



HOUSING ACT 2004 – PART 2
APPLICATION FOR MANDATORY LICENSING OF A HOUSE IN MULTIPLE
OCCUPATION

The Housing Act 2004 requires that all high risk Houses in Multiple Occupation (HMO) are licensed with the Local Authority.

The application for a Licence should be made by the person in control of the HMO, unless the contrary is shown.

The “person in control” of a HMO is defined in section 263(1) as 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.

Example 1- a person owns the freehold (or long lease) for the HMO and receives the rent without the use of an agent. That person should be the licence applicant.

Example 2- A person (A) owns the freehold (or long lease) for the HMO but uses an agent/manager (person B) to collect the rent (and possibly run the day to day affairs of the HMO) . Person B should be the licence applicant, unless the contrary is shown by the applicants.

Example 3- A Limited Company or Charity (A) owns the freehold (or long lease) for the HMO but uses an agent (person B) to collect the rent (and possibly run the day to day affairs of the HMO) . Person B should be the licence applicant, unless the contrary is shown by the applicants.

Example 4- A Limited Company or Charity (A) owns the freehold (or long lease) for the HMO but uses employees (persons B) to collect the rent and possibly run the day to day affairs of the HMO. Person A should be the licence applicant, unless the contrary is shown by the applicants.

Example 5- A partnership arrangement (for example 2 joint landlords) owns the freehold (or long lease) for the HMO and receive the rent without the use of an agent . All the persons in the partnership should be the licence applicants, unless the contrary is shown by the applicants.

Example 6- A partnership arrangement (for example 2 joint landlords) owns the freehold (or long lease) for the HMO but uses an agent (person B) to collect the rent (and possibly run the day to day affairs of the HMO) . Person B should be the licence applicant, unless the contrary is shown by the applicants.

For any situation where another person, not being the owner, is required to run the day to day affairs of the HMO, the applicant must provide evidence of the management arrangements that will achieve a safe and satisfactory management provision, which would include evidence of authority and budget provision to undertake necessary repairs and renewals; evidence of the owner’s policy on checking the person running the HMO is a fit and proper person and is competent (e.g. DBS checks, experience and qualifications).

PLEASE NOTE

You must let certain persons know in writing that you have made this application or give them a copy of it. You can do this by completing the attached form. The persons who need to know about it are:

- i) Any mortgagee of the property
- ii) Any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessees who are known to you.
- iii) 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 tenant or other tenant whose lease or tenancy is for less than three years (including a periodic tenancy)
- iv) The proposed Licence holder (If that is not you)
- v) The proposed managing agent (if any) (if that is not you)
- vi) Any person who has agreed that he/she will be bound by any condition or conditions in a Licence if granted

You must tell each of these persons:

- a) Your name, address, telephone number and email address
- b) The name, address, telephone number and email address of the proposed Licence holder (if that will not be you)
- c) Whether this is an application under Part 2 or Part 3 of the Housing Act 2004
- d) The address of the property to which it (the application) relates
- e) The name and address of the local housing authority to which the application will be made.
- f) The date the application will be submitted

PLEASE RETURN THE COMPLETED APPLICATION TO:

The Housing Renewal Section
Jubilee Stores
The Quay
Newport
Isle of Wight
PO30 2EH

Please ensure that you fill in all fields in order to validate your application. Sections marked with * Must be completed.

SECTION 1)
ABOUT THE PROPERTY

ADDRESS OF HMO TO BE LICENSED: *	
Address	
Postcode	

TYPE of HMO (please tick one box):*			
Bed-sit rooms	<input type="checkbox"/>	Flats	<input type="checkbox"/>
Bed & Breakfast	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
		Shared house	<input type="checkbox"/>
		Other (please specify)	<input type="checkbox"/>

AGE OF BUILDING (please tick one box):*				
Pre 1919	1919 – 1944	1945 – 1964	1965 - 1979	Post 1980
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

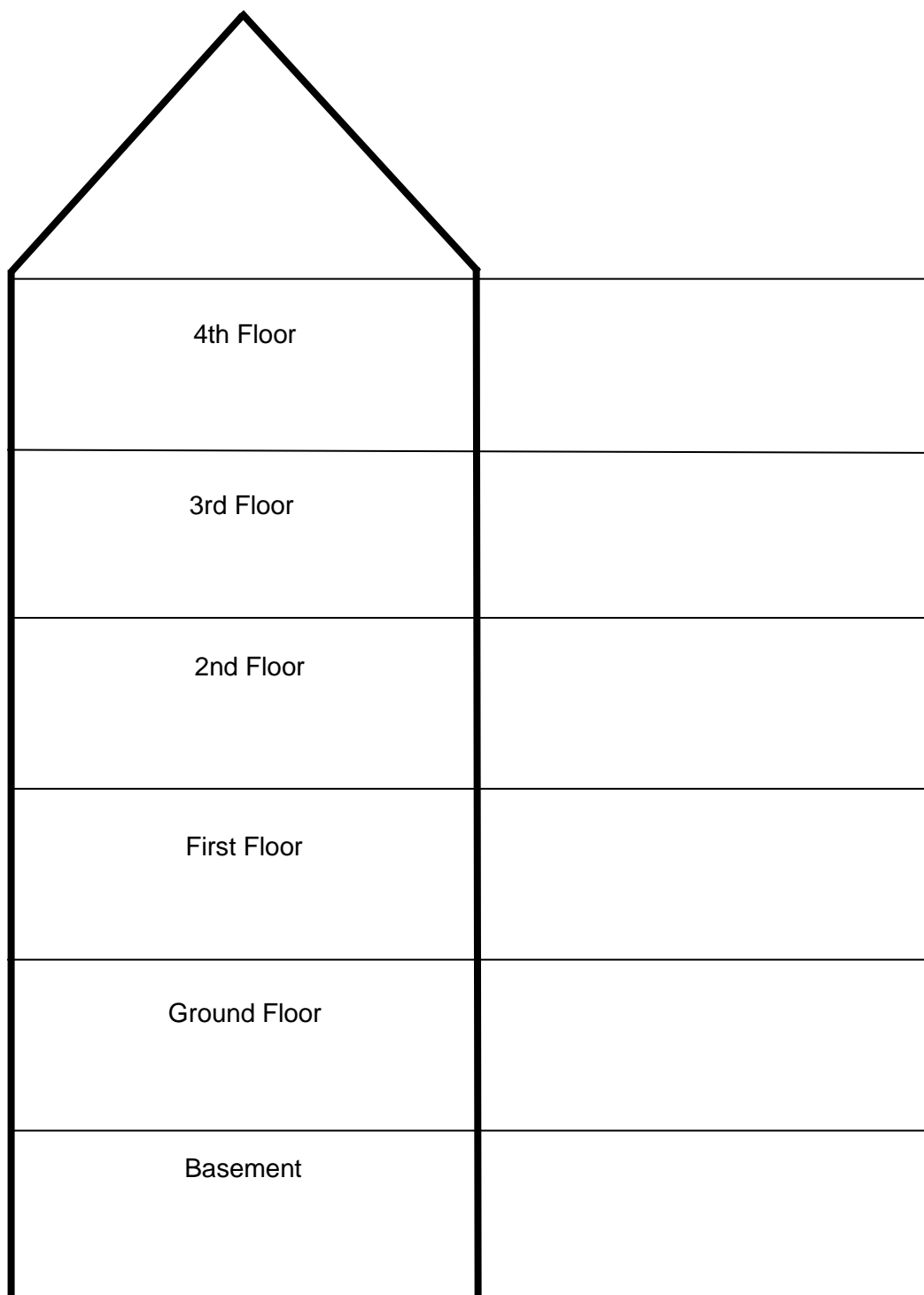
TYPE of BUILDING (please tick one box)*			
Detached	<input type="checkbox"/>	Back to back terraced	<input type="checkbox"/>
Mid terraced	<input type="checkbox"/>	Grouped design	<input type="checkbox"/>
End terraced	<input type="checkbox"/>	Semi-detached	<input type="checkbox"/>
		Residential Block	<input type="checkbox"/>

PURPOSE BUILT OR CONVERTED (please tick one box):*					
Purpose Built	<input type="checkbox"/>	Converted to domestic premises	<input type="checkbox"/>	If converted – what year?	<input type="text"/>
				Did it have Planning approval?	<input type="checkbox"/>
				Did it achieve Building Regulations approval?	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		

If since 1990, you have carried out any conversions, alterations etc. that required Building Regulation approval or Planning Permission then please provide copies of the relevant approvals, permissions.

OTHER BUSINESS USE:*		
Is there any other business use in the building?	YES	NO
If "YES" please specify:		

Please provide information of the layout of your HMO in the following Cross Section diagram. *Please refer to the guidance notes to ensure that this is completed correctly.*



SECTION 2)
ABOUT THE PROPOSED LICENCE HOLDER*

Please Note: this is the person who would be bound by any conditions that are attached to the Licence, if granted. Out of all of the people reasonably available this person must be the most appropriate person to be the Licence holder.

PLEASE INDICATE THE PROPOSED LICENCE HOLDER'S INTEREST IN THE HMO.
(please tick one box):*

TYPE OF LICENCE HOLDER. (please tick one box):*			
Company	Private Individual	Charity	Other e.g. Partnership

AS THE LICENCE HOLDER ARE YOU: (Please tick one box)	
The Owner of the HMO	
The person in control of the HMO (defined above)	

PLEASE COMPLETE ALL OF THIS SECTION

DETAILS OF PROPOSED LICENCE HOLDER:	
Company Name (if applicable)	
Title: Mr/Mrs/Ms/Miss/Dr/Other please specify:	
First Name(s)	
Surname	
Address:	
Postcode:	
Date of Birth	
Daytime Telephone Number	
Evening Phone Number	
Mobile Number:	
Email Address:	

DETAILS OF PROPOSED LICENSE HOLDER:complete this section if it is a partnership application	
Title: Mr/Mrs/Ms/Miss/Dr/Other please specify:	
First Name(s)	
Surname	
Address:	
Postcode:	
Date of Birth	
Daytime Telephone Number	
Evening Phone Number	
Mobile Number:	
Email Address:	

If you are an individual Licence holder and in the day to day control of the HMO what are the arrangements to cover illness or absence. Please provide these details below.

Full Name:	
Relationship to you:	
Address:	
Telephone/Mobile:	
Email:	
Date of birth:	

If you are a company/charity/partnership Licence holder and in the day to day control of the HMO what are the arrangements to cover illness or absence. Please provide these details below.

Full Name:	
Relationship to you:	
Address:	
Telephone/Mobile:	
Email:	
Date of birth:	

HMO DAY TO DAY MANAGEMENT

HMO Management Arrangements

If the day to day management of the HMO is NOT being carried out by the licence holder, or is being carried out by employees of a company, then the Isle of Wight Council must consider that the persons left in control of the HMO have the ability and the resources to resolve emergency and remedial works without barriers. These considerations are;

- Whether any person proposed to be involved in the management of the house has a sufficient level of competence to be so involved.
- whether any person proposed to be involved in the management of the house (other than the manager) is a fit and proper person to be so involved; and
- whether any proposed management structures and funding arrangements are suitable.

Complete on a separate piece of paper if needed.

Title: Mr/Mrs/Ms/Miss/Dr/Other please specify:	
Full Name:	
Home Address:	
Post code:	
Telephone No:	
Email address:	
Date of Birth:	
Reason why the person in day to day management will not be the Licence holder:	

Please provide details of the experience, qualifications and competencies of each person proposed to be involved in the management of the house;	
Please provide details of the proposed management structures and funding arrangements, including the level of decision making and financial decision limits of each person involved.	

<p>Please list the details of any OTHER person(s) who is or could be involved in the management or day-to-day running of the HMO. (For example, anyone with an interest in the property, agents, associates or employees of the owner, manager or company who are or would be responsible for a period of time). The Council will take into account these people with respect to this application.*</p>	
Title: Mr/Mrs/Ms/Miss/Dr/Other please specify:	
First Name(s)	
Surname	
Home Address	
Postcode	
Telephone Number	
Email address	
Date of Birth	
Responsibility at the HMO and for what periods of time	
What checks are carried out to ensure suitability of person (e.g. DBS/Recruitment policy?)	

<p>NAME & ADDRESS OF THE APPLICANT (Only complete this section if the applicant is not the same person as the proposed Licence holder):*</p>	
Title: Mr/Mrs/Ms/Miss/Dr/Other please specify:	
First Name(s)	
Surname	
Home Address	
Post Code	
Telephone Number	
Email Address	

**INTERESTED PARTIES
OWNERSHIP AND OTHER INTERESTED PARTIES.**

(Please provide details of all person(s) and companies who have ownership or an interest in the HMO)*

Title: Mr/Mrs/Ms/Miss/Dr/Other please specify:	
First Name(s)	
Surname	
Home Address	
Post Code	
Telephone Number	
Email Address:	
Interest Details	

Title: Mr/Mrs/Ms/Miss/Dr/Other please specify:	
First Name(s)	
Surname	
Home Address	
Post Code	
Telephone Number	
Email Address	
Interest Details	

Title: Mr/Mrs/Ms/Miss/Dr/Other please specify:	
First Name(s)	
Surname	
Home Address	
Post Code	
Telephone Number	
Email Address	
Interest Details	

Does the property have a mortgage?	Yes If YES please complete Section 2.B	No

Section 2.B)

IF THE HMO PROPERTY CURRENTLY HAS A MORTGAGE PLEASE PROVIDE THE DETAILS OF THE MORTGAGE COMPANY	
Name of Mortgage Company:	
Address:	
Post Code	
Telephone Number	
Email Address	

IF THE PROPOSED LICENCE HOLDER IS A COMPANY, PARTNERSHIP, CHARITY OR TRUST THEN PLEASE PROVIDE EITHER:

A) The names and business/correspondence address of all the Directors, Partners and/or Trustees. Continue on a separate sheet if needed.

Title: Mr/Mrs/Ms/Miss/Dr/Other please specify:	
First Name(s)	
Surname	
Home Address	
Post Code	
Telephone Number	
Email Address	
A copy of your recruitment policy	
Registered Company number:	

Title: Mr/Mrs/Ms/Miss/Dr/Other please specify:	
First Name(s)	
Surname	
Home Address	
Post Code	
Telephone Number	
Email Address	
Please include a copy of this alongside your application form	

B) The name and registered address of the Company Secretary

Name of the Company	
Address of the Company	
Email:	
Telephone Number:	

SECTION 3)
FIT AND PROPER PERSON:

Please carefully read the notes below and the guidance supplied:

When considering an application to license a HMO, the Local Authority must be satisfied that the proposed Licence holder is a “Fit and Proper” person to hold a Licence. It is therefore necessary that the following details be supplied about the proposed Licence holder and any other person that the applicant proposes will be involved in the management of the house. NOTE: In respect to items a) and k) below the Council will require evidence of DBS (Data and Barring Service) certificates from applicants and people involved in the management of the HMO for every application and may undertake additional checks as appropriate during the term of the Licence. The Council reserves the right to also require Licence holders, Licence applicants, or any other person involved in the management of the HMO to undertake checks with the DBS at any stage of the application or Licence lifespan and to provide the result to the Council for consideration. For further information please read the guidance attached.

In regard to any interested parties the proposed Licence holder or ANYONE involved in the management of the HMO. Please tick yes or no to the following questions.

All of this section MUST be answered

A	Committed any offence involving fraud, dishonesty, violence, drugs or any offences listed in Schedule 3 of the Sexual Offences Act 2003 (offences attracting notification requirements).	Yes	No
B	Practised unlawful discrimination on the grounds of sex, colour, race, ethnic or national origins, or disability in, or in connection with, carrying on of any business.	Yes	No
C	Contravened any provision of housing law (e.g. non-compliance with a formal notice that required specified works carried out to a rented house) or landlord & tenant law, including Part 3 of the Immigration Act 2014 (e.g. illegal eviction or harassment of a tenant).	Yes	No
D	Ever been refused a Licence under Parts 2 and 3 of the Housing Act 2004.	Yes	No
E	Ever breached any condition of a Licence granted under Parts 2 or 3 of the Housing Act 2004.	Yes	No
F	Carried out any act which has been otherwise than in accordance with a Code of Practice with regard to the management of HMOs etc. This relates to any property owned, or has been owned by that person.	Yes	No
G	Ever owned any property that has been the subject of any proceedings (whether in court or otherwise) by a local authority. Includes any work that the local authority has carried out as a result of default of a notice.	Yes	No

H	Ever owned any property that has been the subject of an interim or final management order or a special interim management order made under the Housing Act 2004.	Yes	No
I	Requires leave to enter or remain in the United Kingdom but does not have it	Yes	No
J	Is insolvent or is an undischarged bankrupt	Yes	No
K	Is or has been associated with any person who has done any of the things set out in questions A) to J) above	Yes	No

If you have answered YES to any of the items A to K, please provide details: (Please read the attached guidance notes). Continue on an additional sheet of paper if required.

If you are a company: The Isle of Wight Council needs to ensure that people in charge of the day to day running of the HMO are suitable persons. Please provide a copy of your recruitment policy alongside your application.

IT IS ILLEGAL TO OPERATE A HMO WHICH SHOULD BE LICENSED, WITHOUT A LICENCE

Do you own or manage any other HMO's that have already been licensed by this Local Authority?	Yes	No
If "Yes" please provide the address below.		
Do you own or manage any other HMO's within the area of this Local Authority that need to be licensed?	Yes	No
If "YES" please provide below the address(es) of the HMO's and reasons you have not yet applied for a licence:		

SECTION 4) HMO FACILITIES

**PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH SEPARATE LETTING
WITHIN THE HMO:***

Note: Vacant lettings that you intend to re-let should be included	Number of habitable rooms within the letting (please exclude kitchens and bathrooms). <i>Example;</i> Single room bed-sit counts as one. A flat with one bedroom and one living room counts as two	Number of occupants per letting including children and babies	
		Current	Potential
Letting/Room 1			
Letting/Room 2			
Letting/Room 3			
Letting/Room 4			
Letting/Room 5			
Letting/Room 6			
Letting/Room 7			
Letting/Room 8			
Letting/Room 9			
Letting/Room 10			
TOTALS			

Letting/ Room	Is a bath or shower provided within the letting for the exclusive use of the occupying tenant?		Is a toilet provided within the letting for the exclusive use of the occupying tenant?		Is a wash hand basin provided within the letting for the exclusive use of the occupying tenant?		Please indicate the type of fixed heating provided in each room. (example) Radiator/Storage Heaters/Other please state.
	YES	NO	YES	NO	YES	NO	
Letting/ Room 1							
Letting/ Room 2							
Letting/ Room 3							
Letting/ Room 4							
Letting/ Room 5							
Letting/ Room 6							
Letting/ Room 7							
Letting/ Room 8							
Letting/ Room 9							
Letting/ Room 10							
TOTALS							

Letting/ Room	Is a cooker provided within the letting for the exclusive use of the occupying tenant?		Is a sink provided within the letting for the exclusive use of the occupying tenant?		Is a fridge provided within the letting for the exclusive use of the occupying tenant?	
	YES	NO	YES	NO	YES	NO
Letting/Room 1						
Letting/Room 2						
Letting/Room 3						
Letting/Room 4						
Letting/Room 5						
Letting/Room 6						
Letting/Room 7						
Letting/Room 8						
Letting/Room 9						
Letting/Room 10						
TOTALS						

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE KITCHEN & BATHROOM FACILITIES IN THE HMO:*

	Shared	Exclusive
Total number of baths and/or showers in the property		
Total number of toilets within the property		
Total number of wash hand basins within the property		
Total number of cookers with 4 rings and an oven		
Total number of other cookers provided (i.e. Baby Belling or microwave ovens)		
Total number of kitchen sinks provided		
Total number of refrigerators provided		

MAXIMUM NUMBER OF OCCUPANTS PROPOSED FOR THE LICENCE:*

What is the maximum number of occupants you propose for the Licence?		
If the number of occupiers exceeds the permitted amenity standards are you prepared to provide additional facilities to satisfactorily support the proposed / existing number of occupants?	Yes	No

SECTION 5)
HMO STANDARDS*

Conditions applied to any future licence will require that the management of the HMO meets a suitable standard. Please indicate below whether the HMO that is the subject of this application currently meets these standards:

A	All the furniture and furnishings within the HMO, provided by or on behalf of the landlord/manager, complies with the Furniture & Furnishings (Fire)(Safety) Regulations 1988 (as amended)	Yes		No	
B	To ensure that a smoke alarm is installed on each storey of the house on which there is a room used wholly or partly as living accommodation, and to keep each such alarm in proper working order, and these have been checked by a competent person within the last twelve months and found to be fully functional. To supply the authority, on demand, with a declaration by him as to the condition and positioning of such alarms.	Yes	No	Not provided	
C	To ensure that a carbon monoxide alarm is installed in any room in the house which is used wholly or partly as living accommodation and contains a solid fuel burning combustion appliance; to keep any such alarm in proper working order; and to supply the authority, on demand, with a declaration by him as to the condition and positioning of any such alarm, and these have been checked by a competent person within the last twelve months and found to be fully functional.	Yes	No	Not provided	
D	If gas is supplied to the house the Licence holder shall produce to the Authority, annually, a Gas Safety Certificate in respect of the twelve month period in which it is produced.* You will need to provide a copy of your most recent gas safety certificate along with your application.	Yes		No	
E	To supply to the authority, on demand, a declaration that all electrical appliances within the HMO, provided by or on behalf of the landlord/manager, meet the relevant statutory requirements	Yes		No	
F	At the beginning of each tenancy, each new tenant is supplied with a written tenancy agreement that describes the responsibilities of the landlord and the tenant and which sets out the terms for the tenancy.	Yes		No	
G	Each occupier of the house must be provided with a written statement of the terms on which they occupy it.	Yes		No	
H	<p>The licence holder is required to comply with statutory minimum room sizes for rooms used as sleeping accommodation as follows:</p> <ul style="list-style-type: none"> • The floor of any room used as sleeping accommodation by 1 person aged over 10 years is not less than 6.51m² • The floor area of any room used as sleeping accommodation by 2 persons aged over 10 years is not less than 10.22m² • The floor area of any room used as sleeping accommodation by 1 person aged under 10 years is not less than 4.64m² • Any room with a floor area of less than 4.64m² must not be used as sleeping accommodation 	Yes		No	
I	The licence holder is required to notify the local housing authority of any room with a floor area less than 4.64m ² .	Yes		No	
J	The licence holder is required to comply with the Isle of Wight Council waste disposal scheme in relation to the storage and disposal of household waste pending collection.	Yes		No	
K	Any part of the floor area of a room in relation to which the height of the ceiling is less than 1.5m is not to be taken into account in determining the floor area of that room.	Yes		No	

CHARGES AND DISCOUNTS:

The basic fee for this application is determined by the maximum number of persons able to reside in the HMO (the maximum number would be decided by the number of kitchen/bathroom facilities provided and the room sizes).

Please see enclosed charges sheet and guidance notes for details.

You will be informed of the exact Licence fee when the Notice to Licence is forwarded to you, and the Licence will be forwarded when the fee has been paid.

SUPPORTING DOCUMENTS & CHECKLIST			
The following documents should be supplied with your application			
		Enclosed?	
A	A completed application form, with all sections completed and signed where necessary.	Yes	No
B	Please provide a plan of the HMO that shows the layout for each storey within the building (please read the accompanying guidance notes, to see an example (page 19) of the type of plan that is required to be included with this form). Your plan must show the most up-to-date layout of your property including room measurements.	Yes	No
C	A valid Landlords Gas Safety Record that demonstrates that any gas appliances within the HMO (that are owned by the Landlord) have been checked by a Gas Safe registered contractor within the last 12 months and have been found to be safe for use.	Yes	No
D	If since 1990, you have carried out any conversions, alterations etc. that required Building Regulation approval or Planning Permission then please provide copies of the relevant approvals, permissions.	Yes	No
E	Copy of recruitment policy (Only if you are applying as a company/charity/trust)	Yes	No
F	Please provide a Cross Section of the HMO that shows the layout for each storey within the building (please read the accompanying guidance notes, to see an example of the type of plan that is required to be included with this form).	Yes	No
G	Confirmation of fire alarm and checks.	Yes	
H	An up to date Fire Risk Assessment of the property	Yes	

HAVE YOU CHECKED THAT YOU HAVE ENCLOSED ALL OF YOUR DOCUMENTS

Please retain a copy of your completed application for future reference

SECTION 6)
DECLARATIONS*

A) 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 of any person on whom a notice was served	Address of that person	Description of the person's interest in the property or the application (e.g. Tenant, Mortgagee etc.)	Date of service of notice

B) I/we understand that it is an offence to knowingly or recklessly provide false information to a Local Housing Authority exercising its functions (see s. 238 of the Housing Act, 2004) and that I may be liable to prosecution if I/we give false or misleading information.

SIGNATURE OF APPLICANT(S):

Full Name	Signature	Date

C) Where an applicant requires the Licence conditions to be applicable to another person the Local Authority must gain written consent from that person agreeing to be the person responsible for the HMO Licence conditions. Precise details of the conditions will be attached to the Notice to Licence, as well as the full Licence, both of which offer opportunities to query, vary or appeal the proposals and decision.

SIGNATURE OF PERSON APPLYING TO BE RESPONSIBLE FOR THE LICENCE CONDITIONS:

I understand that I agree to be responsible for any mandatory and discretionary conditions that apply to the HMO Licence, and that I may be liable to prosecution if any of the conditions are breached.

Full Name	Signature	Date

D) PRIVACY NOTICE – HMO LICENSING APPLICATIONS

Using your personal information

Personal information which you supply to us, the Isle of Wight Council, is required for the purpose of Licensing Houses of Multiple Occupation under part 2 Housing Act 2004. The council's Data Protection Officer is Helen Miles and can be contacted by email to information@iow.gov.uk or by letter to County Hall, High Street, Newport, IW PO30 1UD.

- i. We may share your information with the agencies listed below * for the purpose of undertaking the fit and proper person test under s.66 Housing Act 2004
- ii. Under s.232 Housing Act 2004 and in accordance with *The Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006*, we will enter prescribed information on to a register of HMO licences that is available for inspection by members of the public.
- iii. We will not disclose any information to any other organisation except to help prevent fraud or if required to do so by law.
- iv. Your personal details will only be held as long as is needed for this purpose, and in accordance with our Retention Policy.
- v. For further details on how your information is used; how we maintain the security of your information; and your rights, including how to access information we hold on you, and how to complain if you have any concerns about how your personal details are processed, please visit www.iwight.com or email information@iow.gov.uk

****Police, DBS, Isle of Wight Council Revenue and Benefits, Building Control, Fire and Rescue Service, Environmental Health, Health and Safety Executive and other Local Housing Authorities.***

HMO LICENSING
APPLICATION GUIDANCE NOTES

Part 2 - Housing Act 2004
Mandatory Licensing of Houses in Multiple Occupation (HMOs)

The Housing Act 2004 requires that all high risk Houses in Multiple Occupation (HMO) are licensed with the Local Authority.

For the purposes of mandatory HMO Licensing, a “HMO” means a building that is occupied by more than one household and where some or all of the households share kitchen or bathroom facilities. Typically this would include a house that is let as “bed-sit” rooms, or as a “shared” house or flats that are not “self-contained”.

HMO’s in the ‘high risk’ mandatory category that require a licence are in a building of:

- 5 or more occupants, forming
- two or more households, who are
- sharing a basic amenity (kitchen, bathroom, toilet)

For any advice or clarification please contact the Housing Renewal Team.

The application form should be fully completed ensuring no sections are left blank. If a section is not relevant, please write not applicable, n/a, not relevant or similar.

Signatures must be provided where required, along with the full name.

A fee is payable with each application, but will not be due until the Council is ready to issue a licence. The Council has chosen this pricing method to give landlords as much opportunity to achieve savings on their licence fee. When due, advice on how to make payment will be provided at the time, and a separate guidance sheet on fees is enclosed, indicating the basic fee and possible additions or deductions that could be applied.

Guidance On Completing Section 3 Of The Application Form
Fit & Proper Person

If you have answered ‘yes’ to any of the questions asked in section 3 of the application form, you will need to provide additional information on the page immediately following the questions. This guidance explains the type of information that you need to provide, in relation to each question. The letters below (a, b, c, etc) relate directly to the questions in section 3.

Please state which person, including their address who has committed any of the offences mentioned and what offence it is/they are in relation to. Please also provide the date of the offence(s), date of any court hearings and the address of the court hearing the case(s).

Please specify the type of discrimination, i.e. sex, race, colour, ethnic or national origin, or disability. Please give the date of the court or tribunal hearing and the address of the court hearing the case(s).

If works Notice was not complied with, please specify the type of Notice that was not complied with and the address to which it related, e.g. Housing Act 1985 section 372 for number 1 Any Street. If landlord and tenant law was contravened, please explain how and the address to which it relates, e.g. illegal eviction of tenants from number 1 Any Street. Please give dates of any court hearings, address of the court hearing the case(s) and details (including dates) of any judgements made against the proposed licence holder.

Please give the address of the property or properties where a licence has been refused and the date of the decision.

Please give the address of the property where licence conditions were breached and the date of the breach. Please also state which condition was breached, if known.

Please state what action the licence holder has taken that is not in accordance with the Approved Code of Practice for Management. Please also give the address of the property that this action relates to.

Please give the address of the property concerned and state what action/proceedings were taken by the local authority, including details of any works carried out in default.

Please give the address of the property and type of order that has been made, including the date the order was made.

Please provide details about the situation and any ongoing applications where the license holder or manager requires leave to enter or remain in the United Kingdom but does not have it.

If the license holder or manager, is insolvent or has an undischarged bankruptcy. Please provide details including any conditions or restrictions placed upon those people.

Provide person's name and address who currently is or by association has contravened any of the items a) to j).

Guidance on evidence requirements, including DBS certificates

Applicant type	Evidence	Maximum age of evidence
Individual applicant, and other individuals involved in the management or day to day running of the HMO who are not covered by a company policy (see below)	Submit original DBS Basic Disclosure Certificate	12 months, (we will need to be able to verify that you have obtained the certificate through an appropriate process). We will ask you to confirm that the certificate remains correct, in that there have been no convictions following the date it was obtained.
An individual agent or manager working for the licence holder regarding the HMO	DBS Basic Disclosure Certificate	12 months, (we will need to be able to verify that you have obtained the certificate through an appropriate process). We will ask you to confirm that the certificate remains correct, in that there have been no convictions following the date it was obtained.
A company application (or company acting as agent or manager)- with a suitable in-house fit and proper person policy	A company policy of undertaking suitable fit and proper person checks, with confirmation this is being adhered to with any current or future employees who would be involved with the HMO.	Current policy and statement of compliance from the company representative, with the names of persons to be involved with the HMO
A company application (or company acting as agent or manager)- without a suitable in-house fit and proper person policy	DBS Basic Disclosure Certificates for each named person to be involved with the management of the HMO	12 months, (we will need to be able to verify that you have obtained the certificate through an appropriate process). We will ask you to confirm that the certificate remains correct, in that there have been no

		convictions following the date it was obtained.

Each application will preferably be submitted with the associated evidence, however where an applicant needs to apply to the DBS for a new certificate, the self-certification questions can be answered, and the Council will apply a condition on the licence of satisfactory DBS evidence within 3 months from the start of the licence.

Each licence will contain a condition that if any other person becomes involved in the management or the day to day running of the HMO the licence holder must inform the council and provide the necessary evidence within the table above.

DISCLOSURE CERTIFICATE INFORMATION

The Protection of Freedoms Act 2012 is the legislation which controls eligibility for the various types of Disclosure Certificates.

Guidance and advice as to the application of the controls are on the following websites:

- <https://www.gov.uk/criminal-records-bureau>
- <http://www.homeoffice.gov.uk/crime/vetting-barring-scheme/>

Unless you can meet the legal criteria to enable you to obtain an Enhanced or Standard Disclosure Certificate you are only able to obtain a Basic Disclosure Certificate from Disclosure Scotland. Each individual will have to apply for their own Basic Disclosure Certificate; this will be sent to their home address.

Persons under 18 cannot apply for a Basic Disclosure Certificate.

All staff who have unsupervised access to vulnerable people through their job are required to carry out a DBS check. This includes sub-contractors unless they are supervised **at all times** by the owner and/or an employee of the applicant business, who has had a basic disclosure check.

We ask for these checks to add reassurance to customers where businesses are carrying out work in or about their homes or in contact with children or vulnerable adults.

The Basic Disclosure Certificate is available from Disclosure Scotland and can be obtained from their website at <http://www.disclosurescotland.co.uk/>. Please ensure you read the guidance available on the website making sure that you apply for a Basic Disclosure Certificate. It is the individual’s responsibility to apply for this Certificate and only the person to whom the disclosure relates can made the application. You must also pay the required fee as stated on the Disclosure Scotland website.

If you already have other types of Disclosure Certificate;

We may accept the Certificate if:

- it is under 12 months old (we will need to be able to verify that you have obtained the certificate through an appropriate process). We will ask you to confirm that the certificate remains correct, in that there have been no convictions following the date it was obtained.
- If you have submitted a DBS certificate for another Isle of Wight Council service application (e.g. Taxi Driver), it is deemed satisfactory by the service, and that service is willing to share the data, we will not require you to produce another certificate.

- If you have obtained a Disclosure Certificate through voluntary work, for example scouts, school governor etc, we will ask to see the certificate.

I already have employees; can I require them to undergo checks?

You should discuss this with your staff and look at your contracts of employment. If you intend to compel employees to produce a Basic Disclosure Certificate you should seek the advice of an employment law specialist. The Certificate can only be obtained with the consent of the 'subject' that is the person on whom the check is being made so you will need the agreement of each individual.

I already know that a Basic Disclosure Certificate will reveal previous convictions, what will happen?

If you are applying for a licence and you know that either you or one of people involved in the running of the HMO has previous convictions you should discuss this with us. We will assess all previous convictions on an individual case-by-case basis.

What does the Housing Renewal Service do with the Disclosure Certificates?

The information contained within the certificates, whether it shows a conviction or not, is sensitive personal information. If we are provided with the actual certificate we will note that we have seen it and return the original. If you provide copies these will be destroyed once we have a decision based on the contents.

Do I need to renew Basic Disclosure Certificates?

Not usually, we require certificates to be produced in the following circumstances:

- On application
- New people involved in the management or day to day running of the HMO
- If information has been provided to the authority to give rise to a concern that an individual could have been convicted of a crime that would affect the HMO licence

When we undertake reviews of the licence conditions, normally annually, we will ask that you confirm that to the best of your knowledge the facts contained within the Basic Disclosure Certificates have not changed. Any changes that you may be aware of in the information due to recent conviction we should be notified of.

Rehabilitation of offenders

Many criminal offences are subject to rehabilitation; in brief this is a process by which convictions can be disregarded for most purposes following a period of time from the date of conviction.

As a business you must comply with the rehabilitation rules and we will also disregard convictions which are spent.

Guidance on rehabilitation of offenders is available on the NACRO website at www.nacro.org.uk and type 'rehabilitation' into the search field.

Anti Social Behaviour and conditions on licences

Please note that for some time now it has been Council policy to include a discretionary condition in regard to anti-social behaviour at the HMO. The inclusion of this condition has begun due to increases in anti-social behaviour at these types of property throughout the Island, and we apologise if any offence is caused to an applicant because there has been no such behaviour at a particular

HMO. It is included to assist the Council, the landlord and the community should this occur, and it provides for landlords to have extra reasons to act against any tenants who fall into this category.

Additional Information requested with your application

In addition to the application form, please send a basic layout plan of the property (separate guidance attached) a current gas safety certificate and any certificates or approvals relating to planning permissions, building works or conversions that have taken place since 1990. Please see section 5 of the application form for more details.

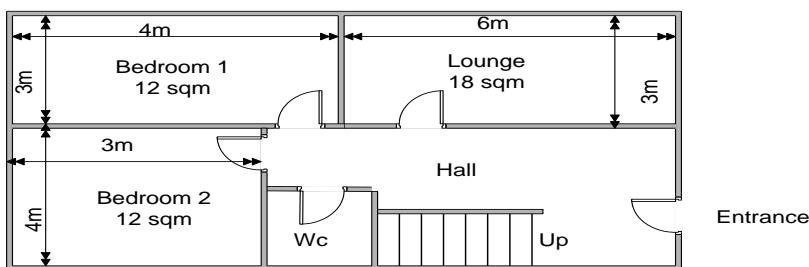
If you are unable to provide a plan, you may be able to get help from an architect, surveyor or other suitably qualified person.

Guidance notes for plans

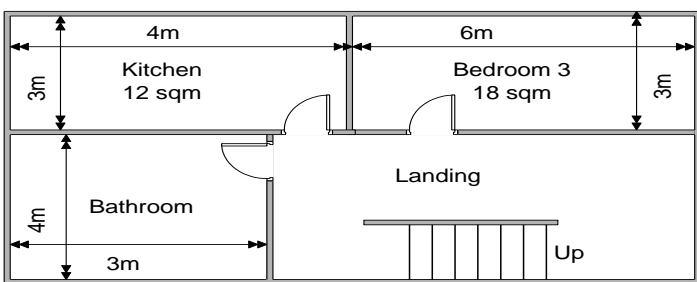
The plan should be scaled or dimensioned and shall include:

- 1) Label the use of each room within the HMO, e.g. bedrooms, lounge, kitchens, bathrooms, dining room, living room etc.
- 2) Indicate the size of each habitable rooms within each letting, e.g.: 10m² , 10sq feet, 10m x 10m etc.
- 3) Any part of the floor area of a room in relation to which the height of the ceiling is less than 1.5m is not to be taken into account in determining the floor area of that room.

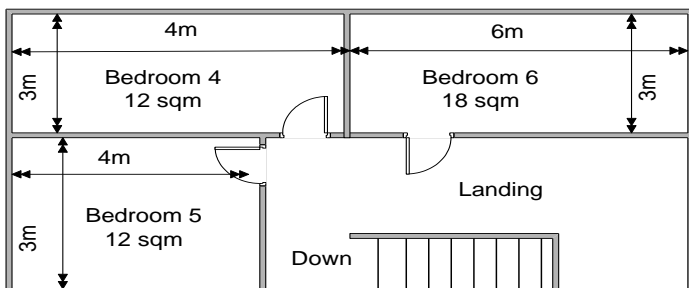
Ground Floor



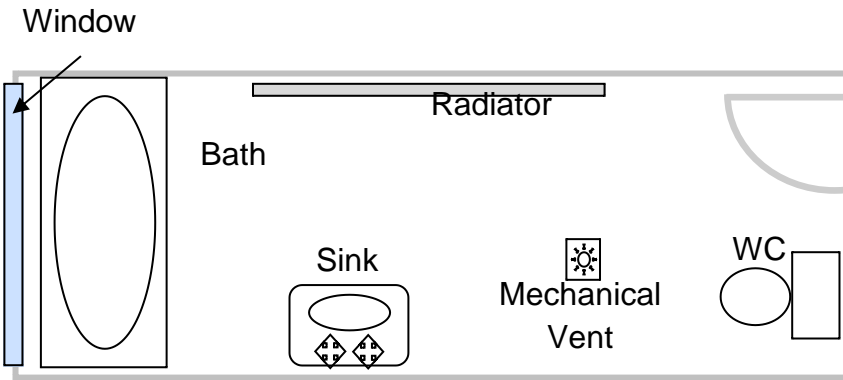
First Floor



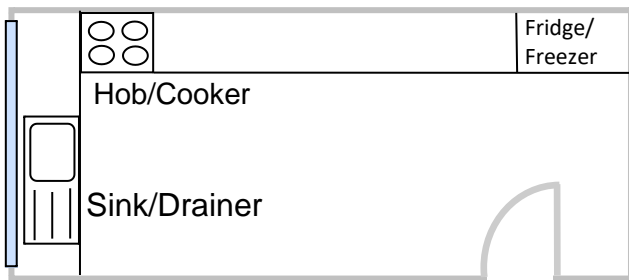
Second Floor



Example of Bathroom Layout



Example of Kitchen Layout



Guidance Notes for Cross Section of HMO

Please complete the Cross Section HMO information on part 1 of the application form. Here is an example of the information required.

EXAMPLE 1

4th Floor	HMO - Bedroom 7 and en-suite
3rd Floor	HMO - Bedroom 5 & 6
2nd Floor	HMO - Bedrooms 3 & 4
First Floor	HMO - Bathroom & W/C
Ground Floor	HMO - Kitchen/Dining
Basement	HMO - Living Room/Lounge

EXAMPLE 2

4th Floor	Kitchen/Dining Room
3rd Floor	HMO - Bathroom & W/C. Bedrooms
2nd Floor	HMO Bedrooms 1, 2 & 3
First Floor	HMO - Bathroom & W/C
Ground Floor	Shop/Commercial Premises
Basement	Storage/ n/a

Application Process

The time to process an application:

A full application is deemed to be the submission of the application form (complete with any associated documents mentioned on the application form). Following a full application, the IW Council will make a decision within 3 months, unless a greater amount of time has been requested in writing to the applicant with reasons for requesting more time.

If we have not made a decision within 3 months (and we have not requested additional time to process the application for any particular matter with the applicant in writing and with reasoning) then the application will be automatically approved.

Following receipt of your application form, it will be checked to ensure the following:

- it has been fully completed
- the correct additional documents have been provided
- that the proposed licence holder and any other person involved in the management of the HMO, is a fit and proper person (as defined in the Housing Act 2004)
- the property is suitable for the number of occupants
- the proposed management arrangements are satisfactory

A visit may be made to the property to verify the information provided, and you would be contacted by a Housing Renewal Officer to make an appointment if this is considered necessary.

The Council are required to send a Notice of intention to license the HMO to you, which will inform you if we are able to accept your application with no modifications, or if modifications are required and the reasons for them. A modification may be a reduction in the maximum number of people permitted to occupy the HMO from that expressed in your application, or possibly an allowance of the expressed number of occupants with conditions attached, such as provision of an additional bathroom, kitchen or WC perhaps. Each application will be dealt with on a case by case basis, and the amenity standards are included in this pack for your information.

You are given the opportunity to make representations in respect of the Notice within a stated time period.

The Council may refuse to grant a licence and, similarly to above, we will send you Notice of refusal to licence with the reasons for this. You have the opportunity to make representations within a stated time period.

There is a right of appeal to any decision made by the Council through the First-tier Tribunal (Property Chamber) Residential Property
Havant Justice Centre
The Court House, Elmleigh Road, Havant, Hampshire. PO9 2AL
Email: rpsouthern@hmcts.gsi.gov.uk
Telephone 01243 779 394
Fax 0870 7395 900

web page: www.justice.gov.uk/tribunals/residential-property within 28 days of the decision.

Licence Fee Charges And Discounts

The Housing Act 2004 enables local authorities to charge for the services of licensing HMO's. Indeed, the charges should cover the licensing operations in order that it should not be a burden on

the taxpayer. To that end the Isle of Wight Council has calculated the fee system based upon the processes and the average hourly rate of the officers involved.

The basic fee for this application is determined by the maximum number of persons able to reside in the HMO (The maximum number would be decided by the number of kitchen/bathroom facilities provided and the room sizes). The fee is regularly reviewed.

An additional charge will be made where the Housing Renewal Section of the Council supply you with a plan (on request) that we hold on file. The plan may of course be old, and in view of this we must ask you to edit the plan and sign it to verify the current details. Without your verification the plan will not be acceptable.

Some discounts are available. Where you can provide proof of planning approval to be a HMO we will not send the details to the Planning Section, and where the property particulars are already known to us we will not carry out a verification inspection to confirm the details. If the usual 'fit and proper' person checks are unnecessary, such as in the case of an existing HMO Licence holder applying to licence a second property, a saving can be applied to the fee. Lastly, we would like to reward landlords who provide all the information required the first time, so that we do not incur additional work, and we therefore offer a further reduction in the fee to cover this.

The fee will be calculated at the point at which we agree on issuing a licence, after any consultation which may take place at the Notice to Licence stage. This enables us to establish how much time and work was involved in processing the application and to calculate an accurate fee. The licence will not be issued until a cheque has been received and processed.

Temporary Exemption

The Council may, if it thinks fit, serve a Temporary Exemption Notice (TEN) where a person who is required to be licensed notifies the Council that they propose to take steps to secure that the property is no longer required to be licensed. The TEN exempts the property from being licensed for 3 months and in exceptional circumstances, the Council may serve a second TEN. No further TENS can be issued after this.

After a Licence has been issued

Please be aware that even though the property has been licensed it may still be deficient in amenities and fire safety precautions that will require improving upon. You will be informed of this in due course, if this is the case, following your application or after later inspections as appropriate.

Each Local Authority is required to ensure that all Category 1 and 2 hazards in the property, as defined in the Housing, Health and Safety Rating System (Housing Act 2004) are removed or reduced, as appropriate, within five years of a licence being issued. Further to this, the Management of Houses in Multiple Occupation (England) Regulations 2006 came into force on 6 April 2006 which places duties on any person responsible for the management of a HMO (not necessarily only licensable HMO's). Failure to comply with Regulations may result in prosecution.

You must therefore expect that a Housing Renewal Officer will inspect the property on a regular basis for general or follow up inspections; we will arrange an appointment with the person managing the HMO, or their agent. There are occasions where Housing Renewal Officers do not follow this procedure, for instance, where a tenant has raised a complaint and allows entry without the knowledge of the landlord or agent. We would normally inform the person responsible for the property in writing with the findings of the inspection.

There can be only one licence holder, therefore if another person becomes the most appropriate person to be the licence holder, perhaps if the property is sold, then a new licence application must be made.

Where there is a change in circumstances in the information provided, such as the discovery of new information, perhaps the building of an extension, or the changing of a managing agent (but not the licence holder) then either the Council or any of the following people can apply for a variation to the licence: the licence holder, any person having an estate or interest in the property (but excluding a tenant under lease with an unexpired term of 3 years or less), any person with managing or leasing control of the property, and any person on whom the proposed licence imposes any restriction or obligation.

The licence holder will be required to forward a copy of a satisfactory Gas Safety Certificate annually, as well as documentation to prove any of the mandatory conditions of the licence as indicated in Section 5 (A to K) of the application form.

Ending the Licence

There are a number of ways in which the licence can be ended, however, if the property ceases to require a licence (because it no longer falls into the criteria for licensing) the licence continues in force, until the licence period expires. This is important, because the conditions applicable to the licence will remain in force and will have to be adhered to by the licence holder.

The licence can only be ended in the following ways:

Passage of time and the licence expires;
Death of a licence holder;
Sale of the property;
Revocation.

There are various reasons why the licence may be revoked. If the Council propose to revoke the licence, we must serve Notice of our intention to do so and provide a consultation period of at least 14 days, and then consider any representations made at the end of this time.

A further Notice of the decision to revoke the licence, or not, must be served on the appropriate persons. As with any other Housing Act Notice, there is a right of appeal to the Residential Property Tribunal Service, in this case within 28 days.

Enforcement

Councils are provided with enforcement powers where properties are unlicensed or managed in breach of licence conditions. Housing Renewal Officers will also have certain Powers of Entry.

It is a criminal offence to manage or control a property which is required to be licensed but is not licensed. Upon conviction of the offence, a fine or civil penalty can be imposed.

It is also a criminal offence, in respect to licensed properties, for a person having control of, or managing a HMO to knowingly permit another person to occupy the house, such that the permitted occupancy level is exceeded.

Sanctions also exist to restrict a landlord terminating tenancies in an unlicensed property, and also to authorise rent repayment where the property was unlicensed and should have been. An occupier or Local Authority may apply for a rent repayment order.

Also, if a licence holder, or person subject to obligations or restrictions under a licence fails to comply with any condition of the licence an offence is committed. On conviction, a fine can be imposed, possibly on each breach.

Where there is no reasonable prospect of the property being licensed or it is necessary to protect the health, safety, or welfare of occupiers of the property and / or residents and / or owners of properties in the vicinity, the Council may seek to take over the management of the property by use of a Management Order.

The breaching of a Management Order Regulation constitutes an offence, for which the perpetrator can be fined.

It is an offence if a person knowingly provides any false or misleading information, or is reckless in the provision of such information, and on conviction would be liable of a fine.

The IW Council may decide to use a fixed penalty notice rather than prosecute where appropriate.

Useful contacts and other guidance

Useful contacts and other guidance	Website	Tel No
Isle of Wight Council	www.iwight.com	01983 821000
Isle of Wight Council - Fire & Rescue		823184
Isle of Wight Council Housing Renewal Section		823040
National Landlord's Association	www.landlords.org.uk	0870 241 0471
Department for Communities and Local Government		www.communities.gov.uk
Residential Landlord's Association	www.rla.org.uk	0161 962 0010 or 0845 666 5000
First-tier Tribunal (Property Chamber) Residential Property:	www.justice.gov.uk/tribunals/residential-property	01243 779 394
Royal Institute of Chartered Surveyors	www.rics.org	0870 333 1600
The Housing Act 2004	www.opsi.gov.uk/acts/acts2004/20040034.htm	
The Law Centre		01983 524715
Various regulations and statutory instruments can be found at;	www.opsi.gov.uk	