

# Application for a Licence for a House in Multiple Occupation

**You must complete a separate application form, and hold a separate licence, for every HMO that you operate in Birmingham.**

For help completing this form please refer to our Guidance Notes and Glossary of Terms, or contact the HMO Licensing Team:

- by phone: 0121 303 4009
- by email: [prs@birmingham.gov.uk](mailto:prs@birmingham.gov.uk)

When completed, this application form and the supporting documents should be sent:

- **by Royal Mail signed for or Special Delivery to:**  
**Private Rented Services, PO Box 16589, Birmingham B2 2JB**
- or by email to: [prs@birmingham.gov.uk](mailto:prs@birmingham.gov.uk)

#### **Data Protection**

All of the information provided in this application will be handled in accordance with the provisions of the General Data Protection Regulation and the Data Protection Act 2018.

To fulfil Birmingham City Council's (the Council) obligations under Part 2 of the Housing Act 2004, the council requires you to provide the information for the following purposes:

- a. to identify the persons involved in the management of the HMO and to facilitate legal proceedings in the event of any offence connected with the licensing of the HMO
- b. to obtain information needed to assess the fitness and competence of persons involved in the management of the HMO
- c. to establish links between properties and persons involved in the management, control and ownership of HMOs
- d. to obtain information concerning the suitability of the property to be licensed as a HMO.
- e. the information you provide may be shared, and verified with other agencies such as the Police, other local authorities and other departments within the council.
- f. some of the information you provide will be entered into a public register as required by law.
- g. the council may be required to disclose to government agencies certain information you provide.
- h. the information may also be used for research, analysis and statistical purposes.
- i. the council may also contact you regarding issues relevant to HMOs.

*The Council is under a duty to protect the public funds it administers, and may also use the information you have provided on this form within the Council for the prevention and detection of fraud, in order to check its accuracy, prevent or detect crime, protect public funds, or where otherwise required or permitted by law. Your information may also be shared with third parties and other Local Authorities, for audit funding requirements, or where there is a legal requirement to do so. In accordance with the Housing Act 2004, your personal details will be included on a public register, available for the general public to view online or to request a hard copy.*

*Your personal data will be collected, used, processed, stored and retained in accordance with your legal rights and the Council's policy as set out in our privacy notice. You can view the full privacy notice at [www.birmingham.gov.uk](http://www.birmingham.gov.uk) or you can request a hard copy by writing to the Information Governance Team, 10 Woodcock Street, Birmingham B7 4BL.*

*For further information of our privacy notice, please visit [www.birmingham.gov.uk/privacy](http://www.birmingham.gov.uk/privacy)*

## House in Multiple Occupation (HMO) Licence Fee

Section 63 of the Housing Act 2004 allows the council to charge a fee to cover the cost of administering HMO licensing. From time to time the fee may change.

Fees are only refundable in circumstances stipulated by regulations made under the Act, and in accordance with our Enforcement Policy.

### Making changes to your licence

If the information on your existing HMO licence has changed for any reason, you must ask us in writing to update it.

If you operate a HMO in breach of the terms of the licence, you will be committing a criminal offence.

### Paying by BACS, internet banking and telephone banking

Please use these bank account details to pay by bank transfer:

Bank Name            Barclays Bank plc  
Address                15 Colmore Row, Birmingham B3 2BH

Sort Code             20-07-90  
Account Number      53552667

Our reference:        RJHMO V350  
Your reference:       Address of the HMO to be licensed

For payment by BACS, please forward the remittance advice to us by:

email:                 [remittances@birmingham.gov.uk](mailto:remittances@birmingham.gov.uk) (quoting the above reference number)

fax:                    0121 303 2284

post:                   Cash Books Section, P O Box 16379 Woodcock Street, Birmingham B2 2XR

### Payment by Debit/Credit Card

Call our telephone payments line on 0121 464 9671.

Lines are open Monday to Thursday 8.45am - 5pm or Friday 8.45am - 4pm. Please quote the references below:

Our reference:        RJHMO V350  
Your reference:       Address of the property

You must include the address of the property in the "Your Reference" section and include a copy of the remittance with your completed application form.

### Payment by cheque

**We no longer accept payment by cheque.**

## How much should I pay?

Licence fees	
A first application for a licence for a property.	<b>£1150</b>
For the renewal of an existing licence made <u>before</u> the current licence expires.	<b>£850</b>
Where an application for the renewal of an existing licence is made <u>after</u> the expiry of the current licence.	<b>£1150</b>
<div style="background-color: #008080; color: white; padding: 10px; border-radius: 10px;"> <p>There is an additional charge of £100 for incomplete applications. If further information is required, the application will not be processed until this additional fee has been paid.</p> </div>	
The proposed Licence Holder may claim any of the following discounts for membership of the following landlord organisations:	
Midland Landlord Accreditation Scheme (MLAS) a discount for each HMO licence.	<b>£300</b>
National Landlord's Association (NLA) or the Residential Landlord's Association (RLA) - a discount for each HMO licence.	<b>£150</b>
Note: Members of both the MLAS and the NLA or RLA may claim both discounts.	
Fee calculation	
Fee amount £1150 (or £850 for renewal of an existing licence made before the licence expires)	<input type="text" value="£"/>
- less £300 MLAS discount, if applicable	<input type="text" value="£"/>
- less £150 NLA/RLA discount, if applicable	<input type="text" value="£"/>
<b>Net fee submitted:</b>	<input type="text" value="£"/>
Date and reference of BACS/credit/debit payment: <input style="width: 150px;" type="text"/>	
<ul style="list-style-type: none"> <li>• BACS or internet payment - please include a copy of the remittance advice</li> </ul>	
How long is my licence valid for?	
HMO licences are valid for up to 5 years, unless:	
• your application follows an investigation made by the council	<b>1 year</b>
• your application follows a request made by the council	<b>1 year</b>
• where a property should have been licensed previously	<b>1 year</b>
• there is evidence of previous poor management of a HMO	<b>1 year</b>
• the planning status for use of the property as an HMO is unconfirmed	<b>1 year</b>

## General Information

### Which HMOs need to be licensed?

From 1<sup>st</sup> April 2006, under the national mandatory licensing scheme, an HMO must be licensed if:

- the property is three or more storeys in height  
**and**
- it is occupied by five or more persons, who live as two or more households  
**and**
- there are shared amenities such as a kitchen, bathroom or toilet.

From 1<sup>st</sup> October 2018, the national mandatory licensing scheme has been amended, and an HMO must now be licensed if:

- the property is occupied by five or more persons, who live as two or more households  
**and**
- there are shared amenities such as a kitchen, bathroom or toilet.

If the property does not meet the above criteria then you do not need to apply for an HMO licence. Further guidance about HMO licensing can be found on our website: [www.birmingham.gov.uk/hmo](http://www.birmingham.gov.uk/hmo)

If you are still unsure about something, please call the HMO Licensing Helpline on 0121 303 4009.

You may be prosecuted for any period for which the property should have been licensed but where no properly completed application had been submitted.

You cannot be prosecuted for failing to have a HMO licence from the date we receive a properly completed application, until the licence is granted.

A properly completed application must include:

- a fully completed application form, signed and dated
- a reasonably accurate plan of the property, indicating room dimensions and room use, the position of the standard amenities, the location of any smoke and heat detectors, the location of any emergency lighting and the location of any fire doors
- a current gas safety record (if the property has a gas supply)  
**and**
- payment of the correct licence fee.

It is a criminal offence to knowingly supply information that is false or misleading for the purposes of obtaining a licence under Part 2 of the Housing Act 2004. Evidence of any statements made in this application with regard to the property concerned may be required at a later date. If Birmingham City Council subsequently discovers something that is relevant and which you failed to disclose in your application, or which was incorrectly stated or described in your application, the licence may be revoked, or other action taken.

**Please note that, in accordance with legislation, the HMO register, including landlord's personal details, will be available for the public to view online.**

## Part 1 – General Information

1.1 Are you renewing an existing licence or applying for a new one?

New licence  Renewal of existing licence

1.2 Address of the HMO to be licensed:

Postcode:

1.3 When did the property first have five or more occupiers and become a licensable HMO?

Date:

If recently purchased, date of purchase:

## Part 2 – The Proposed Licence Holder

The Licence Holder will be legally responsible for the operation of the HMO to be licensed and must have the power to:

- let to, and/or evict, tenants (in accordance with required legal procedures)
- access all parts of the premises to the same extent as the owner
- authorise any expenditure necessary to ensure the health and safety of the tenants and others who may be affected.

The proposed licence holder should be a named individual. If the HMO is owned or managed by an organisation, one person must be nominated to be the licence holder, (see section 2.6 below).

In some cases, where the property is owned by more than one person, a joint licence may be granted, (see section 2.5 below).

**The proposed licence holder should normally be the “person having control” of the property** (or the person legally entitled to receive the rental income from the property, usually the owner of the property). However, there may be a good reason why this is not the case, for instance if the owner is ill or lives abroad. The “person having control” may be the leaseholder rather than the freeholder.

If the local authority decides to grant a licence, it has a duty to grant that licence to the most appropriate person.

### 2.1 Please tick the box that best describes the Proposed Licence Holder:

Individual       Limited Company       Partnership   
Trust       Charity       Other:

### 2.2 Please provide full details for the proposed licence holder.

i) Title: Mr     Mrs     Ms     Miss     Other:

ii) Full name:

iii) Date of birth:     iv) Email address:

v) Contact tel no:     vi) Mobile tel no:

vii) Home address:

   Postcode:

Please tick if you are willing to receive your licence by email:

### 2.3 Is the proposed Licence Holder a member of the Midland Landlord Accreditation Scheme (MLAS)?

Yes       No

If 'Yes', please provide MLAS accreditation number:

**2.4 Is the proposed Licence Holder a member of the National Landlord's Association (NLA) or the Residential Landlord's Association (RLA)?**

Yes  No

If 'Yes', please provide your registration number:

NLA:  RLA:

**2.5 Where the property is jointly owned by more than one individual and you would like equal responsibility as licence holders, please give the additional licence holder(s) details:**

i) Title: Mr  Mrs  Ms  Miss  Other:

ii) Full name:

iii) Date of birth:  iv) Email address:

v) Contact tel no:  vi) Mobile tel no:

vii) Home address:

Postcode:

If there are to be more than two joint licence holders, please provide further details on a separate page

**2.6 Where the property is owned by an organisation, such as a charity, trust or limited company, please give the:**

i) Name of the organisation:

ii) Registered address:

Postcode:

iii) Telephone no:  iv) Fax no:

v) Company/Charity registration No (if applicable):

vi) Name of Company Secretary (if applicable):

vii) Charity registration No (if applicable):

viii) Contact details of all directors, partners or trustees

1. Title: Mr  Mrs  Ms  Miss  Other:

Full name:

Date of birth:  Email address:

Contact tel no:  Mobile tel no:

Home address:

Postcode:

2. Title: Mr  Mrs  Ms  Miss  Other:   
Full name:   
Date of birth:  Email address:   
Contact tel no:  Mobile tel no:   
Home address:   
 Postcode:

3. Title: Mr  Mrs  Ms  Miss  Other:   
Full name:   
Date of birth:  Email address:   
Contact tel no:  Mobile tel no:   
Home address:   
 Postcode:

*Continue on a separate page if necessary*

### 2.7 Please give details for all other HMOs managed by the proposed licence holder

Include all properties for which the proposed licence holder currently holds a HMO licence, both within Birmingham and in other local authority areas.

- Address:   
 Postcode:   
Nature of interest in HMO:   
Licensing authority:
- Address:   
 Postcode:   
Nature of interest in HMO:   
Licensing authority:

- Address:   
 Postcode:   
 Nature of interest in HMO:   
 Licensing authority:
- Address:   
 Postcode:   
 Nature of interest in HMO:   
 Licensing authority:
- Address:   
 Postcode:   
 Nature of interest in HMO:   
 Licensing authority:

*(continue on a separate sheet if necessary, or attach a separate list if you have one)*

## Licence Holder Fit and Proper Person Declaration

This section must be completed, signed and dated by the proposed licence holder (or joint licence holder(s), if applicable).

When considering a HMO licence application, the local authority must be satisfied that the proposed licence holder, and any person involved in the management of the property, is fit and proper to carry out such duties.

You may be required to submit a basic Disclosure and Barring Service declaration with your application if the HMO is to be used to provide accommodation for vulnerable people. If any other issues are identified, **we will contact you**. (See Guidance Notes and Glossary of Terms, Appendix One, page 13 for more information about DBS Declarations).

### 2.8 Has the proposed licence holder (or joint licence holder, if applicable) ever:

	Licence holder		Joint licence holder	
	Yes	No	Yes	No
Committed any offence involving fraud, dishonesty, violence, drugs or any offences listed in Schedule 3 to the Sexual Offences Act 2003? Only unspent convictions in accordance with the Rehabilitation of Offenders Act 2003 need to be declared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been found by a court or tribunal to have practised unlawful discrimination on the grounds of sex, colour, race, ethnic or national origins, or disability in, or in connection with, the carrying on of any business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contravened any provision of any enactment relating to housing, public health, environmental health or landlord & tenant law which led to civil or criminal proceedings resulting in a judgment being made against them?

Ever owned or managed any HMO or house which has been the subject of a control order under Section 379 of the Housing Act 1985 or an Interim or Final Management Order under the Housing Act 2004 or any type of enforcement action in relation to Category 1 hazards under Part 1 of the Housing Act 2004?

Ever been refused a licence for a HMO or house under the Housing Act 2004 or had such a licence revoked for breaching the conditions of the licence?

Ever contravened any approved code of practice relating to the management of HMOs?

If the answer is 'Yes' to any of the above questions, please give further details:

Full name:

Date of offence or incident:

Details:

I/We declare that the information provided in this section 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 their functions under 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 am/are reckless as to whether it is false or misleading.

### 2.9 Signature of proposed licence holder(s)

If the proposed licence holder is a company, partnership or trust, this should be signed by the named licence holder and all director(s), partner(s) or trustee(s) (stating their position as appropriate).

Named Licence holder:

Signature:

Print name:

Date:  Position:

Other Signatories:

Signature:

Print name:

Date:

Position:

*(Continue on a separate sheet if necessary)*

## Part 3 – Ownership of the Property

### 3.1 Is the proposed licence holder the owner of the property?

Yes  No

If 'Yes', please go to **Part 4**, if 'No' please complete Question 3.2.

### 3.2 Please provide details of the legal owner of the property:

Title: Mr  Mrs  Ms  Miss  Other:

Full name:

Contact tel no:  Email:

Home address:

Postcode:

## Part 4 – Proposed manager

If the proposed Licence Holder is also the proposed Manager please tick  here and go to Part 5

For licensing purposes, the manager of a HMO must:

- be authorised to let to tenants, and terminate tenancies in accordance with the law
- have access to all parts of the premises to the same extent as the landlord
- be able to travel to the property within a reasonable time, unless there are other arrangements in place to cover any eventuality that may demand his or her presence.

### 4.1 Proposed manager details

i) Please tick the box that best describes the proposed manager:

Individual  Company  Partnership  Trustee

Other (please specify):

ii) Name of manager:

iii) Company name:

iv) Contact tel no:  v) Email:

vii) Address (if a company, please give registered address):

Postcode:

### 4.2 Is the proposed manager a member of a regulated body?

Yes  No

If 'Yes', please give details.

Name of regulated body:

Registration number:  Contact telephone number:

## Fit and Proper Person Declaration: Proposed Manager

This section must be completed, signed and dated by any proposed manager.

### 4.3 Has the proposed manager or managing agent ever:

	Yes	No
Committed any offence involving fraud, dishonesty, violence, drugs or any offences listed in Schedule 3 to the Sexual Offences Act 2003? Only unspent convictions in accordance with the Rehabilitation of Offenders Act 2003 need to be declared.	<input type="checkbox"/>	<input type="checkbox"/>
Been found by a court or tribunal to have practised unlawful discrimination on the grounds of sex, colour, race, ethnic or national origins, or disability in, or in connection with, the carrying on of any business?	<input type="checkbox"/>	<input type="checkbox"/>
Contravened any provision of any enactment relating to housing, public health, environmental health or landlord & tenant law which led to civil or criminal proceedings resulting in a judgment being made against them?	<input type="checkbox"/>	<input type="checkbox"/>
Ever owned or managed any HMO or house which has been the subject of a control order under Section 379 of the Housing Act 1985 or an Interim or Final Management Order under the Housing Act 2004 or any type of enforcement action in relation to Category 1 hazards under Part 1 of the Housing Act 2004?	<input type="checkbox"/>	<input type="checkbox"/>
Ever been refused a licence for a HMO or house under the Housing Act 2004 or had such a licence revoked for breaching the conditions of the licence?	<input type="checkbox"/>	<input type="checkbox"/>
Ever contravened any approved code of practice relating to the management of HMOs?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer is 'Yes' to any of the above questions, please give further details:  
(continue on a separate sheet if necessary)

Full name:

Date of offence or incident:

Details:

I/We declare that the information provided in this section 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 their functions under 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 am/are reckless as to whether it is false or misleading.

#### 4.4 Signature of proposed manager

If the manager is a company, partnership or trust, this should be signed by the proposed manager and all other director(s), partner(s) or trustee(s) (stating their position as appropriate).

Signature:

Print name:

Date:  Position:

Signature:

Print name:

Date:  Position:

You may be required to submit a basic Disclosure and Barring Service declaration with your application if the HMO is used to provide accommodation for vulnerable people, or if any other issues are identified. **We will let you know if this is the case.**

(See Guidance Notes and Glossary of Terms. Appendix 1, page 13 for further details *about DBS Declarations.*)

## Part 5 – Other interested parties

Other interested parties are persons such as joint owners, mortgage providers and long leaseholders.

### 5.1 Are there any other parties with an interest in this property?

Yes  No

If no, go to part 6

### 5.2 Please give the name, address and contact details of the person having control of the house (if different from the proposed licence holder):

The 'Person Having Control' is defined in Section 263 of the Housing Act 2004 as the person who receives the rack rent of the premises (whether on their own account or as an agent or trustee of another person), or who would so receive it if the premises were let at a rack rent.

Title: Mr  Mrs  Ms  Miss  Other:

Full name:

Contact tel no:  Email:

Home address:

Postcode:

### 5.3 Please give the name, address and contact details of any other person who has agreed to be bound by any condition contained within the licence (other than the proposed licence holder):

An example is the owner or co-owner of the property, if different from the proposed licence holder.

Title: Mr  Mrs  Ms  Miss  Other:

Full name:

Contact tel no:  Email:

Home address:

Postcode:

#### 5.4 Please give details for anyone else with an interest in the HMO:

A person 'with an interest' means anyone with an owners' interest in the property such as joint owners, mortgage providers and long leaseholders.

- Name of person/company:   
Home address:   
 Postcode:   
Nature of interest in HMO:
- Name of person/company:   
Home address:   
 Postcode:   
Nature of interest in HMO:

If Mortgage Company, please give the mortgage account number

If there are more than two other people with an interest, please continue on a separate sheet.

You must let these people know in writing that you have made an application for a HMO Licence, or give them a copy of the application form  
(See *Guidance Notes and Glossary of Terms*, pages 15-16, for further details and form which is to be sent to them)

## Part 6 – HMO occupation details

All applicants must complete this section.

**6.1 How many separate letting units are there in the HMO?**

(for shared houses or flats, please specify the number of bedrooms)

**6.2 How many of these units are vacant at the date of this application?**

**6.3 What is the maximum number of households that you wish to accommodate in the property?**

(for shared houses or flats, please specify the number of bedrooms)

**6.4 What is the maximum number of people you wish to accommodate in the property?**

**6.5 How many separate households live in the property at the date of this application?**

(for shared houses or flats, please specify the number of bedrooms)

**6.6 How many people live in the property at the date of this application?**

**6.7 Does the landlord or proposed licence holder or any person connected with them live on the premises?**

Yes  No

If 'Yes', please give details:

**6.8 Please indicate which of the following categories of people will occupy the premises: You may indicate more than one category:**

• Asylum seekers or refugees

• Students

• Elderly people over the age of 60

• Ex-offenders

• People receiving 'Supporting People' benefits

• Job-seekers

• Homeless people in temporary accommodation

• Migrant workers

• People under 17 years of age

• Professionals

• Other (please specify)

**6.9 Which of these categories best describes your HMO? (tick one box only)**

1. Single family occupation

2. Bedsit accommodation with cooking facilities within the let, where the tenants are on individual tenancy agreements

3. Bedsit accommodation with shared kitchen facilities, where the tenants are on individual tenancy agreements

- 4. A shared house or flat where all the tenants are on a joint tenancy agreement
- 5. Supported accommodation providing accommodation for vulnerable persons, where there is a 24-hour presence on site
- 6. Supported accommodation providing accommodation for vulnerable persons, where a support worker attends, but where there is not a 24-hour presence on site

## Part 7 – Gas and electrical installation and fire safety

All applicants must complete this section.

Please provide information about the current state of the gas, electrical and fire safety provisions in the property, whether this is an application for a first licence or the renewal of an existing licence. Refer to Parts 9 and 12 for a summary of the safety certificates you must provide.

### 7.1 Does the property have a gas supply?

Yes  No

If 'Yes', please enclose a copy of your 'Landlord's Gas Safety Record', issued in the last twelve months.

I do not have a 'Landlord's Gas Safety Record' issued in the last twelve months.

If the HMO has a gas supply and you do not enclose a current gas safety certificate your application will not be considered as properly made, and you can be prosecuted for failure to hold a HMO licence.

You must also sign the declaration in Part 10 (a) or (b) that the gas appliances are safe.

### 7.2 Do you supply any of your tenants with portable electrical appliances, ie electrical appliances that can be unplugged and moved to an alternative location?

These include fridges, freezers, kettles, microwave ovens, televisions, table lamps, toasters, vacuum cleaners and portable heaters.

Yes  No

If 'Yes', please enclose a copy of the Portable Appliance Test (PAT) certificate, issued in the last twelve months by a competent electrician (eg fully approved NICEIC registered contractor), unless the appliances are less than twelve months old.

I do not have a PAT certificate, issued in the last twelve months by a competent electrician.

The appliances are less than twelve months old, and I have the original receipts for the appliances

**7.3 Have you had the electrical installation to the whole property** (that is, the power and lighting circuits) **inspected by a competent electrician** (eg fully approved NICEIC registered contractor) **in the last five years?**

Yes  No

If 'Yes', please enclose a copy of your current Electrical Installation Condition Report.

I do not have a current "electrical installation condition report"

**7.4 Is the property fitted with a fire alarm system (also known as a fire detection and warning system or automatic fire detection (AFD))?**

Yes  No

If 'Yes', how many smoke and heat alarms are fitted?

You must show the position of all smoke and heat alarms on your property plan.

**7.5 Has the fire alarm system been inspected by a competent person** (eg a contractor with appropriate qualifications in fire safety engineering) **in the last twelve months?**

Yes  No

If 'Yes', please enclose a copy of the inspector's test report.

I do not have a test certificate for the fire alarm system issued in the last twelve months by a competent person.

**7.6 Is the property fitted with an emergency lighting system?**

Yes  No

If 'Yes', please enclose a copy of the inspector's test certificate, issued in the last twelve months by a competent person.

I do not have a test certificate for the emergency lighting system issued in the last twelve months by a competent person.

**7.7 Do you supply any upholstered furniture, as part of any tenancy in the property, to which the Furniture and Furnishings (Fire) (Safety) Regulations 1988 (as amended) apply?**

Yes  No

You must also sign the declaration in Part 10 that the upholstered furniture you provide is safe.

## Part 8 – Property details

If this is an application to renew an existing licence and there have been no changes to any of the details supplied in your previous licence application, please tick here and go to Part 9.

Please answer every question.

### Property type

#### 8.1 Please choose which description best fits the property

Please tick one box only (some options are unlikely but are required by law to be included).

- House in multiple occupation
- Flat in multiple occupation
- A house converted into, and comprising only, self-contained flats
- A house in a building used for both residential and business purposes
- Other (please describe)
- House in single occupation
- Flat in single occupation
- A purpose-built block of flats

#### 8.2 Please choose which description best fits the property

- Detached
- Semi-detached
- Other (please specify)
- Terraced
- End-terrace

#### 8.3 When was the property built?

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

#### 8.4 How many storeys does the property have?

(Include attics, cellars and basements, even if not used by the HMO)

#### 8.5 If the HMO does not occupy all the storeys of the building, which storeys comprise the HMO?

(For example, 2<sup>nd</sup> and 3<sup>rd</sup> floors, with commercial use on the ground floor)

**8.6 Are any parts of the building used for non-residential purposes such as an office, shop, warehouse etc?**

Yes  No

If Yes, please describe the parts of the building, and the use of each part.

### Accommodation and amenities

**8.7 How many habitable rooms are there in the HMO?**   
This includes bedrooms and living rooms, but excludes any separate kitchen, bathrooms and toilets

**8.8 How many rooms in the premises provide sleeping accommodation?**

**8.9 How many rooms in the premises provide only living accommodation?**

**8.10 Is the HMO divided into flats?**

Yes  No

If Yes, please state:

i. How many flats are self-contained

ii. How many flats are not self-contained

**8.11 Is there a mechanical extractor fan in each shared kitchen?**

Yes  No

**8.12 Is there a mechanical extractor fan in each shared bathroom?**

Yes  No

**8.13 Are meals provided for the occupiers on a catered basis?**

Yes  No

If yes, please give brief details of what meals are provided (for example breakfast, lunch, evening meal) and where the meals are prepared and served:

### 8.14 Please indicate which amenities are provided.

Please first give the total number in the entire HMO, then how many of these are shared between two or more households.

You must show the positions of these amenities in your property plan.

Please give the number of:	Total number	Number that are shared
Bathrooms and/or shower rooms (including bath or shower, toilet and wash hand basin)	<input type="text"/>	<input type="text"/>
Toilets within a bathroom or shower room	<input type="text"/>	<input type="text"/>
Separate bathroom or shower room	<input type="text"/>	<input type="text"/>
Wash hand basins within a bedroom	<input type="text"/>	<input type="text"/>
Wash hand basins within a bathroom or shower room	<input type="text"/>	<input type="text"/>
Separate toilet compartments with a toilet and wash hand basin	<input type="text"/>	<input type="text"/>
Separate toilet compartments with a toilet but no wash hand basin	<input type="text"/>	<input type="text"/>
Kitchens in the property	<input type="text"/>	<input type="text"/>
Kitchen sinks with hot and cold water supplies	<input type="text"/>	<input type="text"/>
Number of cookers	<input type="text"/>	<input type="text"/>
Number of refrigerators	<input type="text"/>	<input type="text"/>
Number of freezers	<input type="text"/>	<input type="text"/>
Number of fridge/freezers	<input type="text"/>	<input type="text"/>

## Heating

### 8.15 What type of heating does the property have?

- Individual gas fires in rooms
- Gas-fired central heating
- Electric storage radiators on an "off-peak" tariff
- Oil-fired central heating
- Individual wired-in electric heaters in rooms
- Plug-in electric heaters
- Other (please describe)

**8.16 Is there a fixed heater in each bathroom?**

Yes  No

**8.17 Is the roof space (loft) above every upper storey room insulated with at least 100mm of glass fibre insulation (or equivalent)?**

Yes  No

## **Management of the property**

**8.18 Please outline any procedures or arrangements you have in place for the following activities: Please note that "Yes" is not an acceptable answer.**

- i. Ensure that the escape routes from the house are kept free from obstructions and that the exit doors can be opened from the inside without the use of a key.

- ii. Ensure that your tenants are aware of the fire safety procedures and how you ensure the proper use of fire safety installations and equipment.

- iii. Deal with repairs and complaints about disrepair.

- iv. Deal with, and cover the cost of, major emergency repair work, such as repairs to a broken central heating boiler.

- v. Ensure that the property is clean, safe and fit for occupation before the start of each new tenancy.

- vi. Review the general condition of the property and to ensure that the property and gardens are maintained in a good and safe condition.

- vii. Receive and respond to complaints of antisocial behaviour involving or affecting the tenants, their families, or visitors to the property or neighbouring properties.

**8.19 Are the occupants given a tenancy agreement or other written statement of the terms of their occupancy?**

Yes  No

If the property is for supported accommodation (formally known as a hostel) you must provide a sample copy of the agreement or statement.

**8.20 Is a deposit required at the start of each new tenancy?**

Yes  No

If Yes, which tenancy deposit scheme do you use?

**8.21 How do you provide your tenants with proof of their rent payments?**

Rent Book  Rent Statement  Receipts

Other (please specify):

**Plan of the property**

In order to licence a House in Multiple Occupation, the council has to obtain certain information about the property so that it can assess the size and type of property and what amenities and installations exist.

The plan must clearly show the room sizes, proportions and layout of the house, along with the location of the amenities and fire safety measures.

You can draw the plan yourself or get help if you wish, as it doesn't need to be to a professional standard, such as those required for Building Regulation approval or Planning Permission. If you already have such plans you can use them. Further guidance on drawing a plan can be found on our web page: [www.birmingham.gov.uk/hmo](http://www.birmingham.gov.uk/hmo)

**Your plan must contain all of the following:**

(Please tick the boxes below to confirm all the features are included in the plan)

- The address of the property and the date the plan was drawn
- The dimensions of the main rooms – front-to-back and side-to-side (in metres) plus an indication of the use of the rooms (for example: bedroom, living room)
- An indication of which storey is shown (for example: Ground, First, Second)
- The location of all smoke and heat detectors, call-points (break-glass) and control panel
- The location of emergency lighting units (if provided)
- Whether the smoke and heat detectors are mains-powered or battery-operated
- Whether the smoke and heat detectors are interlinked or single point
- The position of wash hand basins, baths, showers, toilets and sink units

The position of a fire blanket within each kitchen area

The layout of the kitchen(s) showing work surfaces, sink units, cookers, microwave ovens, hobs, refrigerators and dishwashers

Whether the doors are fire doors

Whether there are any fire escape windows

If you fail to enclose a plan that contain all of the above information, your application will not be considered as having been properly made and you could be prosecuted for failure to hold a HMO licence.

## Part 9 – Supporting documentation

Please indicate which certificates you are including with this application form below:

Please tick the 'existing box if this is an application to renew an existing HMO Licence and the certificates you originally provided are still valid.

Document	Included	Existing
<p><b>Gas Safety Record</b> If there is a gas supply to the property, you must provide a copy of the most recent Landlord's Gas Safety Record issued by a Gas Safe Registered contractor. It must not be more than twelve months old.</p> <p><b>This is required for a complete application.</b> (Failure to submit a properly completed application will mean that you could be prosecuted for failure to hold a HMO licence).</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Electrical Installation Condition Report</b> You must provide a copy of the latest inspection report issued by an approved electrician in accordance with British Standard 7671. It must still be current, and not more than 5 years old.</p> <p><b>This is not required for a complete application but is required as a licence condition.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Fire Alarm Test Certificate</b> You must provide a copy of the latest Fire Alarm Test Certificate issued by an approved electrician or specialist fire alarm contractor. It must not be more than twelve months old.</p> <p><b>This is not required for a complete application but is required as a licence condition.</b></p> <p>If the fire alarm system was installed less than twelve months ago, then a copy of the Fire Alarm Installation Certificate will be required.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Emergency Lighting Test Certificate</b> If the property has emergency lighting installed, you must provide a copy of the latest Emergency Lighting Test Certificate issued by an approved electrician or specialist fire alarm contractor. It must not be more than twelve months old.</p> <p><b>This is not required for a complete application but is required as a licence condition.</b></p> <p>If the emergency lighting system was installed less than twelve months ago then you must provide a copy of the installation certificate.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Portable Appliance Test Certificate (PAT)</b> If you provide electrical appliances as part of the tenancy or licence agreement you must have them regularly inspected by an approved electrician if they are more than twelve months old. Portable appliances include such items as fridges, freezers, kettles, microwave ovens, television, table lamps, toasters, vacuum cleaners, portable heaters and other plug-in appliances. If the portable appliance is less than 12 months old you must keep the receipt to prove the age of the equipment.</p> <p>Please provide a PAT Certificate issued by an approved electrician if required. It must not be more than twelve months old.</p> <p><b>This is not required for a complete application but is required as a licence condition.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>

## Part 10a – New application declaration

Please complete this section only if you are applying for a HMO Licence for the first time.

**10.1** I/we declare that the gas appliances within the property are safe and compliant with the Gas Safety (Installation and Use) Regulations 1998.

If there is no gas supply to this property, please tick here

**10.2** I/we declare that any upholstered furniture provided in the property under the terms of any tenancy or licence agreement is fully compliant with the relevant fire safety standards.

If furniture is not provided, please tick here

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

**10.4** I/we declare that I/we have served a notice of this application on the following person(s) who are the only person(s) known to me/us that are required to be informed that I/we have made this application

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

**Signature of the Licence Applicant(s):**

	Name (print)	Signature	Date
1			
2			

**Signature of the proposed Licence Holder(s) (if different from above):**

	Name (print)	Signature	Date
1			
2			

## Part 10b – Licence renewal application declaration

Please complete this section if you are applying to renew an existing HMO Licence.

**10.5** I/we declare that the house in respect of which a licence is sought under Part 2 of the Housing Act 2004 is subject to a licence under that Part at the time this application is made.

I/We further declare that to the best of my/our knowledge either:

- a) none of the information described in paragraphs 2(c) to 2(g) of that Act and previously submitted to the authority has materially changed since that licence was granted
- or
- b) the only material changes to that information are described as follows:

**10.6** I/we declare that the gas appliances within the property are safe and compliant with the Gas Safety (Installation and Use) Regulation 1998.

If there is no gas supply to this property, please tick here

**10.7** I/we declare that any upholstered furniture provided in the property under the terms of any tenancy or licence agreement is fully compliant with relevant fire safety standards.

If furniture is not provided, please tick here

**10.8** I/we declare that I/we have served a notice of this application on the following person(s) who are the only person(s) known to me/us that are required to be informed that I/we have made this application

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

**Signature of the Licence Applicant(s):**

	Name (print)	Signature	Date
1			
2			

**Signature of the proposed Licence Holder(s) (if different from above):**

	<b>Name (print)</b>	<b>Signature</b>	<b>Date</b>
1			
2			

## Part 11 – Equal opportunities monitoring

Please help us monitor our policy of providing equal opportunities by completing this section.

### 11.1 What is your gender?

Male  Female  Transgender

### 11.2 Do you consider yourself to have a disability?

Yes  No

### 11.3 How would you describe your ethnic origin?

#### Asian or Asian British

Afghani	<input type="checkbox"/>	Bangladeshi or British Bangladeshi	<input type="checkbox"/>
British Asian	<input type="checkbox"/>	Indian or British Indian	<input type="checkbox"/>
Kashmiri	<input type="checkbox"/>	Pakistani or British Pakistani	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>		

#### Black or Black British

Black African	<input type="checkbox"/>	Black British	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Somali	<input type="checkbox"/>
Zimbabwean	<input type="checkbox"/>	Other Black	<input type="checkbox"/>

#### Mixed

Asian and White	<input type="checkbox"/>	Asian and Black	<input type="checkbox"/>
Black African and White	<input type="checkbox"/>	Black Caribbean and White	<input type="checkbox"/>
Chinese and White	<input type="checkbox"/>	Other Mixed	<input type="checkbox"/>

#### White or White British

British or Mixed British	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Gypsy/Romany/Traveller	<input type="checkbox"/>	Polish	<input type="checkbox"/>
Other White European (including Mixed European)	<input type="checkbox"/>		

#### Other Ethnic Group

Arab	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	Irani	<input type="checkbox"/>
Iraqi	<input type="checkbox"/>	Israeli	<input type="checkbox"/>
Kosovan	<input type="checkbox"/>	Kurdish	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	Yemeni	<input type="checkbox"/>

**14.4 What is your age?**

18-29 years

30-45 years

46-60 years

Over 60 years

## Part 12 – Mandatory HMO Licence Application Checklist

Please do not provide original certificates as they cannot be returned.  
All copies must be clear and legible.

You remain liable to prosecution for failing to hold a HMO Licence until the Local Authority has received the following documents:-

1. A properly completed application form, signed and dated
2. A reasonably accurate plan of each floor of the property indicating:
  - The address of the property
  - The dimensions of each room
  - The location of any control panels
  - The location of any smoke detectors or heat detectors, indicating if they are battery or mains powered or interlinked
  - The location of any call points
  - The location of any fire doors
  - The location of any fire escape windows
  - The location of any emergency lighting
  - The position of wash hand basins, baths, showers and toilets
  - The layout of each kitchen showing the position of the work surfaces, sink units, cookers, microwave ovens, hobs, refrigerators and dishwashers.

(not required for the renewal of the existing licence, unless there have been material alterations to the layout of the property)
3. A copy of the following certificate:
  - The Landlord's Gas Safety Record (if the property has a gas supply)
4. Payment for the licence  
(remember to enclose the remittance advice for BACS/internet payments)

If your application form is incomplete, it will not be processed. You will be contacted, and you will be required to pay an additional fee of £100 to process the application. The property will remain unlicensed and you will be liable to prosecution .

A copy of the following certificates are not required to make a properly completed application but will be needed as part of the licence conditions:

- The electrical installation condition report
- A test certificate for the automatic fire detection and warning system
- A test certificate for the emergency lighting
- A Portable Appliance Test certificate for any portable electrical appliances provided

Please return your completed application form, and all supporting documents, by registered post to:

**Private Rented Services, PO Box 16589, Birmingham B2 2JB**  
**Or e-mail to [prs@birmingham.gov.uk](mailto:prs@birmingham.gov.uk)**