of heating is there?	
	<input type="checkbox"/> Radiator/s as part of gas/oil central heating <input type="checkbox"/> Electric storage heater/s	<input type="checkbox"/> Individual wall-mounted electric heater/s <input type="checkbox"/> Other (please state)

1.14	To the Shared Kitchens what form of heating is there?	
	<input type="checkbox"/> Radiator/s as part of gas/oil central heating <input type="checkbox"/> Electric storage heater/s	<input type="checkbox"/> Individual wall-mounted electric heater/s <input type="checkbox"/> Other (please state)

1.15	To the other communal areas such as lounge/s, hall and landing/s what form of heating is there?	
	<input type="checkbox"/> Radiator/s as part of gas/oil central heating <input type="checkbox"/> Electric storage heater/s	<input type="checkbox"/> Individual wall-mounted electric heater/s <input type="checkbox"/> Other (please state)

UTILITES

1.16	Are there any gas appliances in the property provided by the landlord?	
	<input type="checkbox"/> Yes (Note: if yes, please provide a valid gas safety certificate)	<input type="checkbox"/> No

SECTION 2: DETAILS OF FACILITIES AND MANAGEMENT

2.1	What is the system of fire detection:		
		YES	NO
	a fire alarm panel [with zoning or fault detection]	<input type="checkbox"/>	<input type="checkbox"/>
	heat detection in all kitchen/s	<input type="checkbox"/>	<input type="checkbox"/>
	smoke detection in all bedrooms	<input type="checkbox"/>	<input type="checkbox"/>
	smoke detection in all living room/s	<input type="checkbox"/>	<input type="checkbox"/>
	smoke detection in all hallways and landing/s	<input type="checkbox"/>	<input type="checkbox"/>
	battery operated smoke alarms <u>only</u>	<input type="checkbox"/>	<input type="checkbox"/>
	emergency lighting in the common hallways and landings	<input type="checkbox"/>	<input type="checkbox"/>

2.2	Is there a current fire alarm test certificate in compliance with BS 5839 Part 1:2002 as amended by BS 5839 Part 6:2004?
	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a copy

2.3	Is there a current emergency lighting test certificate in compliance with BS 5266 Part 1:1999?
	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a copy

2.4	Are fire extinguishers provided?	
	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please state type and location:	
	Type of extinguisher	Location of extinguisher

2.5	Are fire blankets provided in the kitchen/s?
	Yes <input type="checkbox"/> No <input type="checkbox"/>

2.6	Is the escape route protected by 30 minute fire doors?
	Yes <input type="checkbox"/> No <input type="checkbox"/>

2.7	Is the escape route kept clear of flammable material and other obstructions?
	Yes <input type="checkbox"/> No <input type="checkbox"/>

2.8	Are all main exit doors openable from the inside without the use of a key?
	Yes <input type="checkbox"/> No <input type="checkbox"/>

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2.9	Does all furniture comply with the Furniture (Fire Safety) Amendment Regulations 1993?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2.10	Has a fire safety risk assessment been undertaken at the property?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

MANAGEMENT ARRANGEMENTS

2.11	Are procedures in place and/or does the Tenancy Agreement contain procedures relating to:		
		Yes	No
	Reporting faults/ disrepair including in emergencies	<input type="checkbox"/>	<input type="checkbox"/>
	Making complaints	<input type="checkbox"/>	<input type="checkbox"/>
	Anti Social Behaviour of occupants and visitors	<input type="checkbox"/>	<input type="checkbox"/>

2.12	Financial arrangement for repairs		
		Yes	No
	Are arrangements in place to carry out and cover the costs of major and emergency repair work?	<input type="checkbox"/>	<input type="checkbox"/>
	Are arrangements in place to carry out and cover the costs of regular maintenance work?	<input type="checkbox"/>	<input type="checkbox"/>

2.13	Please detail how waste is contained and removed from the property, [including larger items]:	

2.14	Provide details of Tenancy Deposit Scheme used:	

2.15	Please detail any further comments / information you wish to provide below:	

PART THREE - DECLARATIONS

DECLARATION OF APPLICANT AND PROPOSED LICENCE HOLDER

It is a criminal offence to knowingly supply information that is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application may be required at a later date. If we subsequently discover something that is relevant and that you should have disclosed, or which has been incorrectly stated or described, your licence may be revoked or other action taken. Operating a licensable HMO without a licence is an offence liable to a fine not exceeding £20,000. In addition, a Residential Property Tribunal may make a Rent Repayment Order, requiring you to repay any rents due during the period for which the property was unlicensed (up to a maximum of 12 months).

I/we declare that the information contained in this application is correct to the best of my/our knowledge. I/We understand that I/we commit an offence if I/we supply any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or am/are reckless as to whether it is false or misleading.

I/We declare that I/We have served a notice of this application on the following persons who are the only persons known to me/us that are required to be informed that I/we have made this application:

Name	Address	Person's interest in the property or application	Date of Service

If you are the Applicant AND the Proposed Licence Holder / Manager you must sign ALL sections below.

Applicant	Name – please print:			
	Signature:		Date:	
Proposed Licence Holder	Name – please print:			
	Signature:		Date:	
HMO Manager / Managing Agent	Name – please print:			
	Signature:		Date:	
'Person Having Control' of the property	Name – please print:			
	Signature:		Date:	

Joint Owner	Name – please print:			
	Signature:		Date:	
Joint Owner	Name – please print:			
	Signature:		Date:	

SUPPORTING DOCUMENTATION CHECKLIST

Documents marked 'REQUIRED' must be supplied with every application.

Fire Alarm Test Certificate <i>[dated within last 12 months]</i> - REQUIRED (if applicable)	<input type="checkbox"/>
Emergency Lighting Test Certificate <i>[dated within last 12 months]</i> - REQUIRED (if applicable)	<input type="checkbox"/>
Landlord Gas Safety Certificate <i>[dated within last 12 months]</i> - REQUIRED	<input type="checkbox"/>
Periodic Electrical Inspection Report <i>[dated within last 5 years]</i> - REQUIRED	<input type="checkbox"/>
Current Portable Appliance Test (PAT) Certificate <i>[dated within last 12 months]</i> (if applicable)	<input type="checkbox"/>

Licence Holder	Basic Criminal Disclosure <i>[dated within last 6 months]</i> - REQUIRED	<input type="checkbox"/>
	Either; <ul style="list-style-type: none"> • British Passport (current or expired); OR – REQUIRED • Certificate of Naturalisation or Registration as a British citizen; OR • UK 'Certificate of Entitlement to the Right of Abode' in your foreign passport. <p>Note: contact us if you do not have any of these documents.</p>	<input type="checkbox"/>
Manager / Agent <small>(if applicable)</small>	Basic Criminal Disclosure <i>[dated within last 6 months]</i> - REQUIRED	<input type="checkbox"/>
	Either; <ul style="list-style-type: none"> • British Passport (current or expired); OR – REQUIRED • Certificate of Naturalisation or Registration as a British citizen; OR • UK 'Certificate of Entitlement to the Right of Abode' in your foreign passport. <p>Note: contact us if you do not have any of these documents.</p>	<input type="checkbox"/>

HMO Floor Plan - REQUIRED	<input type="checkbox"/>
Tenancy Agreement - REQUIRED	<input type="checkbox"/>

Payment of Correct Licence Fee – REQUIRED



The licence fee to be paid via Wigan Council's website, at the following web address:
www.wigan.gov.uk/Business/Licensing-Permits-Registrations/Houses-in-Multiple-Occupation-Licence.aspx

Landlord Licence Notification Form

This form is for your use only

It does NOT have to be returned to Wigan Council

Application for a licence to operate a House in Multiple Occupation under the provisions of the Housing Act 2004.

You must let certain persons know, in writing, that you have made this application or give them a copy of it. The persons who need to know about it are:

- Any mortgagee of the property.
- Any owner of the property to which this application relates (if that is not you) i.e. any 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 any flat) who is known to you other than a statutory tenants or other tenant whose lease or tenancy is for less than 3 years (including a periodic tenancy) .
- The proposed licence holder (if that is not you).
- The proposed managing agent (if that is not you).
- Any person who has agreed that he or she will be bound by any condition or conditions in a licence if granted.

You should complete and send this form to all such persons to notify them that you have made an application for a licence to operate a HMO at the property.

I am writing to inform you, that under **Part 2 of the Housing Act 2004** I have applied to **Wigan Council** for a Mandatory HMO Landlord Licence. Please find below the details of my application, which I submitted on:

.....(date) (month) (year)

1.1 OWNERS DETAILS

Title		Full name		
Address				
Postcode			Telephone number	
Email address			Fax number	

1.2 PROPOSED LICENCE HOLDER DETAILS (if different from owner)

Title	Full name			
Address				
Postcode			Telephone number	
Email address			Fax number	

1.3 PROPERTY ADDRESS TO WHICH THE APPLICATION RELATES

Property address	
Postcode	

Use additional sheets, if necessary.