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HOUSING ACT 2004, PART 2, SECTION 55 LICENSING OF HOUSES IN MULTIPLE OCCUPATION (HMO) – APPLICATION

Use this form if you want to apply for a Licence for a House in Multiple Occupation (HMO).

Please return the completed form to:
Environmental Health and Housing Team
North Lincolnshire Council
Church Square House
PO Box 42
Scunthorpe
North Lincolnshire
DN15 6XQ
 e-mail: housing@northlincs.gov.uk

Address of HMO: Post code.....

If you are uncertain how to answer any of the questions or have any queries about the process or HMOs in general we would encourage you to seek advice and guidance by contacting the Environmental Health and Housing Team at the above address or call us on (01724) 297000

Please tick the appropriate box

- Application for Licence
- Application for a Variation of existing Licence
- Application for Renewal of Licence
- Expiry Date of Licence

IF YOU HAVE MORE THAN ONE PROPERTY IN MULTIPLE OCCUPATION WHICH REQUIRE A LICENCE YOU WILL NEED TO COMPLETE AN APPLICATION FORM FOR EACH PROPERTY.

IMPORTANT

Please answer all questions unless directed. Please read the guidance notes (set out at the end of the form before answering the questions to which they relate).

IT IS A CRIMINAL OFFENCE TO MAKE A FALSE STATEMENT IN AN APPLICATION FOR AN HMO LICENCE OR FAIL TO COMPLY WITH ANY CONDITION OF THE LICENCE.

Please attach all relevant certificates of installation, inspection or maintenance. The declaration at the end of the application must be signed and dated before submitting.

Licence Reference Number

**Part 1
Proposed Licence – holder details**

1.1 To be completed if applicant is an individual (and then move on to 1.3)

Name: _____

Previous Name (if applicable) _____

Address: _____

_____ **Post Code** _____

Tel. No: _____ **Mobile:** _____

E-mail: _____

Date of Birth: _____ **National Insurance No:** _____

Are you responsible for the day-to-day repairs, maintenance and tenant management of the premises to be licensed?
(Please tick appropriate box)

Yes No

Are you an Accredited Landlord

If not, please note that part 3 will also need to be completed Yes No

1.2 To be completed if applicant is a Company/Partnership or Charity

Full Name of Company/Partnership or Charity (refer to guidance notes)

Address of Principal or Registered Office

Telephone Number: _____

Names and Addresses of all Directors/Partners/Trustees *(please use separate sheet of paper if necessary)*

Is the company/ charity responsible for the day-to day repairs, maintenance and tenant management of the premises to be licensed? *(please tick appropriate box)*

Yes No

If not, please note that part 3 will need to be completed

<p>1.3</p>	<p>Details of any other person(s) who has agreed to be bound by a condition contained in the licence: (please use additional sheet if required)</p> <p>Full Name: _____</p> <p>Address: _____ _____</p> <p>Post Code: _____ Tel. No: _____</p> <p>E-mail: _____</p>
<p>1.4</p>	<p>Are you the landlord of any other Licensable HMO's in the Council's area? <i>(Please tick appropriate box)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, have you made an application in respect of any other property? <i>(Please tick appropriate box)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please give full address of each property of licence number <i>(continue on an additional sheet if necessary)</i></p>
<p>1.5</p>	<p>Are you the landlord of any other Licensable properties in another local authority area? <i>(Please tick appropriate box)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give full address of each property and the local authority to which you have applied for a licence. <i>(continue on an additional sheet if necessary)</i></p>
<p>1.6</p>	<p>Have you had an application for a HMO/Property licence refused or revoked in this or another local authority's area? <i>(Please tick appropriate box)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide details and dates</p>

Part 2A**Licence holder test of fitness and compliance with management condition**

If you answer yes to any of the following questions in this section, please give details including dates below. Continue on a separate sheet where necessary.

Please note: The Council may carry out the necessary legal checks on all applicants.

2.1	<p>Have you been convicted of, or formally cautioned for any offences relating to fraud, dishonesty, violence or drugs or sexual offences as set out in Schedule 3, Sexual Offences Act 2003? (Spent convictions are not, in this context, taken into account) <i>(Please tick appropriate box)</i> (refer to guidance notes)</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.2	<p>Have you had a finding against you by a court or tribunal that you have practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with, the carrying on of any business? <i>(Please tick appropriate box)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.3	<p>Have you been convicted or formally cautioned for failing to comply with a Housing Act Notice in the past 5 years in any local authority? <i>(Please tick appropriate box)</i> (refer to guidance notes)</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.4	<p>Have you been convicted or formally cautioned for any charges relating to harassment and illegal eviction in the past 5 years? <i>(Please tick appropriate box)</i> (refer to guidance notes)</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.5	<p>Have you been in control of a property subject to a HMO Control Order, an Interim Management Order, a Final Management Order or has any local authority carried out work in default to a premises of which you have been the owner or manager in the past 5 years? <i>(Please tick appropriate box)</i> (refer to guidance notes) If yes please give details</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.6	<p>Have you been convicted of any offence, formally cautioned or subject to any other proceedings brought by any local authority or other Regulatory Body (for example breaches of the Environmental Protection Act 1990, planning control or fire safety requirements)? <i>(Please tick appropriate box)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.7	<p>Have you been declared bankrupt? <i>(Please tick appropriate box)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>

A copy of the Data Protection Statement to be signed by each person completing test of fitness and compliance with management conditions Part 2a, 2b or 3.

Part 2B**Licence Holder (Directors of a Company/Partnership or Charity) test of fitness and compliance with management condition**

If you answer yes to any of the following questions in this section, please give details including dates below. Continue on a separate sheet where necessary.

Please note: The Council may carry out the necessary legal checks on all applicants.

2.8	<p>Have you been convicted of, or formally cautioned for any offences relating to fraud, dishonesty, violence or drugs or sexual offences as set out in Schedule 3, Sexual Offences Act 2003? (Spent convictions are not, in this context, taken into account) <i>(Please tick appropriate box)</i> (refer to guidance notes)</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.9	<p>Have you had a finding against you by a court or tribunal that you have practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with, the carrying on of any business? <i>(Please tick appropriate box)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.10	<p>Have you been convicted or formally cautioned for failing to comply with a Housing Act Notice in the past 5 years in any local authority? <i>(Please tick appropriate box)</i> (refer to guidance notes)</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.11	<p>Have you been convicted or formally cautioned for any charges relating to harassment and illegal eviction in the past 5 years? <i>(Please tick appropriate box)</i> (refer to guidance notes)</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.12	<p>Have you been in control of a property subject to a HMO Control Order, an Interim Management Order, a Final Management Order or has any local authority carried out work in default to a premises of which you have been the owner or manager in the past 5 years? <i>(Please tick appropriate box)</i> (refer to guidance notes) If yes please give details</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.13	<p>Have you been convicted of any offence, formally cautioned or subject to any other proceedings brought by any local authority or other Regulatory Body (for example breaches of the Environmental Protection Act 1990, planning control or fire safety requirements)? <i>(Please tick appropriate box)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.14	<p>Have you been declared bankrupt? <i>(Please tick appropriate box)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>

A copy of the Data Protection Statement to be signed by each person completing test of fitness and compliance with management conditions Part 2a, 2b or 3.

Part 3 (only use if manager is not licence holder)

Manager test of fitness and compliance with management conditions

If you answer yes to any of the following questions in this section, please give details including dates below. Continue on a separate sheet where necessary.

Please Note: The Council may carry out the necessary legal checks on all applicants

3.1	<p>Full Name (block letters): _____</p> <p>Address: _____ Telephone Numbers Home: _____</p> <p>_____</p> <p>_____</p> <p>Post Code _____ Work/Mobile: _____</p> <p>E-mail address: _____</p> <p>Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> National Insurance No: <input type="text"/></p>
3.2	<p>Have you been convicted of, or formally cautioned for any offences relating to fraud, dishonesty, violence or drugs or sexual offences as set out in Schedule 3, Sexual Offences Act 2003? (Spent convictions are not, in this context, taken into account) <i>(Please tick appropriate box)</i> (refer to guidance notes)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3.3	<p>Have you had a finding against you by a court or tribunal that you practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with, the carrying on of any business? <i>(Please tick appropriate box)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3.4	<p>Have you been convicted or formally cautioned for failing to comply with a Housing Act Notice in the past 5 years, in any local authority? (refer to guidance notes) <i>(Please tick appropriate box)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3.5	<p>Have you been convicted of any charges relating to harassment and illegal eviction in the past 5 years? <i>(Please tick appropriate box)</i> (refer to guidance notes)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3.6	<p>Have you been in control of a property subject to HMO Control Order, an Interim Management Order, a Final Management Order or has any local authority carried out work in default to a premises of which you have been the owner or manager in the past 5 years? <i>(Please tick appropriate box)</i> (refer to guidance notes)</p> <p>If yes please give details</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3.7	<p>Have you been convicted of any offence or subject to any other proceedings brought by any local Authority or other Regulatory Body (for example breaches of the Environmental Protection Act 1990, planning control or fire safety requirements) ? <i>(Please tick appropriate box)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

A copy of the Data Protection Statement to be signed by each person completing test of fitness and compliance with management conditions Part 2a, 2b or 3.

A copy of the Data Protection Statement to be signed by each person completing test of fitness and compliance with management conditions Part 2a, 2b or 3.

Data Protection Statement

We need your personal data to **enable this Council to issue a HMO licence**. We may also use it for prevention and detection of fraud. We may share it with local or national organisations such as **other Council Departments, other Local Authorities, the Police, Fire Service and the Communities and Local Governments** part of our joint approach to **ensuring that only fit and proper people are licensed to own or manage Houses in Multiple Occupation**. Elected members of the Council may have access when considering the application.

Data held by this Local Authority in respect of the licensing of HMOs shall be kept in a Register as required by Section 232 of the Housing Act 2004. The information in this Register (with the exception of any convictions) shall be available, upon request, to public inspection.

We will keep your personal data safe and secure and will not disclose it to anyone else without your consent, unless we are required by law to do so.

Agree Yes No

The landlord can hold the property licence or nominate someone else such as a manager or agent, with their agreement, to be the licence holder. Whomever holds the licence must be the person who is most appropriate and be considered 'fit and proper' for the licence to be granted.

For a Company/Partnership or Charity we will need a signed Data Protection Statement from each Director or a Manager.

To comply with the fit and proper person check you must provide a "DBS" check with this application. Follow the link below to obtain a DBS.

Link to request a Basic DBS check for yourself: <https://www.gov.uk/dbs-check-applicant-criminal-record>

I declare that to the best of my knowledge and belief all the information in this application is true.

Signature: Date:.....

Print Full Name:

Position (if acting on behalf of a company):

Part 4
PROPERTY DETAILS

Information about your interest in the property
(Please see Appendix 3 -Typical floor Plan)

Please answer each question in turn unless otherwise directed

4.1	<p>Full address of the property to which the licence application applies</p> <p>.....</p> <p>.....</p> <p>.....Postcode</p>
<p>Is this a: House? Yes <input type="checkbox"/> No <input type="checkbox"/> Flat? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
4.2	<p>Are you the owner? (refer to guidance notes) <i>(Please tick appropriate box)</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
4.3	<p>Do you (alone or jointly with others), own the freehold of the property or hold a lease/tenancy of it with at least 5 years still to run? If no, go to 4.5 <i>(Please tick appropriate box)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please indicate which interest you own:</p> <p>Freehold <input type="checkbox"/> Lease/Tenancy with at least 5 years still to run <input type="checkbox"/></p>
4.4	<p>If you own the property jointly with other people, please give the names and addresses of your co-owners: <i>(please continue on a separate sheet if necessary)</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
4.5	<p>Name and address of the mortgage provider (if any) of the property or any part of it <i>(please say "none" if the property does not have an outstanding mortgage)</i></p> <p>Name:.....</p> <p>Address:.....</p> <p>.....</p> <p>.....</p> <p>Telephone number:.....</p>

Part 5

Information about the property

Please answer each question unless otherwise directed.

5.1 **Has planning permission been granted for use as a house in multiple occupation?** *(please tick appropriate box)*
(refer to guidance notes) Yes No Don't know

If 'yes' please give date and reference number of your application:

Date:

Reference number:

5.2 **Was the property built, or provided by conversion before 1st June 1992?** *(please tick appropriate box)*
(refer to guidance notes) Yes No Don't know

Please give date if known:

.....

5.3 **When the property was converted or flats created was:** *(please tick appropriate box)*
(refer to guidance notes)

Planning permission given? Yes No Don't know

Building Notice given? Yes No Don't know

Was the work carried out in accordance with the above? Yes No Don't know

5.4 **Are any of the flats or rooms occupied by the owner or freeholder (including their family)?** *(please tick appropriate box)*
(refer to guidance notes) Yes No

If yes please specify.....

Description of property

5.5 **Please tick all the floors the premises has residential accommodation on:**

Basement Ground Floor First Floor Second Floor
Third Floor Fourth Floor Fifth Floor Sixth Floor & above
Total number of storeys

5.6 **Type of Property** *(please tick appropriate box)*
Detached House Semi-detached Terraced Converted Flat

5.7 Category of property *(please tick appropriate box)*

House in single occupation House in multiple occupation Flat in single occupation Flat in multiple occupation

A house converted into and comprising only of self contained flats A purpose built block of flats A house in a building used for both residential and business purposes

Other e.g. "Corridor flat" – please specify

5.8 Approximate date of construction: *(please tick appropriate box)*

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

Post 1980

5.9 When was the last time you carried out any works of repair or improvement? *(please tick appropriate box)*

Less than 1 year ago Between 1 and 3 years More than 3 years ago

Please state description works and date carried out:

Has the Council served any notices upon you? Yes No

If the answer is YES, have the notices been complied with? Yes No

5.10 How would you best describe the property? *(refer to guidance notes)*

Bed-sits Shared house Hostel type accommodation (short term) Hostel type accommodation (long term)

Other : e.g. "Corridor flat"

Amenity Details

5.11 How many separate letting units are there in the building?

5.12 How many bedrooms in the property? (Include all rooms normally used as bedrooms)
(Enter total number in box)

How many living rooms in the property? (Include all rooms normally used as living rooms)
(Enter total number in box)

5.13	How many rooms are exclusively used as:	
	(a) Kitchen or cooking facilities (state location) (example second floor front room) <i>(enter total number in box)</i>	<input type="text"/>
	(b) Bathroom or shower room with toilets (state location) <i>(enter total number in box)</i>	<input type="text"/>
	(c) Bathroom or shower without toilets (state location) <i>(enter total number in box)</i>	<input type="text"/>
	(d) Number of toilets (state location)(do not include those at (b) above) <i>(enter total number in box)</i>	<input type="text"/>

Sharing of Facilities

5.14	(a) How many shared kitchens or cooking facilities are in the property? <i>(enter total number in box)</i>	<input type="text"/>
	(b) How many shared baths/showers are in the property? <i>(enter total number in box)</i>	<input type="text"/>
	(c) How many shared toilets are in the property? <i>(enter total number in box)</i>	<input type="text"/>

Non Self-contained Accommodation

5.15	(a) How many of the units have one or more of their exclusive amenities located outside the unit? (refer to guidance notes)	<input type="text"/>
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**Part 6
Information about occupants**

6.1	How many individuals currently occupy the property (including children and babies)?	
	Please specify number including children <input type="text"/>	How many could it accommodate <input type="text"/>
	How many of these occupants are children? <input type="text"/>	
	Please indicate the number of children within the following categories:	
	Female, under 10	<input type="text"/>
	Male, under 10	<input type="text"/>
	Female, aged 10-17	<input type="text"/>
	Male, aged 10-17	<input type="text"/>

How many households currently live at the property?

Are any of the people listed in Part 1 of this form living in the property?

YES

NO

State their names, the parts of the property they occupy and the number of people living in their household below:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

6.2	How many households? <i>(Enter total number in box)</i>	<input type="text"/>
6.3	How many occupants do you wish the licence to be for? <i>(Enter total number in appropriate box)</i>	<input type="text"/>
6.4	Do you provide tenants with a written statement/tenancy agreement detailing the terms of their tenancy? <i>(if 'yes' please enclose an example with this application)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

PROPERTY INFORMATION

Please indicate the location of each separate letting units (bedroom/bedsit) and complete all the information boxes. Indicate vacant rooms.

Note: You must provide an accurate sketch plan of each floor of the property and a description of each room. This must include the floor area of each room in m² (APPENDIX 3 – PROPERTY PLANS) and (APPENDIX 4 – AMENITY STANDARDS GUIDE)

Floor Level (e.g. Basement, 1st Floor)	Room / Flat Number	Description of Room (e.g. Kitchen, Bedroom)	Approximate Dimensions of Room	Number of Occupants using Room

MANAGEMENT INFORMATION

Completion of this section is your declaration that the property complies with section 4 of the Housing Act 2004

Part 7

Fire Safety

(Appendix 2 - FIRE SAFETY IN HOUSES IN MULTIPLE OCCUPATION)

<p>7.1</p>	<p>Does the property have any of the following ways of detecting a fire? (please tick appropriate box) (refer to guidance notes)</p> <p>Battery operated smoke detectors Yes <input type="checkbox"/> No <input type="checkbox"/> How many? <input type="checkbox"/></p> <p>Interlinked smoke detectors Yes <input type="checkbox"/> No <input type="checkbox"/> How many? <input type="checkbox"/></p> <p>Full alarm system and fire alarm panel Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Emergency lighting system Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide details on the type of system: Location of smoke detectors: Date installed: Date of check by competent contractor: (Please submit valid test certification with application)</p>
<p>7.2</p>	<p>Main Escape Route (refer to guidance notes) Is the main escape route:</p> <p>(a) Protected by self-closing fire resisting doors? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(b) Kept clear of flammable materials and other obstructions? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>7.3</p>	<p>Is the stairwell and escape route protected in the event of a fire? (refer to guidance notes)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>7.4</p>	<p>Is the following fire safety equipment available in the property? (please tick appropriate box)</p> <p>(a) Fire Blankets Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how many?and where located</p> <p>(b) Fire extinguishers Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how many?and where located</p>

7.5	<p>Are there any notices displayed in the property instructing the occupants what to do in the event of a fire? (please tick appropriate box)</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how many?and where located</p>
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7.6	<p>Do you provide upholstered furniture? (please tick appropriate box) (refer to guidance notes)</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, does it all comply with the Furnishings (Fire Safety) Amendment Regulations 1993?</p>
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Part 8
Gas and electrical equipment
(Appendix 1-When is an Electrician Competent)

8.1	<p>Does the property have any gas installations/appliances? (please tick appropriate box) (refer to guidance notes)</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, a copy of the annual gas safety certificate must be provided.</p>
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8.2	<p>Has the property had an electrical safety inspection in the last 5 years? (please tick appropriate box) (refer to guidance notes) (refer to guidance notes)</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give date and attach report if available:</p> <p>If no, please provide report confirming the current condition of the installation:</p>
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8.3	<p>Are the electrical appliances (e.g. kettles, vacuum cleaners) provided subject to portable appliance testing?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>A valid copy of the electrical safety inspection certificate for all appliances must be provided.</p>
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Part 9
Refuse Storage

9.1	Number of recycling boxes
9.2	Number and capacity of wheelie bins or bags supplied
9.3	Where are full bin bags stored?

Part 10

Other relevant persons who need to be informed

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 enclosed form. The persons who need to know about it are:

- Any mortgagee of the property
- Any owner of the property to which the application relates (if it is not you) i.e. the freeholder and any head lessees who are known to you
- Any other person who is a tenant or long leaseholder of the property of 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)
- The proposed licence holder (if it is not you)
- The proposed managing agent (if it 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 persons:

- Your name, address, telephone number and e-mail address or fax (if any)
- The name, address, telephone number and e-mail address or fax (if any) of the proposed licence holder (if it is not you)
- That this is an application made under Part 2 of the Housing Act 2004
- The address of the property to which this application relates
- The name and address of the local housing authority to which the application will be made
- The date the application will be submitted

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

Continue on separate sheet if necessary

Name	Address	Description of person's interest in the property or the application	Date Notice served

Part 11
Heating and Energy Efficiency

10.1 What type of heating does the property have?

Gas fired central heating

Oil fired central heating

Off peak electrical night storage heaters

Individual wall mounted storage heaters

Plug in electrical heaters

Other

No heating in property

Solid fuel burning appliance

If you tick this box are carbon monoxide detectors provided

Yes

No

Please specify the type of heating:

Do all rooms (including all bathrooms) in the property have a source of heat?

Yes No

Are all tenants able to adjust the heating temperature within their own rooms (i.e. through the use of TRV)

Yes No

Is the roof space insulated?

Yes No

Is there any cavity walls

Yes No

If so, are they insulated

Yes No

Is the property exempt from the requirements to have an Energy Performance Certificate (EPC)?

Yes No

If the answer is no, attach original of the EPC document to the application form.

When was your EPC issued?

Month Year

What is the EPC rating of the property?

Please explain why the property is exempt from the requirements to have an EPC

DECLARATION – to be signed by the Licence Holder. If a Company is the licence holder, all Directors must sign the declaration. If there is a Manager, they must also sign the application.

WARNING: IF YOU KNOWINGLY MAKE A FALSE STATEMENT OR FAIL TO COMPLY WITH ANY CONDITION OF THE LICENCE YOU MAY BE LIABLE TO PROSECUTION

In considering whether the required standards and/or conditions have been met, the Local Authority may take into account other evidence available to it in addition to this declaration. An officer may also need to visit the property to check the situation and the accuracy of the declaration. If we need to visit we will contact you to arrange a suitable time.

Note: Your application will NOT BE valid unless you complete all the relevant parts of this form, provide all necessary documents and pay the required fee.

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

Signature: Date:

Print full name:

Signature: Date:

Print full name:

Position (if acting on behalf of a company):

Signature: Date:

Print full name:

Position (if acting on behalf of a company):

Signature: Date:

Print full name:

Manager/Agent

Enclosures		Tick items enclosed
A	Annual maintenance record for automatic fire detection system (if applicable)	<input type="checkbox"/>
B	Gas Safe Registered annual Gas Safety Inspection certificates	<input type="checkbox"/>
C	Cheque for licensing fee	<input type="checkbox"/>
D	Completed Fire Risk Assessment for property	<input type="checkbox"/>
E	Evidence of current Public Liability Insurance	<input type="checkbox"/>
F	Electrical Safety Certificate - in respect of premises installation	<input type="checkbox"/>
G	Electrical Safety Certificate - in respect of portable appliance testing (PAT) of all portable appliances in the property	<input type="checkbox"/>
H	Completion Certificate from Building Control service – if available in relation to any building works at the property	<input type="checkbox"/>
I	The Smoke and Carbon Monoxide Alarm (England) Regulations 2015 Inventory form signed by Landlord and Tenant stating the smoke/carbon monoxide alarms were in working condition at the start of the tenancy.	<input type="checkbox"/>
J	Furniture and Furnishing Regulations 1998 Written statement of all furnishings (present or future) provided in the property are compliant with the above Regulations.	<input type="checkbox"/>
K	Disclosure and Barring Service (DBS) check	<input type="checkbox"/>
L	Plans of the property	<input type="checkbox"/>
M	Tenancy Agreement	<input type="checkbox"/>
N	Energy Performance Certificate - EPC	<input type="checkbox"/>

DIVERSITY MONITORING

North Lincolnshire Council is committed to providing fair employment to all its employees and quality accessible services to the people it serves. To ensure that we can create the required culture that meets everyone's needs we need to gather certain information. Please fill in as much of the form as you feel comfortable in disclosing. The information will be treated confidentially and will help us to make a positive difference for you.

NB Please note that the information provided below will be treated in the strictest confidence and is purely voluntary.

Gender	
Female	<input type="radio"/>
Male	<input type="radio"/>
Transgender	<input type="radio"/>
Prefer not to say	<input type="radio"/>

Age	
Under 16	<input type="radio"/>
17 – 25	<input type="radio"/>
26 – 35	<input type="radio"/>
36 – 45	<input type="radio"/>
46 – 55	<input type="radio"/>
56 – 65	<input type="radio"/>
66 – 75	<input type="radio"/>
76 – 85	<input type="radio"/>
86 +	<input type="radio"/>
Prefer not to say	<input type="radio"/>

Ethnic Origin (Please tick the appropriate section)	
White	
British	<input type="radio"/>
Irish	<input type="radio"/>
Gypsy	<input type="radio"/>
White European (please state)	<input type="radio"/>
Any other White Background (please state)	<input type="radio"/>
Mixed	
White & Black Caribbean	<input type="radio"/>
White & Black African	<input type="radio"/>
White & Asian	<input type="radio"/>
Any other mixed Background (please state)	<input type="radio"/>
Chinese or Chinese British	
Any Chinese Background (please state)	<input type="radio"/>
Asian or Asian British	
Indian	<input type="radio"/>
Pakistani	<input type="radio"/>
Bangladeshi	<input type="radio"/>
Any other Asian Background (please state)	<input type="radio"/>
Black or Black British	
Black Caribbean	<input type="radio"/>
Somali	<input type="radio"/>
Any other Black African Background	<input type="radio"/>
Any other Black Background	<input type="radio"/>
Any Other Ethnic Group	
Iraqi Kurdish	<input type="radio"/>
Turkish	<input type="radio"/>
Iranian	<input type="radio"/>
Any Other Arabic Background	<input type="radio"/>
Other (please state)	<input type="radio"/>

Disability	
Do you consider yourself to have a disability?	
Yes (please see below)	<input type="radio"/>
No	<input type="radio"/>
Prefer not to say	<input type="radio"/>
Nature of Disability	
Hearing	<input type="radio"/>
Learning Disability	<input type="radio"/>
Long Term Illness	<input type="radio"/>
Mental Health	<input type="radio"/>
Mobility	<input type="radio"/>
Terminal Illness	<input type="radio"/>
Visual	<input type="radio"/>

Responsibility for Dependents	
None	<input type="radio"/>
Children under 5	<input type="radio"/>
Children 5 – 16	<input type="radio"/>
Young person with a Disability	<input type="radio"/>
Elderly Relative	<input type="radio"/>
Ill Spouse/Partner	<input type="radio"/>
Other (please state)	<input type="radio"/>

If you have any question or comment on any aspect of diversity please contact
 Liesel Dickinson, Diversity Officer,
 Tel : 01724 297301 or via email at
 Liesel.Dickinson@northlincs.gov.uk

