

Reference number:

APPLICATION FOR HMO LICENCE

Please fill in this form in **black** or **blue** ink only. Write clearly within the boxes provided and complete in conjunction with the guidance notes. If you do not complete all of the relevant sections accurately and in full, the processing of the application may be delayed and incur further charges.

ONLY COMPLETE THIS APPLICATION FORM FOR A HOUSE IN MULTIPLE OCCUPATION THAT REQUIRES A LICENCE. THIS CAN BE ASSESSED BY READING THE GUIDANCE NOTES ACCOMPANYING THIS FORM

To

I/WE APPLY for [variation of] a HMO Licence.

Dated

Signed

Address of HMO to be licensed:
Postcode:

Have you applied for a HMO licence within another authority?
Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have ticked 'yes', please indicate below which authority you have applied to or been granted a licence by.

Local Authority	Date granted

Please indicate which type of licence application you are making	
Application for a new licence	<input type="checkbox"/>
Variation of an existing licence	<input type="checkbox"/>
Please indicate the type of house for which the application is being made <small>(see note 1)</small>	
House in multiple occupation	<input type="checkbox"/>
Flat in multiple occupation	<input type="checkbox"/>
A house converted and comprising only of self-contained flats	<input type="checkbox"/>
Please indicate how the HMO is operating <small>(see note 2)</small>	
HMO - bed-sits	<input type="checkbox"/>
HMO with shared facilities	<input type="checkbox"/>
Household with lodgers	<input type="checkbox"/>
A hostel, B&B or guesthouse	<input type="checkbox"/>
Supported lodgings	<input type="checkbox"/>
Other, please specify:	

Have you applied for a HMO licence for another HMO within the area of Redditch Borough Council
Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have ticked 'yes', please fill in the details overleaf and go to part 2 unless any details in previous applications have changed. If any details have changed, please go to Part 1 and complete all subsequent parts of the form.

If you have ticked 'no', please go to Part 1 and complete all the necessary parts of the form, in full.

If the property does not require a licence, please complete the declaration overleaf and return to the above address

The following details are required from applicants who have already submitted an HMO licensing application form to enable the Council to find the records.

Details of the Applicant	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	
Full name:	
Address:	
Postcode:	
Telephone:	

Details of the Proposed Licence Holder, if different from applicant	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	
Full name:	
Address:	
Postcode:	
Telephone:	

Details of the Manager/Managing Agent, if applicable	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	
Full name:	
Address:	
Postcode:	
Telephone:	

Details of the Person having control of the HMO	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	
Full name:	
Address:	
Postcode:	
Telephone:	

If the proposed licence holder is NOT the person having control of the property, the person having control of the property and the proposed licence holder MUST sign the following declarations...

I consent to being named as the proposed licence holder of the above named property.
Name: <i>(please print)</i>
Signature:
Date:

I, as the person having control of the property, hereby give my consent to the above named being licence holder.
Name: <i>(please print)</i>
Signature:
Date:

Please remember that for a HMO to require a licence it must meet the following criteria:

- 1) five or more persons forming more than one household and;
- 2) live in the dwelling as their main or only residence.

If all the criteria are met, please complete the form as required. If any of the criteria are not met, please complete the following declaration and return the application form to the address on the front of this form.

I confirm that the above property does not require a HMO licence.	
Name <i>(please print)</i> :	Date:
Signature:	Interest in property:

PART ONE - PERSONAL DETAILS

SECTION 1: DETAILS OF APPLICANT

The applicant must be a named individual (see note 3)

1.1	Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
	Full name:					
	Residential address: (see note 4)	----- ----- ----- -----				
		Postcode:				
	Proof of address: (see note 4)	Driving licence <input type="checkbox"/>	Bank statement <input type="checkbox"/>	Utility bill <input type="checkbox"/>	Other -----	
	Business address: (if applicable)	----- ----- -----				
		Postcode:				
	Proof of address: (see note 4)	Business rates <input type="checkbox"/>	Utility bill <input type="checkbox"/>			
	Home tel no:				Mobile tel no:	
	Work tel no:				Fax no:	
e-mail address:						
Date of birth:						
Interest in property:	Owner <input type="checkbox"/>	Manager <input type="checkbox"/>	Leaseholder <input type="checkbox"/>	Other -----		

1.2	Do you have control of the property? (see note 5)
	Yes <input type="checkbox"/> No <input type="checkbox"/>

1.3	Are you the proposed licence holder?
	Yes <input type="checkbox"/> (please go to question 2.2) No <input type="checkbox"/> (please go to question 2.1)

SECTION 2: DETAILS OF PROPOSED LICENCE HOLDER

The proposed licence holder must be a named individual (see note 3)

2.1	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 50px;" type="text"/>
	Full name:	
	Residential address: <i>(see note 4)</i>	----- ----- ----- -----
	Proof of address: <i>(see note 4)</i>	Postcode: _____ Driving licence <input type="checkbox"/> Bank statement <input type="checkbox"/> Utility bill <input type="checkbox"/> Other _____
	Business address: <i>(if applicable)</i>	----- ----- -----
	Proof of address: <i>(see note 4)</i>	Postcode: _____ Business rates <input type="checkbox"/> Utility bill <input type="checkbox"/>
	Home tel no:	Mobile tel no:
	Work tel no:	Fax no:
	e-mail address:	
	Date of birth:	
	Interest in property:	Owner <input type="checkbox"/> Manager <input type="checkbox"/> Leaseholder <input type="checkbox"/> Other _____

2.2	If the proposed licence holder is part of a company, partnership, charity or trust, please indicate which and provide contact details of all directors / partners / trustees - please use additional sheet(s) if more than two. If not part of a company charity or trust, please go to question 2.4.	
	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:	Full name:
	Registered address:	Registered address:
	----- ----- -----	----- ----- -----
	Postcode:	Postcode:
	Telephone no:	Telephone no:
	Fax no:	Fax no:
	e-mail address:	e-mail address:
	Date of birth:	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="text"/>
	Full name:					
	Company Secretary address:	-----				
		Postcode:				
Telephone no:	Fax no:					
e-mail address:						

2.4	Please provide an address where all official correspondence should be sent. All partners/trustees should sign their agreement to this address. This will be the address used on the public register. (see note 4)	
	Name of person/company:	
	Correspondence address:	-----
		Postcode:
	Telephone no:	
e-mail address:		

I, as a partner/trustee hereby give agreement to the above address being used for all official correspondence and on the public register provided by	
Redditch Borough Council	
Name: <i>(please print)</i>	Signature:
Name: <i>(please print)</i>	Signature:
Name: <i>(please print)</i>	Signature:

2.5	Is the proposed licence holder a member of any landlord's association or other professional body? Please indicate which.	
	Organisation	Since

2.6	Is the proposed licence holder an accredited landlord in this or another authority? Please indicate and provide details of the scheme operator.		
	Authority	Scheme Operator	Since

2.7	Please list training courses/conferences attended - relevant to property management - by the proposed licence holder.	
	Training course	Date

Fit and Proper Person (see note 6)					
The local authority must consider evidence whether the proposed licence holder, and any person associated or formerly associated with them , whether on a personal, work or other basis is a fit and proper person.					
2.8	Has the proposed licence holder , or anyone associated with the proposed licence holder, ever accepted a simple caution, previously known as a formal caution, from the Police or been convicted of an offence (<i>subject to the Rehabilitation of Offenders Act 1974</i>) involving any of the following?				
		Proposed Licence Holder		Associate	
		Yes	No	Yes	No
	Fraud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sexual Offences Act 2003, Schedule 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9	Has the proposed licence holder , or anyone associated with the proposed licence holder, ever been subject to unlawful discrimination proceedings relating to their business, (<i>subject to the Rehabilitation of Offenders Act 1974</i>) involving any of the following?				
		Proposed Licence Holder		Associate	
		Yes	No	Yes	No
	Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Colour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ethnic or national origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.10	Has the proposed licence holder , or anyone associated with the proposed licence holder, ever accepted a simple caution, been convicted of an offence or been served with Statutory Notices under any of the following?				
		Proposed Licence Holder		Associate	
		Yes	No	Yes	No
	Housing Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Landlord and Tenant Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Environmental Protection Act 1990	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Public Health Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Health and Safety Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Building Regulation or Planning Laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.11	Has the proposed licence holder , or anyone associated with the proposed licence holder, ever been convicted for non-compliance of a Statutory Notice under any of the following?				
		Proposed Licence Holder		Associate	
		Yes	No	Yes	No
	Housing Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Landlord and Tenant Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Environmental Protection Act 1990	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Public Health Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


	Health and Safety Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Building Regulation or Planning Laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.12	Has the proposed licence holder , or anyone associated with the proposed licence holder, ever been in control of a property subject to any of the following?				
		Proposed Licence Holder		Associate	
		Yes	No	Yes	No
	Control Order or Management Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Where works have been carried out in default	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A licence or registration certificate has been refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.13	A licence holder must have the financial arrangements necessary to ensure the property is properly managed and maintained. Please answer the following questions.				
		Proposed Licence Holder			
		Yes	No	Yes	No
	Do you have the authority to repair and maintain the property and have the financial arrangements necessary to repair the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are you an undischarged bankrupt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any County Court judgments against you or any company of which you are a director or secretary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If you have answered 'yes' to any of the above questions, it is necessary for the Council to undertake a further 'fit and proper person' check on the Proposed Licence Holder and anyone associated with them. Please contact the Council on the telephone number below to request the additional 'fit and proper person' form and return it to the address on page 1 together with this application form.

Telephone No. 01527 64252

STATUTORY DECLARATION FOR RELEASE OF INFORMATION

To be completed by 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 and 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.

I, as the proposed licence holder, hereby authorise any statutory body holding information about me, which falls within the categories above, to provide information on request by the Council.	
Name: <i>(please print)</i>	
Signature:	
Date	

SECTION 3: DETAILS OF MANAGER/MANAGING AGENT IF DIFFERENT FROM PROPOSED LICENCE HOLDER

The proposed licence holder must be a named individual (see note 3)

3.1	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 50px;" type="text"/>		
	Full name:			
	Residential address: <i>(see note 4)</i>			
	Proof of address: <i>(see note 4)</i>	Postcode: _____		
		Driving licence <input type="checkbox"/> Bank statement <input type="checkbox"/> Utility bill <input type="checkbox"/> Other _____		
	Business address: <i>(if applicable)</i>			
	Proof of address: <i>(see note 4)</i>	Postcode: _____		
		Business rates <input type="checkbox"/> Utility bill <input type="checkbox"/>		
	Home tel no:		Mobile tel no:	
	Work tel no:		Fax no:	
	e-mail address:			
	Date of birth:			
	Interest in property:	Owner <input type="checkbox"/> Manager <input type="checkbox"/> Leaseholder <input type="checkbox"/> Other _____		

3.2	If the manager/managing agent is part of a company, partnership, charity or trust, please indicate which and provide contact details of all directors / partners / trustees - please use additional sheet(s) if more than two. If not part of a limited company, partnership, charity or trust, please go to section 4.		
	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:	Full name:	
	Registered address:	Registered address:	
	Postcode:	Postcode:	
	Telephone no:	Telephone no:	
	Fax no:	Fax no:	
	e-mail address:	e-mail address:	
	Date of birth:	Date of birth:	

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 <input style="width: 50px;" type="text"/>
	Full name:	
	Company Secretary address:	----- ----- -----
	Postcode:	
	Telephone no:	Fax no:
e-mail address:		

3.4	Please provide an address where all official correspondence should be sent. All partners/trustees should sign their agreement to this address. This will be the address used on the public register. (see note 6)	
	Name of person/company:	
	Correspondence address:	----- ----- -----
	Postcode:	
	Telephone no:	
e-mail address:		

I, as a partner/trustee hereby give agreement to the above address being used for all official correspondence and on the public register provided by	
Name: <i>(please print)</i>	Signature:
Name: <i>(please print)</i>	Signature:
Name: <i>(please print)</i>	Signature:

3.5	Is the manager/managing agent a member of any landlord's association or other professional body? Please indicate which.	
	Organisation	Since
-----		-----

3.6	Is the manager/managing agent accredited in this or another authority? Please indicate and provide details of the scheme operator.		
	Authority	Scheme Operator	Since
	-----	-----	-----

3.7	Please list training courses/conferences attended - relevant to property management - by the manager/managing agent.	
	Training course	Date
	-----	-----

Fit and Proper Person (see note 6)		
The local authority must consider evidence 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 (<i>subject to the Rehabilitation of Offenders Act 1974</i>) involving any of the following?	
		Manager/Agent
		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 2003, Schedule 3	<input type="checkbox"/> <input type="checkbox"/>	
3.9	Has the manager/managing agent , ever been subject to unlawful discrimination proceedings relating to their business, (<i>subject to the Rehabilitation of Offenders Act 1974</i>) involving any of the following?	
		Manager/Agent
		Yes No
	Sex	<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	Has the manager/managing agent , ever accepted a simple caution, been convicted of an offence or been served with Statutory Notices under any of the following?	
		Manager/Agent
		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"/>	
3.11	Has the manager/managing agent , ever been convicted for non-compliance of a Statutory Notice under any of the following?	
		Manager/Agent
		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 and Planning Laws	<input type="checkbox"/> <input type="checkbox"/>	


3.12	Has the manager/managing agent , ever managed a property, subject to any of the following?		
		Manager/Agent	
		Yes	No
	A Control Order or Management Order?	<input type="checkbox"/>	<input type="checkbox"/>
	Where works have been carried out in default following service of a notice?	<input type="checkbox"/>	<input type="checkbox"/>
A licence or registration certificate has been refused?	<input type="checkbox"/>	<input type="checkbox"/>	
Conditions of a licence or registration certificate have been breached?	<input type="checkbox"/>	<input type="checkbox"/>	
3.13	If you do not hold a freehold interest or long lease with full repairing obligations, please answer the following questions:		
		Manager/Agent	
		Yes	No
	Do you have the authority to carry out any works required to the property?	<input type="checkbox"/>	<input type="checkbox"/>
	Is there any financial limitation on the amount of work you can carry out?	<input type="checkbox"/>	<input type="checkbox"/>
Please detail below the value of any work you can carry out without further authorisation and the procedure which you must follow if works exceed this limit.			

If you have answered 'yes' to any of the above questions, it is necessary for the Council to undertake a further 'fit and proper person' check on the Manager/Managing Agent. Please contact the Council on the telephone number below to request the additional 'fit and proper person' form and return it to the address on page 1 together with this application form.

Telephone No. 01527 64252

STATUTORY DECLARATION FOR RELEASE OF INFORMATION

To be completed by 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 The Criminal Records Bureau, Police, Fire and 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.

I, as the manager/managing agent, hereby authorise any statutory body holding information about me, which falls within the categories above, to provide information on request by the Council.	
Name: <i>(please print)</i>	

Signature:	

Date	

SECTION 4: DETAILS OF PERSON/ORGANISATION HAVING CONTROL OF THE PROPERTY (see note 5)

4.1	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 50px;" type="text"/>		
	Full name:			
	Residential address: <small>(see note 4)</small>			
		Postcode: _____		
	Proof of address: <small>(see note 4)</small>	Driving licence <input type="checkbox"/>	Bank statement <input type="checkbox"/>	Utility bill <input type="checkbox"/>
		Other _____		
	Contact name:			
	Business address: <small>(if applicable)</small>			
		Postcode: _____		
	Proof of address: <small>(see note 4)</small>	Business rates <input type="checkbox"/>	Utility bill <input type="checkbox"/>	
	Home tel no:		Mobile tel no:	
	Work tel no:		Fax no:	
	e-mail address:			
	Date of birth:			
	Interest in property:	Owner <input type="checkbox"/>	Manager <input type="checkbox"/>	Leaseholder <input type="checkbox"/>
		Other _____		

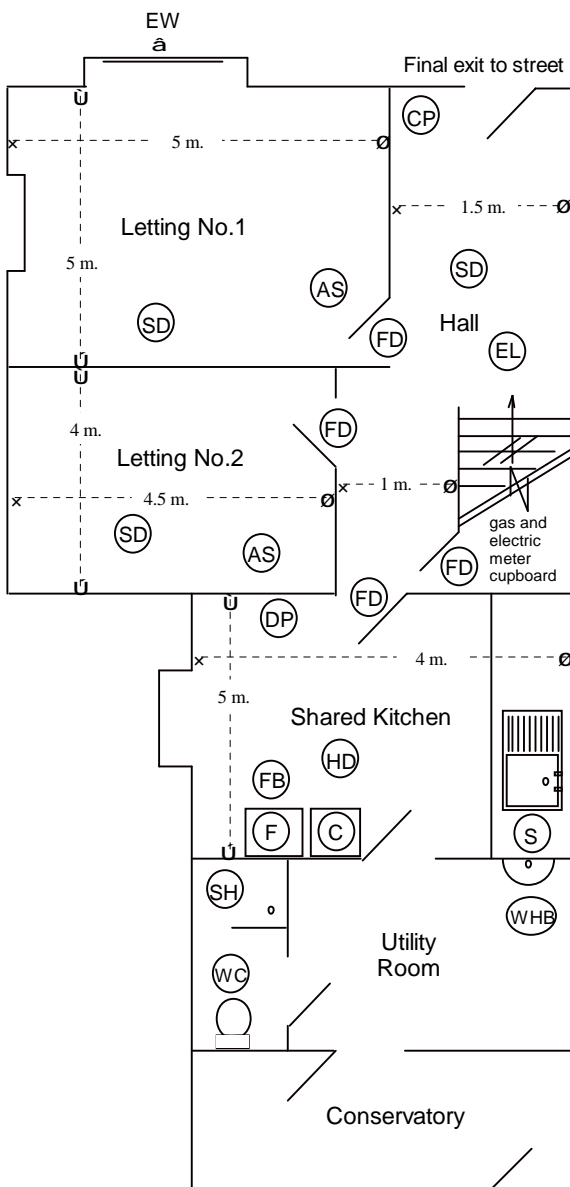
4.2	Are you the freeholder or the leaseholder?
	freeholder <input type="checkbox"/> leaseholder <input type="checkbox"/> neither <input type="checkbox"/>

PART TWO - PROPERTY DETAILS

SECTION 1: DETAILS OF PROPERTY TO BE LICENSED

To be completed for all properties requiring a licence

- 1.1 Please attach a sketch plan, with measurements, showing the location and size of each room in the property. Below is an example showing the type of sketch and detail required. Please use the abbreviations listed below to mark details on the plan. Please provide a separate sketch of each floor level of the property. Please add additional sheets if you require further space. If you already have plans of the property you may submit these separately, or we can provide sketch plans for you at a charge.



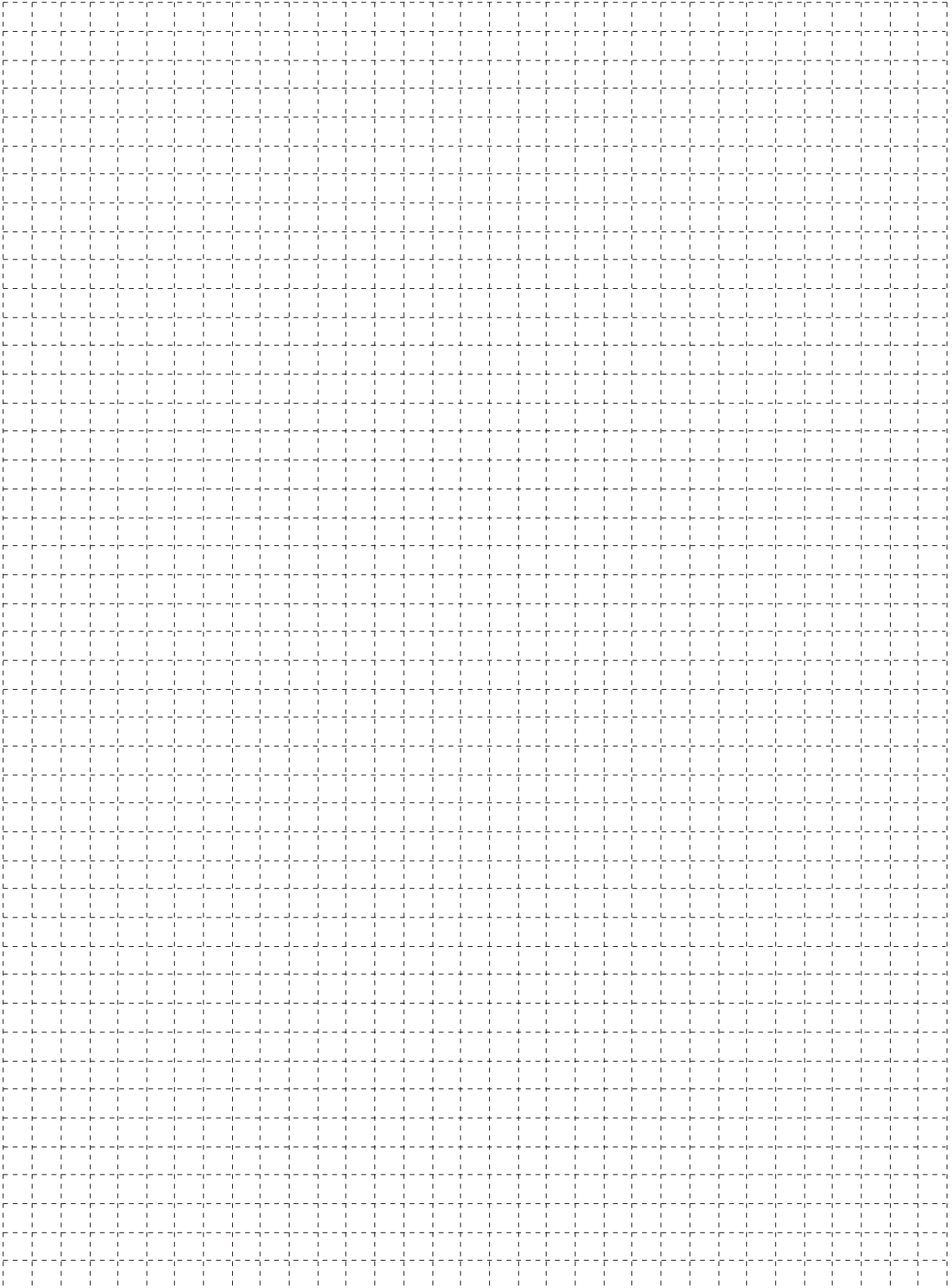
EXAMPLE GROUND FLOOR PLAN

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 linked to whole house system
- HD Heat detector linked to whole house system
- AS Alarm sounder linked to whole house system
- SA Combined smoke detector/alarm, may be linked or stand alone
- HA Combined heat detector/alarm, may be linked or stand alone
- FB Fire blanket
- WE Water extinguisher
- FE Foam extinguisher
- DP Dry powder extinguisher
- SH Shower
- B Bath
- WHB Wash hand basin
- C Cooker
- S Sink
- F Fridge

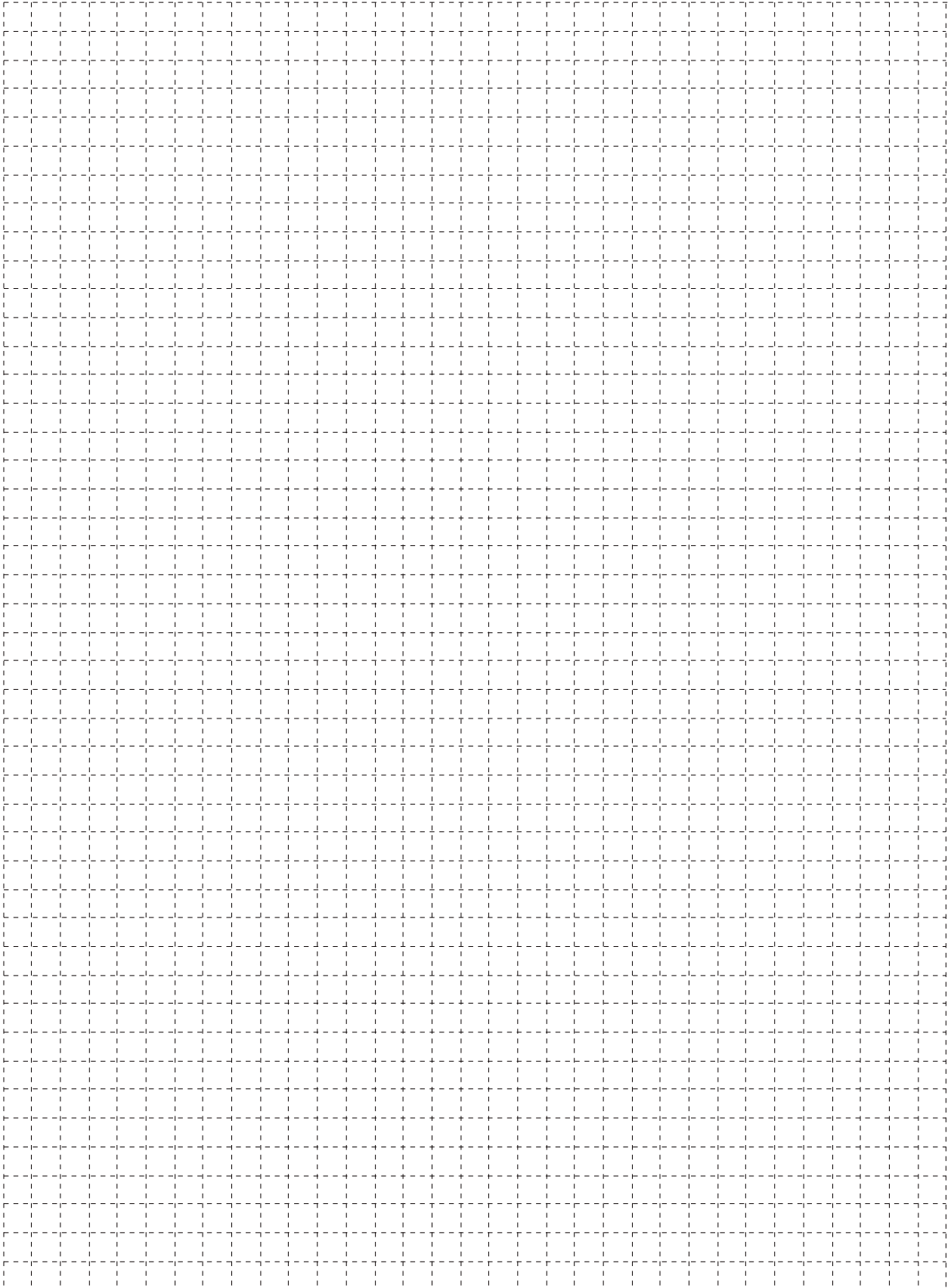
NOTE: All fastenings to doors required for escape purposes must be thumb-turn type locks, easily openable from the inside without the use of a key.

Sketch Plan



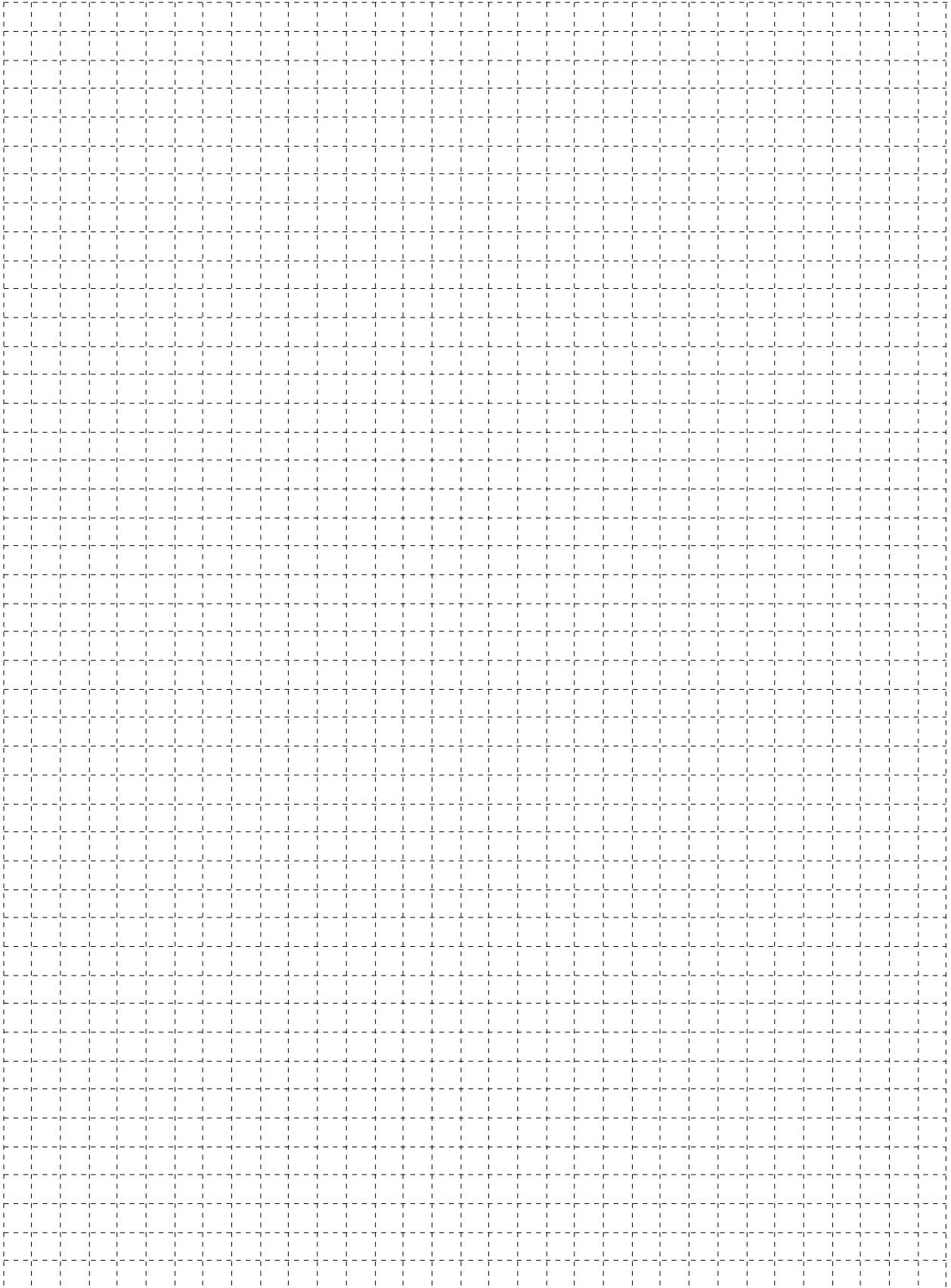
Notes

Sketch Plan



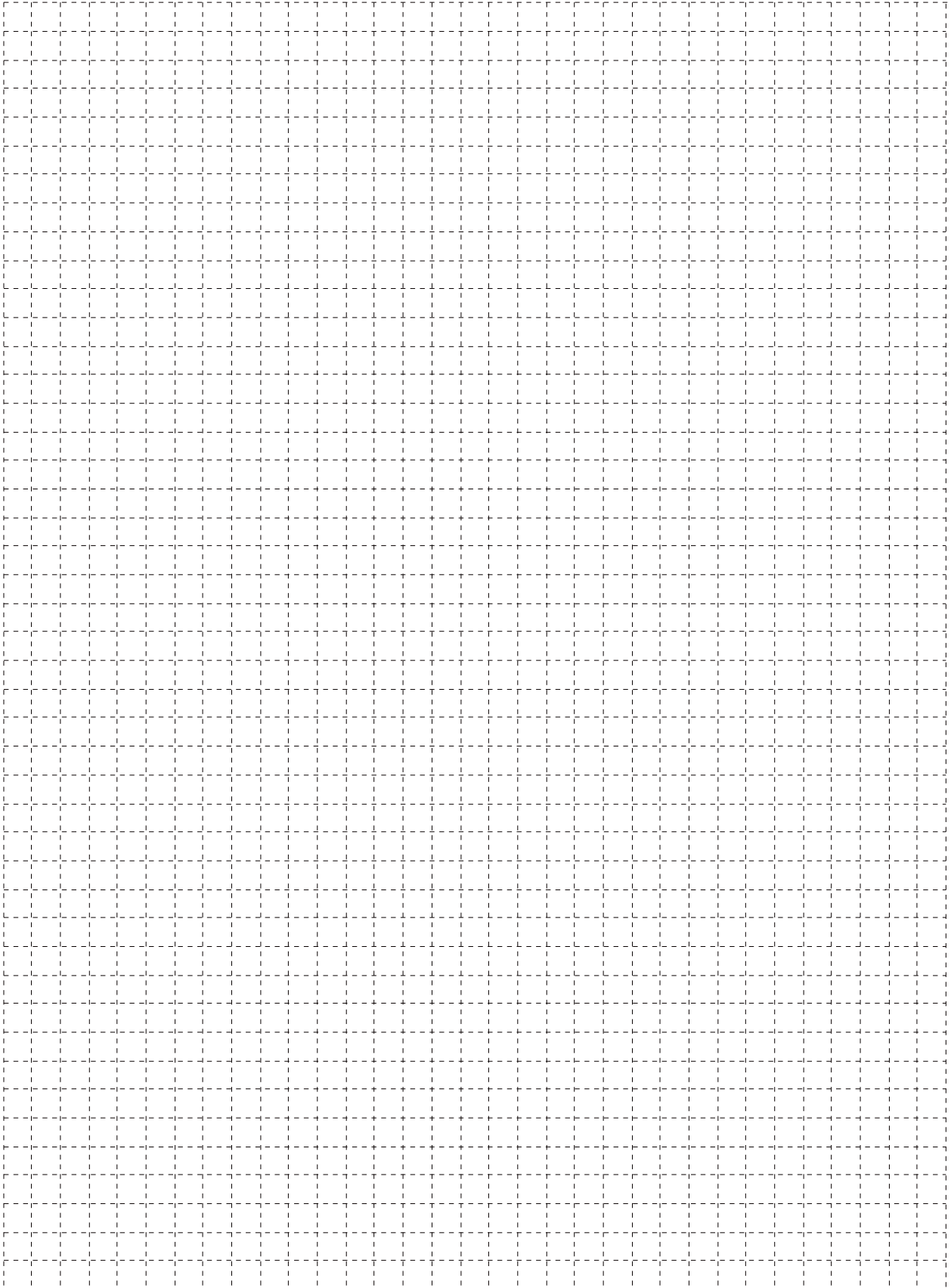
Notes

Sketch Plan



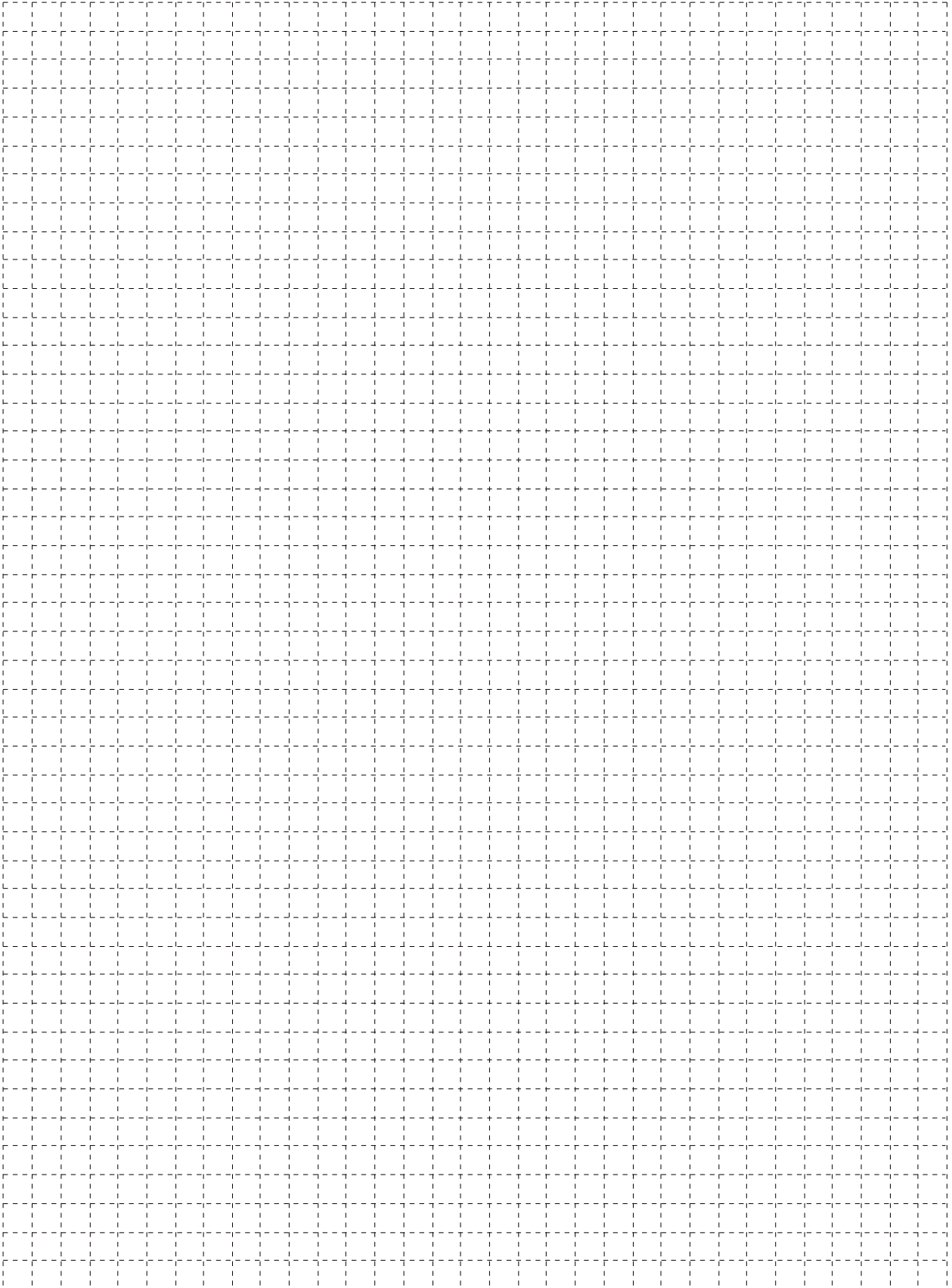
Notes

Sketch Plan



Notes

Sketch Plan



Notes

1.2	Please indicate the type of property to be licensed:	
	Detached <input type="checkbox"/>	Terrace <input type="checkbox"/>
	Semi-detached <input type="checkbox"/>	End terrace <input type="checkbox"/>
	Other <input type="checkbox"/>	please indicate:
1.3	Please give approximate date of construction of the property:	
	Pre 1919 <input type="checkbox"/>	1945 - 1964 <input type="checkbox"/>
	1919 - 1944 <input type="checkbox"/>	1965 - 1979 <input type="checkbox"/>
1.4	If the whole or part of the property has been converted, for example, into self-contained flats, what was the approximate date of conversion:	
	Date:	
1.5	Please provide details of any building works carried out to the property. Please include copies of planning consents, building regulations approval or certificates issued on completion of works.	
	Description of works	Date of completion

1.6	How many storeys are there in the property? Include basement and attic conversions but not cellars. (see note 7)	
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>	
1.7	Over which levels are the storeys situated, such as ground floor, first floor, second floor? (see note 8)	
	Basement <input type="checkbox"/>	First floor <input type="checkbox"/>
	Ground floor <input type="checkbox"/>	Second floor <input type="checkbox"/>
	Other <input type="checkbox"/>	please indicate:
1.8	Is any part of the property used for separate commercial activity?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
1.9	If yes, please give details and location of the commercial activity below:	
	
	
2.0	How many separate letting units (e.g self contained flats/bedrooms) are there in the property?	
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Other <input type="text"/>	
2.1	How many households occupy the property at present? (see note 9 for 'household' definition)	
2.2	What is the maximum number of households that could occupy the property?	

2.3	Please indicate the number of households you would like the licence for.
2.4	How many individual people occupy the property at present?
2.5	What is the maximum number of people who could occupy the property?
2.6	Please indicate the number of occupants you would like the licence for.
2.7	Is there a resident landlord?
	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please go to question 3.0
2.8	Is the proposed licence holder the resident landlord?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.9	Number of people resident in the landlord's household, excluding the landlord?
2.10	Which rooms in the property are occupied by the resident landlord's household?

3.0	What form of heating is there in the bathroom/s? (for shared properties only)		
		Yes	No
	Radiator/s as part of the gas/oil fired central heating system	<input type="checkbox"/>	<input type="checkbox"/>
	Individual wall-mounted electric heater/s	<input type="checkbox"/>	<input type="checkbox"/>
	Other, please state:		
3.1	What form of heating is there in the kitchen/s? (for shared properties only)		
		Yes	No
	Radiator/s as part of the gas/oil fired central heating system	<input type="checkbox"/>	<input type="checkbox"/>
	Individual wall-mounted electric heater/s	<input type="checkbox"/>	<input type="checkbox"/>
	Electric storage heater/s	<input type="checkbox"/>	<input type="checkbox"/>
	Other, please state:		
3.2	What form of heating is there in the common parts such as hallways and stairwells?		
		Yes	No
	Radiator/s as part of the gas/oil fired central heating system	<input type="checkbox"/>	<input type="checkbox"/>
	Individual wall-mounted electric heater/s	<input type="checkbox"/>	<input type="checkbox"/>
	Electric storage heater/s	<input type="checkbox"/>	<input type="checkbox"/>
	Other, please state:		
3.3	Are there any gas appliances in the property?		
	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of a valid gas safety certificate.		

Please complete the following table indicating the facilities that are provided within the whole dwelling by ticking the boxes relevant to indicate the facilities that each individual letting unit has use of within the property. (see note 10)

FACILITIES	LETTING UNIT										
	1	2	3	4	5	6	7	8	9	10	TOTAL
Number of people sharing unit											
Number of bedrooms											
Wash basin in property - if shared property											
Shared living room											
Exclusive living room											
Dining room											
Shared kitchen/s											
Exclusive kitchen											
4-hob cooker, oven and grill											
Microwave											
Dedicated cooker point											
Sink with drainer and base unit											
Refrigerator/s with freezer compartment											
Freezer											
Shared bathroom/s with WC and WHB											
Shared shower room - separate											
Exclusive bathroom with WC and WHB											
Fixed heating such as gas central heating											
Electric storage heating											
Other heating, non-portable - please specify											

SECTION 2: DETAILS OF FACILITIES AND MANAGEMENT

To be completed for all properties requiring a licence

4.1	Is there a system of fire detection incorporating:		
		Yes	No
	a fire alarm control panel	<input type="checkbox"/>	<input type="checkbox"/>
	sounders/alarms on all levels	<input type="checkbox"/>	<input type="checkbox"/>
	emergency lighting in the common hallways	<input type="checkbox"/>	<input type="checkbox"/>
	mains powered smoke/heat alarms in kitchen/common rooms and hallways	<input type="checkbox"/>	<input type="checkbox"/>
	battery operated smoke alarms	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Is there a current fire alarm test certificate in compliance with BS5839 Part 1:2002, as amended by BS5839 Part 6:2004?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide a copy of the test certificate		
4.3	Is a contractor employed to inspect and maintain the fire alarm system?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please state who:		
4.4	Is there a current emergency lighting test certificate in compliance with BS5266 Part1:1999?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide a copy of the test certificate		
4.5	Are the kitchen(s)/kitchen areas protected by fire doors?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, are they fitted with:		
	self closers	<input type="checkbox"/>	<input type="checkbox"/>
	smoke seals	<input type="checkbox"/>	<input type="checkbox"/>
	intumescent strips	<input type="checkbox"/>	<input type="checkbox"/>
4.6	Are all the doors that open onto the main escape route 30 minute fire resistant doors that incorporate self-closers, smoke seals and intumescent strips?	<input type="checkbox"/>	<input type="checkbox"/>
	If no, which doors are not:		
4.7	Are the fire extinguishers provided and tested annually?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please state type and location:		
	Type of extinguisher	Location of extinguisher	

		Yes	No
4.8	Are fire blankets provided in the kitchen/s	<input type="checkbox"/>	<input type="checkbox"/>
4.9	Is the escape route kept clear of flammable materials and other obstructions?	<input type="checkbox"/>	<input type="checkbox"/>
4.10	Is the main exit door openable from the inside without the use of a key?	<input type="checkbox"/>	<input type="checkbox"/>
4.11	Does the property incorporate a sprinkler system?	<input type="checkbox"/>	<input type="checkbox"/>
4.12	Has a fire safety risk assessment been undertaken at the dwelling?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide a copy		
4.13	Is upholstered furniture provided in the property?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, does it comply with the Furniture (Fire Safety) Amendment Regulations 1993?	<input type="checkbox"/>	<input type="checkbox"/>

PART THREE - DECLARATIONS

DECLARATION OF APPLICANT AND PROPOSED LICENCE HOLDER

(see note 11)

Please note that 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 cancelled or other action taken. Operating a HMO that should be licensed 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.

I declare that the information provided in this application is true and correct to the best of my knowledge. I understand that a criminal offence is committed if I supply any information to a local housing authority in connection with this application for a licence of a House in Multiple Occupation that is knowingly false or misleading and on conviction may be fined up to £5,000.

NOTE: If you are the applicant AND the proposed licence holder/manager you must sign all the relevant sections below.

Applicant	Name: <i>(please print)</i>
	Signature: _____ Date: _____
Proposed licence holder	Name: <i>(please print)</i>
	Signature: _____ Date: _____
Manager/managing agent	Name: <i>(please print)</i>
	Signature: _____ Date: _____
Person having control of the property	Name: <i>(please print)</i>
	Signature: _____ Date: _____

Enclosures *(as appropriate)*

a.	Evidence of permanent residential address of proposed licence holder	<input type="checkbox"/>
b.	Building regulations completion certificate and planning consents, if applicable	<input type="checkbox"/>
c.	Current fire alarm test certificate	<input type="checkbox"/>
d.	Current emergency lighting test certificate	<input type="checkbox"/>
e.	Service contract for alarm and safety systems	<input type="checkbox"/>
f.	Current landlord's Gas Safety Certificate	<input type="checkbox"/>
g.	Most recent periodic test certificate for the electrical installation	<input type="checkbox"/>
h.	Most recent PAT certificate, if applicable	<input type="checkbox"/>
i.	Fire safety risk assessment, if applicable	<input type="checkbox"/>
j.	Licensing Fee. For fee and methods of payment , please see attached sheet	<input type="checkbox"/>

DECLARATION OF APPLICANT AND PROPOSED LICENCE HOLDER

You must let certain people know in writing that you have made this application, or give them a copy of it, as follows:

- any mortgagee of the property
- any owner of the property to which this application relates, if that is not you, such as the freeholder, and any head lessees who are known to you
- any other person who is a tenant or 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 of less than three years, including a periodic tenancy
- The proposed licence holder, if that is not you
- The proposed managing agent, if any, if that is not you
- any person who has agreed that he will be bound by any condition or conditions in a licence, if it is granted.

You must tell each of these people:

- Your name, address, telephone number and e-mail address
- the name, address, telephone number and e-mail address of the proposed licence holder, if it will not be you
- that this is an application under Part 2 (Houses in Multiple Occupation) of the Housing Act 2004
- the address of the property it relates to
- the name and address of the local authority to which the application will be made
- the date the application will be submitted

I confirm that I have served notice of this application on the following people, who are the only people known to me that are required to be informed that I have made this application.

Name:
(please print)

Signature:

Date:

Name:
(please print)

Signature:

Date:

Name:

Address:

Postcode:

E-mail address:

**Interest in the property
or the application:**

Date of service of Notice:

Name:
Address:
Postcode:
E-mail address:
Interest in the property or the application:
Date of service of Notice:

Name:
Address:
Postcode:
E-mail address:
Interest in the property or the application:
Date of service of Notice:

Name:
Address:
Postcode:
E-mail address:
Interest in the property or the application:
Date of service of Notice:

Name:
Address:
Postcode:
E-mail address:
Interest in the property or the application:
Date of service of Notice:

The following information is discretionary and you do not need to answer the questions. However, if you do answer the questions it will assist the local authority in assessing their housing stock.

Ethnicity of the proposed licence holder	Asian/Asian British	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Asian <input type="checkbox"/>	
	Black/Black British	Caribbean <input type="checkbox"/>	Black <input type="checkbox"/>	Other Black background <input type="checkbox"/>		
	Chinese or other ethnic group	Chinese <input type="checkbox"/>	Any other ethnic group - please write in:			
	Dual heritage	White and Black Caribbean <input type="checkbox"/>	White and Black African <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Other dual heritage background <input type="checkbox"/>	
	White	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Other <input type="checkbox"/>		

How old is the bathroom?
How old is the kitchen?
Is there adequate noise insulation between the converted flats? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the property have cavity wall insulation? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the property have loft insulation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what thickness is the insulation?

HOW TO FILL IN AN APPLICATION FOR A HOUSE IN MULTIPLE OCCUPATION LICENCE

If you make any mistakes, or do not complete all the relevant sections, it may delay the processing of the application form and incur further charges. If additional information is supplied on a separate sheet/s, please make sure that they are securely attached to the application form. Please read the guidance notes carefully to assist you in:

- deciding if the property requires a licence
- applying for the correct licence
- completing the form correctly
- enclosing all the relevant documents

From 6 April 2006, anyone who owns or manages a House in Multiple Occupation - HMO - that requires a licence will have to apply for a Licence from the Local Housing Authority - LHA - in which the property is situated. An application for a HMO Licence has to be made under Part 2 of the Housing Act 2004 which has made it compulsory for local authorities to licence larger, high risk HMOs. Properties that are operating without a licence will be subject to an offence that is liable to unlimited fines. The Act defines a House in Multiple Occupation as a building or part of a building such as a flat that is:

1. occupied by more than one household and where more than one household shares - or lacks - an amenity, such as bathroom, toilet or cooking facilities, or
2. a converted building - but not entirely self-contained flats - whether or not some amenities are shared, or
3. converted self-contained flats, that do not meet the 1991 Building Regulations, and at least one third of the flats are occupied under short tenancies

Please note that there are two definitions concerning HMOs. The definition above is a general HMO definition and is separate from the definition below which is used to determine if a HMO requires a licence. If a HMO meets both definitions, please complete a mandatory HMO licensing application form. If a HMO only meets the above definition, the HMO will not need a licence but will still be subject to The Management of Houses in Multiple Occupation (England) Regulations 2006 and may require a Health and Safety Risk Assessment.

To make sure that the most vulnerable tenants living in the highest risk properties are protected, the following definition as set out in The Housing Act 2004 makes it compulsory for certain HMOs to be licensed, if:

1. it is occupied by five or more persons comprising more than one household; and
2. the tenants are living in the dwelling as their main or only residence.

A **single household** refers to persons who are all members of the same family. A person is a member of the same family if they are married to each other, live together as husband and wife including same sex couples, and other relationships. A 'relationship' means parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew, niece or cousin. A relationship of the half-blood shall be treated as a relationship of the whole blood and a stepchild shall be treated as his/her child. A person who lives in accommodation supplied by his/her employer or by a member of his/her employer's family, is classed as living in the same household, for example, au pair, nanny, nurse, carer, governess, servants, chauffeur, gardener, secretary or personal assistant.

Living accommodation occupied by persons as their main or only residence includes persons undertaking a full-time course of further or higher education, migrant and/or seasonal workers and asylum seekers or his/her dependents, who have been provided with accommodation under section 95 of the Immigration and Asylum Act 1999(a) and the accommodation is provided under contract to, or on behalf of, the National Asylum Support Service. It also includes HMOs that are operated as a refuge.

If the property falls into all of the above categories, it is a HMO that will require licensing under the new national, mandatory HMO licensing scheme, introduced by the Housing Act 2004. There are different types of licensing schemes that local authorities may operate in the area where your HMO is situated. However, the application form relating to these guidance notes is for the mandatory scheme. Please make sure that you are completing the correct application form.

NOTE 1

TYPE OF HOUSE FOR WHICH THE APPLICATION IS BEING MADE

House in multiple occupation - The whole property is operating as a HMO either offering shared facilities or bed-sit type accommodation - see below for definition, or as a combination of self-contained flats and bed-sits.

Flat in multiple occupation - Part of the building is operating as a HMO either offering shared facilities or bed-sit type accommodation - see below for definition, or as a combination of self-contained flats and bed-sits.

House converted and comprising only of self contained flats - A self-contained flat refers to a dwelling where access is via a single front door from any common area. Such dwellings would contain all the standard amenities with no sharing of amenities with the occupiers of neighbouring dwellings. IF THE PROPERTY FALLS INTO THIS CATEGORY, IT WILL NOT REQUIRE A LICENCE. PLEASE SIGN THE DECLARATION ON PAGE TWO AND RETURN THE FORM TO THE COUNCIL.

NOTE 2

HOW IS THE HMO OPERATING

Bed-sits - A term used to describe sleeping/living arrangements that are not self-contained and where there is shared use of some facilities such as a bath or shower room, sanitary accommodation or kitchen with the other occupiers of the HMO.

Shared facilities - Where the cooking and washing/toilet facilities are shared between all members of the HMO but each household has their own sleeping facilities.

Household with lodgers - A resident landlord rents out rooms within the property. For this type of property to be a HMO, there must be 3 or more lodgers able to reside at the property at any one time.

Hostel, B & B, guesthouse - Accommodation for people with no other permanent place of residence who would otherwise be homeless.

Supported lodgings - Accommodation for young people who live independently but have the assistance of a carer whilst at the property

NOTE 3

DETAILS OF APPLICANT

The applicant must be a named individual

The applicant/proposed licence holder must be a named individual and not a company. If a

company applies to be a licence holder, they must nominate an appropriate person to hold the licence within that company. The Council has a duty to award the licence to the person it thinks is the most appropriate person to be the licence holder. In normal circumstances, the Council would expect the applicant to be the owner/landlord of the dwelling and apply to be the proposed licence holder. The proposed licence holder must have the power to:

- collect rental income
- let and terminate tenancies
- access all parts of the dwelling
- authorise repairs and maintenance to the property

If this is the case, please complete all of section one, following the instructions given within the section. If the owner/landlord has nominated a manager or managing agent to be the proposed licence holder, they must have the power to undertake the listed conditions such as collect rental income and authorise repairs, in order for the Council to assume that they are the most appropriate person to hold the licence.

NOTE 4

RESIDENTIAL/BUSINESS ADDRESS

Please provide details of permanent residential or business address of the applicant and/or proposed licence holder - not the address of the HMO to be licensed.

The full permanent residential address is required together with the necessary supporting documents to confirm the address. Evidence that will be accepted by the Council as proof of address will include one of the following:

- current driver's licence
- recent bank or building society statement - from the last three months
- recent utility bill - from the last three 3 months
- recent tax correspondence

The supporting documents to confirm the business address will include one of the following:

- recent utility bill (from the last three 3 months)
- business rates
- recent tax correspondences

Photocopies of the above documents are not accepted. Original documents must be sent with the application form or alternative arrangements made with the Council for original documents to be verified. The Council has a duty to maintain a public register and make sure that the contents of the register are available at the authority's head office for inspection by members of the public at all reasonable times. The permanent residential/business address will be the address used on the public register. If you would prefer an alternative address to be used on the public register, please complete section 2.4 in full in addition to providing residential/business address.

NOTE 5

CONTROL OF THE PROPERTY

A person having control of the property in normal circumstances is the legal owner/freeholder of the property who receives the 'rack-rent' of the premises. The 'rack-rent' means a rent which is not less than two-thirds of the full net annual value of the premises. In circumstances where the owner/ freeholder has leased the property to another person or company, the leaseholder will become the person having control of the property.

NOTE 6

FIT AND PROPER PERSON

In deciding whether an application should be granted, the Council must have regard to evidence, which shows that the proposed licence holder and/or manager and any other person associated or formerly associated with them on a personal, work or other basis is a fit and proper person.

To make sure that the Council can adequately assess whether a licence holder is a fit and proper person a series of questions have been devised. You must answer 'yes' or 'no' to all of the questions in this section. If you answer 'yes' to any of the questions, it will be necessary for the Council to undertake a further assessment. You **must** contact the Council to request the additional fit and proper person check. In accordance with the Rehabilitation of Offenders Act 1974, you are not required to provide details about previous convictions that are 'spent'. A conviction becomes 'spent' after a certain length of time, which changes depending on the sentence and your age at the time of the conviction. The periods are halved if the conviction took place when you were aged 17 or less. If a person is sentenced to more than two and a half years in prison, his/her conviction can never become 'spent'.

FIGURE 1

Sentence	Period of good conduct needed for conviction to be spent
6 months to 2½ years imprisonment	10 years
Less than 6 months' imprisonment	7 years
Borstal Training	7 years
A fine or Community Services Order	5 years
Probation Order, Conditional Discharge, or Bind Over	1 year
An Absolute Discharge	6 months

Therefore, all unspent convictions must be declared. Figure 1 indicates the period required for the conviction to become spent.

To enable the Council to be satisfied that the information given is correct, please sign the declarations as requested. This also ensures that in certain cases other authorities such as the Police Authority can be consulted during the licensing process. If the declaration is not signed, the application cannot be processed.

If you have any doubts about whether you have to declare a previous conviction, you should contact your local Probation Office, the Citizens' Advice Bureau, or a Solicitor.

Any information given will be treated as confidential and used only in connection with this application.

NOTE 9

HOUSEHOLDS

A **single household** refers to persons who are all members of the same family such as, married and co-habiting couples of the opposite and same sex, and other relationships. A 'relationship' means parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew, niece, cousin, relationship of the half-blood and stepchild. Additionally, a person living with his/her employers family or in accommodation supplied by his/her employer is classed as living in the same household, such as, au pair, carer, gardener or personal assistant.

NOTE 10

FACILITIES AVAILABLE FOR EACH INDIVIDUAL LETTING

The table for facilities in Part 2 has been designed to allow information to be given for shared and self-contained properties. It is a 'tick box' table to make sure that for each individual letting they have access to certain facilities. If any of the listed facilities are not contained within the property, please leave the box blank. Using the example opposite (Figure 2) please complete the table in Part 2.

NOTE 11

DECLARATION OF APPLICANT AND PROPOSED LICENCE HOLDER

Please complete all the necessary declarations at the end of each relevant section. The final declaration indicating that all the information contained within the application form is true and correct requires signatures by all persons who have completed Part 1. If the applicant is also the proposed licence holder, please sign both the applicant and proposed licence holder sections as indicated in Part 3.

It is a criminal offence to **knowingly** supply information that is false or misleading for the purposes of obtaining a licence. Under Section 238 of the Housing Act 2004, a person who commits an offence is liable on summary conviction to a fine not exceeding level 5 on the standard scale (up to £5,000).

FIGURE 2

FACILITIES	LETTING UNIT						TOTAL
	1	2	3	4	5	6	
Number of people sharing unit	1	1	1	1	1		5
Number of bedrooms	1	1	1	1	1		5
Wash basin in property - if shared property	0	0	1	0	1		2
Shared living room	ü	ü	ü	ü	ü		1
Exclusive living room							
Dining room							
Shared kitchen/s	ü	ü	ü	ü	ü		1
Exclusive kitchen							
4-hob cooker, oven and grill		ü		ü	ü		1
Microwave	ü	ü	ü	ü	ü		1
Dedicated cooker point	ü	ü	ü	ü	ü		1
Sink with drainer and base unit	ü	ü	ü	ü	ü		1
Refrigerator/s with freezer compartments	ü	ü	ü	ü	ü		1
Freezer	ü	ü	ü	ü	ü		1
Shared bathroom/s with WC and WHB	ü	ü	ü	ü	ü		1
Shared shower room - separate							
Exclusive bathroom with WC and WHB							
Fixed heating such as gas central heating	ü	ü	ü	ü	ü		
Electric storage heating							
Other heating, non-portable - please specify							