

HMO Licence Renewal Form

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

Please answer the following questions:

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

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

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

RETURNING THE APPLICATION:

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

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

By Email: hmo@wigan.gov.uk

PART ONE: APPLICATION DETAILS

Provide the address of the HMO

| | | |
|--------------|--|-----------|
| HMO Address: | | |
| | | Postcode: |

Type of application (please tick)

New Licence Application Renewal of Existing Licence Variation of Existing Licence

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

| | |
|-----|---|
| 1.2 | Are you the 'person having control' of the property'? |
| | <p>[NB: This is the person who receives the rack rent of the premises whether on his own account, or as agent or trustee of another person, or who would so receive it if the premises were let at a rack rent].</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (If NO, ensure that you complete Section 4)</p> |

| | |
|-----|--|
| 1.3 | Do you have any other properties with a HMO Licence within Wigan Borough? |
| | <p>Yes <input type="checkbox"/> (using the space below write the address of all your properties in Wigan with a HMO Licence).</p> <p>No <input type="checkbox"/></p> |

Section 2: Details of the Proposed Licence Holder

Type of proposed licence holder (Please tick)

- Individual (complete Box 2.1); OR
- Company/Partnership/Charity or Trust (complete Boxes 2.2 and 2.3)

| | | |
|------------------------------|--|---|
| 2.1 | Proposed licence holder as an Individual. (then go to question 2.4). | |
| | Title: | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/> |
| | Name: | |
| | Residential address: | |
| | | |
| | | Postcode: |
| | Business address: (if applicable) | |
| | | |
| | | Postcode: |
| | Home telephone no: | |
| | Work telephone no: | |
| | Mobile telephone no: | |
| | e-mail address: | |
| Date of birth: | | |
| Interest in property: | Owner <input type="checkbox"/> Manager <input type="checkbox"/> Agent <input type="checkbox"/> Other | |

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

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

| | | |
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| 2.4 | To be completed by the Proposed Licence Holder: | |
| | Please provide an address where all official correspondence should be sent. This will be the address used on the public register. | |
| | In all cases the relevant person(s) MUST sign below agreeing to this address. | |
| | Name of person/company: | |
| | Correspondence address: | |
| | | |
| | | Postcode: |
| Telephone no: | | |
| e-mail address: | | |

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

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

Name

Signature:

please print:
Name

Signature:

please print:

Continued...

Fit and Proper Person – Proposed Licence Holder

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

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

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

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

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

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

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

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

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

STATUTORY DECLARATION FOR RELEASE OF INFORMATION

To be completed by the Proposed Licence Holder:



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

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

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

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

Name - Please print:

Signature:

Date:

Section 3: Details of the HMO Manager / Managing Agent

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

Type of Manager / Managing Agent (Please tick)

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

| | | |
|------------|--|--|
| 3.1 | Proposed Manager/Managing Agent as an Individual. (then go to question 3.4). | |
| | Title: | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 50px;" type="text"/> |
| | Full name: | <input style="width: 90%;" type="text"/> |
| | Residential address: | <input style="width: 90%;" type="text"/> |
| | | <input style="width: 90%;" type="text"/> |
| | | Postcode: <input style="width: 50%;" type="text"/> |
| | Business address: (if applicable) | <input style="width: 90%;" type="text"/> |
| | | <input style="width: 90%;" type="text"/> |
| | | Postcode: <input style="width: 50%;" type="text"/> |
| | Home telephone no: | <input style="width: 90%;" type="text"/> |
| | Work telephone no: | <input style="width: 90%;" type="text"/> |
| | Mobile telephone no: | <input style="width: 90%;" type="text"/> |
| | e-mail address: | <input style="width: 90%;" type="text"/> |
| | Date of birth: | <input style="width: 90%;" type="text"/> |
| | Interest in property: | Owner <input type="checkbox"/> Manager <input type="checkbox"/> Leaseholder <input type="checkbox"/> Other <input style="width: 50px;" type="text"/> |

| | | |
|------------|---|---|
| 3.2 | Proposed Manager / Managing Agent as a Company, Partnership, Charity or Trust. | |
| | Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Charity <input type="checkbox"/> Trust <input type="checkbox"/> | |
| | Limited Company/partnership/charity/trust name: <input style="width: 90%;" type="text"/> | |
| | Registered Company/Charity No: <input style="width: 90%;" type="text"/> | |
| | 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: <input style="width: 45%;" type="text"/> | Full name: <input style="width: 45%;" type="text"/> |
| | Company/partnership charity/trust registered address: <input style="width: 45%;" type="text"/> | Company/partnership charity/trust registered address: <input style="width: 45%;" type="text"/> |
| | Postcode: <input style="width: 45%;" type="text"/> | Postcode: <input style="width: 45%;" type="text"/> |
| | Telephone no: <input style="width: 45%;" type="text"/> | Telephone no: <input style="width: 45%;" type="text"/> |
| | e-mail address: <input style="width: 45%;" type="text"/> | e-mail address: <input style="width: 45%;" type="text"/> |
| | Date of Birth: <input style="width: 45%;" type="text"/> | Date of Birth: <input style="width: 45%;" type="text"/> |

| | | |
|------------------------|---|---|
| 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 type="text"/> |
| | Full Name: | |
| | Company Secretary address: | |
| | | Postcode: |
| | Telephone no: | |
| e-mail address: | | |

| | | |
|------------------------|--|-----------|
| 3.4 | To be completed by the Proposed Manager / Managing Agent: | |
| | Please provide an address where all official correspondence should be sent. This will be the address used on the public register. In all cases the relevant person(s) MUST sign below agreeing to this address. | |
| | Name of person/company: | |
| | Correspondence address: | |
| | | Postcode: |
| | Telephone no: | |
| e-mail address: | | |

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

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

| | |
|---------------|------------|
| Name | Signature: |
| please print: | |
| Name | Signature: |
| please print: | |

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

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

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

Fit and Proper Person – Proposed HMO Manager

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

| | | | |
|------------|---|--------------------------|--------------------------|
| 3.8 | Has the Manager/Managing Agent ever accepted a simple caution (previously known as a formal caution) from the Police or been convicted of an offence involving any of the following? | | |
| | | Yes | No |
| | Fraud | <input type="checkbox"/> | <input type="checkbox"/> |
| | Dishonesty | <input type="checkbox"/> | <input type="checkbox"/> |
| | Violence | <input type="checkbox"/> | <input type="checkbox"/> |
| | Drugs | <input type="checkbox"/> | <input type="checkbox"/> |
| | Sexual Offences Act, schedule 3 | <input type="checkbox"/> | <input type="checkbox"/> |
| | Immigration Act 2014, part 3 | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

Continued...

| | | | |
|-------------|--|--------------------------|--------------------------|
| 3.12 | Has the Manager/Managing Agent ever managed a property: | | |
| | | Yes | No |
| | that has been the subject of a Management Order; | <input type="checkbox"/> | <input type="checkbox"/> |
| | where works have been carried out, by a Local Authority, in default of a Enforcement Notice; | <input type="checkbox"/> | <input type="checkbox"/> |
| | where a licence has been revoked or refused; | <input type="checkbox"/> | <input type="checkbox"/> |
| | and been convicted for a breach of conditions of a licence. | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

STATUTORY DECLARATION FOR RELEASE OF INFORMATION

To be completed by the Proposed Manager/Managing Agent:



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

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

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

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

Name - Please print:

Signature:

Date:

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

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

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

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

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

Continued...

DECLARATIONS

DECLARATION OF APPLICANT AND PROPOSED LICENCE HOLDER

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

I/We declare that the 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 paragraph 2(c) to (g) of that Act (and listed under Appendix A of this form) 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:**

.....

AND;

I/we declare that the information contained in this application is correct to the best of my/our knowledge. I/We understand that I/we commit an offence if I/we supply any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or am/are reckless as to whether it is false or misleading. I/We declare that I/We have served a notice of this application on the following persons who are the only persons known to me/us that are required to be informed that I/we have made this application:

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

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

| | | | | |
|--|----------------------|--|-------|--|
| Applicant | Name – please print: | | | |
| | Signature: | | Date: | |
| Proposed Licence Holder | Name – please print: | | | |
| | Signature: | | Date: | |
| HMO Manager / Managing Agent | Name – please print: | | | |
| | Signature: | | Date: | |
| ‘Person Having Control’ of the property | Name – please print: | | | |
| | Signature: | | Date: | |
| Joint Owner | Name – please print: | | | |
| | Signature: | | Date: | |
| Joint Owner | Name – please print: | | | |
| | Signature: | | Date: | |

SUPPORTING DOCUMENTATION CHECKLIST

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

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

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

| | |
|--|--------------------------|
| HMO Floor Plan - REQUIRED | <input type="checkbox"/> |
| Tenancy Agreement - REQUIRED | <input type="checkbox"/> |
| Payment of Correct Licence Fee – REQUIRED <i>The licence fee to be paid via Wigan Council's website, at the following web address:</i> www.wigan.gov.uk/Business/Licensing-Permits-Registrations/Houses-in-Multiple-Occupation-Licence.aspx | <input type="checkbox"/> |

APPENDIX A

Material changes that you must tell us about

Any changes to the property that fall under the following paragraphs **MUST** be notified to the Local Authority:

Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006 (as amended), Schedule 2, Paragraph 2(1):

- (c) the approximate age of the original construction of the HMO or house (using the categories before 1919, 1919-45, 1945-64, 1965-80 and after 1980);
- (d) the type of HMO or house for which the application is being made, by reference to one of the following categories
 - i. house in single occupation;
 - ii. house in multiple occupation;
 - iii. flat in single occupation;
 - iv. flat in multiple occupation;
 - v. a house converted into and comprising only of self contained flats;
 - vi. a purpose built block of flats; or
 - vii. other;
- (e) details of other HMOs or houses that are licensed under Part 2 or 3 of the Act in respect of which the proposed licence holder is the licence holder, whether in the area of the local housing authority to which the application is made or in the area of any other local housing authority;
- (f) the following information about the HMO or house for which the application is being made except in respect of an application in respect of a section 257 HMO —
 - i. the number of storeys comprising the HMO or house and the levels on which those storeys are situated;
 - ii. the number of separate letting units;
 - iii. the number of habitable rooms (excluding kitchens);
 - iv. the number of bathrooms and shower rooms;
 - v. the number of toilets and wash basins;
 - vi. the number of kitchens;
 - vii. the number of sinks;
 - viii. the number of households occupying the HMO or house;
 - ix. the number of people occupying the HMO or house;
 - x. details of fire precautions equipment, including the number and location of smoke alarms;
 - xi. details of fire escape routes and other fire safety information provided to occupiers;
 - xii. a declaration that the furniture in the HMO or house that is provided under the terms of any tenancy or licence meets any safety requirements contained in any enactment; and
 - xiii. a declaration that any gas appliances in the HMO or house meet any safety requirements contained in any enactment.
- (g) where the application is being made in respect of a section 257 HMO, the following information—
 - i. the number of storeys comprising the HMO and the levels on which those storeys are situated;
 - ii. the number of self-contained-flats and, of those, the number —
 - a. that the applicant believes to be subject to a lease of over 21 years; and
 - b. over which he cannot reasonably be able to exercise control;
 - iii. in relation to each self-contained flat that is not owner-occupied and which is under the control of or being managed by the proposed licence holder, and in relation to the common parts of the HMO—
 - a. details of fire precautions equipment, including the number and location of smoke alarms;
 - b. details of fire escape routes and other fire safety information provided to occupiers; and
 - c. a declaration that the furniture in the HMO or house that is provided under the terms of any tenancy or licence meets any safety requirements contained in any enactment; and
 - iv. a declaration that any gas appliances in any parts of the HMO over which the proposed licence holder can reasonably be expected to exercise control meet any safety requirements contained in any enactment

Material changes to your property

Any changes relating to the property details you provided on the initial application must be notified to the Local Authority.

The information you provided was required by the Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006 (as amended) Schedule 2, Paragraph 2(1). It includes the following,

- The approximate age of the original construction of the HMO.
- The type of HMO (i.e. house in multiple occupation, flat in multiple occupation, house converted into self contained flats etc.).
- Other HMOs for which the proposed licence holder holds a licence.
- The number of,
 - storeys comprising the HMO;
 - separate letting units;
 - habitable rooms;
 - bathrooms and shower rooms;
 - toilets and wash hand basins;
 - kitchens;
 - sinks;
 - households;
 - people occupying the HMO;
- Details of fire precautions equipment, including the number and location of smoke alarms.
- Details of fire escape routes and other fire safety information provided to occupiers.
- A declaration that any furniture in the HMO provided under the terms of any tenancy meets relevant safety standards.
- A declaration that any gas appliances in the HMO meet relevant safety requirements.

Please provide details of any such changes below;

PART TWO: HMO Licence No Longer Required

If the property **NO** longer requires a HMO Licence then you must tell us.

2.0 HMO Details

| | | |
|---------------------|--|------------------|
| HMO Address: | | |
| | | Postcode: |

2.1 Please tick **one** of the following boxes:

- I do NOT need to renew the current HMO Licence because:
- I do NOT need to a Mandatory HMO Licence because:

2.2 Please tick **ONE** of the following boxes to tell us why:

- (a)** The property will still be rented out as a HMO, but to less than five occupiers; AND I have no intention of letting it out to five or more persons
- (b)** The property will still be rented out but only to a single household; AND I have no intention of renting out the property as a licensable HMO.
- (c)** The property will be occupied only by me or my family; AND I have no intention of renting out the property as a licensable HMO.
- (d)** The property has been converted entirely in to self-contained flats.
- (e)** The property is currently vacant; AND I have no intention of renting out the property as a licensable HMO.
- (f)** The property is 'For Sale'; AND I anticipate that the sale will be completed before the current licence expires.
- (g)** The property has been sold and is no longer owned by me.
- (h)** Other. *(Please use the space below to provide a brief explanation)*

.....

Declaration

I hereby confirm that the information given is true to the best of my belief and knowledge.

| | | | |
|-----------------------------|--|------------------|--|
| Name (please print): | | | |
| Address: | | | |
| | | Postcode: | |
| Signature: | | Date: | |
| Telephone No: | | Email: | |

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Landlord Licence Notification Form

This form is for your use only

It does NOT have to be returned to Wigan Council

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

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

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

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

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

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

1.1 OWNERS DETAILS

| | | | | |
|---------------|--|-----------|------------------|--|
| Title | | Full name | | |
| Address | | | | |
| | | | | |
| | | | | |
| Postcode | | | Telephone number | |
| Email address | | | Fax number | |

1.2 PROPOSED LICENCE HOLDER DETAILS (if different from owner)

| | | | | |
|---------------|-----------|--|------------------|--|
| Title | Full name | | | |
| Address | | | | |
| | | | | |
| | | | | |
| Postcode | | | Telephone number | |
| Email address | | | Fax number | |

1.3 PROPERTY ADDRESS TO WHICH THE APPLICATION RELATES

| | | | |
|------------------|--|--|--|
| Property address | | | |
| | | | |
| | | | |
| Postcode | | | |

Use additional sheets, if necessary.