



**WATFORD
BOROUGH
COUNCIL**

**Watford Borough Council
Housing Act 2004
Application to RENEW a HMO Licence**

*Use this form to renew a licence to operate a House in Multiple Occupation (HMO) or Flat in Multiple Occupation (FMO) where the licence holder has not changed.
The current fee is £1,295.90 (£1,033 for registered charities).*

This form can only be used to renew a HMO Licence where the applicant already holds a licence for the property which has not expired. If your licence has expired or if you do not currently hold a licence for this property you must fill in the full application form, available on request. The procedures required to issue a licence are lengthy but we have tried to make the application as easy to understand as possible.

If you require further assistance, the Council provide an assisted licence service for a fee of £350. If you wish to find out more or take advantage of this service, please contact us on 01923 278 503 or by email at hmo@watford.gov.uk.

This form must be completed for each property you wish to licence. Please complete the checklist in section E of this form before submitting the application to ensure it is complete.

DATA PROTECTION

Any data that you provide will be stored and processed by Watford Borough Council or its appointed agents in accordance with the law.

Information collected may be shared with other Council departments and/or organisations the Council works with who assist us in the performance of our functions. It may also be shared with outside organisations such as the Police, DWP, and County Council, to prevent and detect crime. It may be shared with insurance companies and bodies responsible for auditing or administering public funds for the prevention and detection of fraud.

Further information on the Council's obligations to safeguard your personal information and your rights on accessing data held about you can be found on the Council's website here:

<https://www.watford.gov.uk/privacynotice> or by telephoning 01923 278000.

Submit your form to:
hmo@watford.gov.uk - HMO Licensing,
Environmental Health & Licensing, Town Hall, Watford. WD17 3EX

PART A

1. Is the applicant? please tick appropriate box

- An Individual
- Company
- Partnership
- Charity
- Public Sector body
- Other

→ **Go to Section A, Part B**

The applicant is the proposed licence holder. This is the person who will be legally responsible for operation of the HMO under the terms of the licence and the person that should sign this application.

2. The applicant and proposed licence holder

Full Name:.....
Address:.....
.....
Postcode:.....
Telephone Number:.....
Email Address:.....
Date of Birth:.....
NI Number:.....

“Proposed licence holder” – normally the owner. The Council has a duty to award the licence to the person it thinks is the most appropriate person. Unless you can provide a good reason why someone else should be the licence holder the Council will expect it to be the owner, but in any event the Council will expect the licence holder to have the power to:

- a) let to and evict tenants
- b) access all parts of the premises to the same extent as the owner
- c) authorise any expenditure necessary to ensure the health, safety and well being of the tenants

Good reason will need to be demonstrated to the Council if this is not the case. See Questions 11 & 12

3. The person managing the property

Please tick if same as above

If this is a company, please give details of registered office or principal trading address

Full Name:.....
Address:.....
.....
Postcode:.....
Telephone Number:.....
Email Address:.....
Date of Birth:.....
NI Number or Company
Registration Number:.....

“The Manager” – the person (normally owner or lessee) who receives the rent from tenants. The Manager can also be the agent or the trustee that collects the rent/payments on behalf of the owner/lessee. If this is a Company the details given should relate to the Registered Office or principal trading address. Note: a Manager can be held legally responsible for certain offences relating to management of HMOs.

Guidance notes

4. The person having control of the HMO

Please tick if same as above

If this is a company, please give details of registered office or principal trading address

Full Name:.....

Address:.....

.....

Postcode:.....

Telephone Number:.....

Email Address:.....

Date of Birth:.....

NI Number or Company
Registration Number:.....

Go to Section A, Part C

“Person having control” – the person who is legally entitled to receive the rental income for the property. This is the person that would normally pay for improvement works and is usually the owner.

| PART B ONLY COMPLETE IF NOT A PRIVATE INDIVIDUAL APPLYING | Guidance notes |
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| <p>5. The applicant and proposed licence holder</p> <p>Organisation Name:.....</p> <p>Registered Office of Trading Address: </p> <p>Postcode:.....</p> <p>Telephone Number:.....</p> <p>Fax Number:.....</p> <p>Email Address:.....</p> <p>NI Number or Company Registration Number:</p> <p>Charity Registration Number:.....</p> | <p>“Proposed licence holder” – normally the owner. The Council has a duty to award the licence to the person it thinks is the most appropriate person. Unless you can provide a good reason why someone else should be the licence holder the Council will expect it to be the owner, but in any event the Council will expect the licence holder to have the power to:</p> <p>a) let to and evict tenants b) access all parts of the premises to the same extent as the owner c) authorise any expenditure necessary to ensure the health, safety and well being of the tenants</p> <p>Good reason will need to be demonstrated to the Council if this is not the case. See Questions 11 & 12</p> |
| <p>6. Who can we contact in relation to the application?</p> <p>Name:.....</p> <p>Position:.....</p> <p>Address: <input type="checkbox"/> (Please tick if same as above) </p> <p>Postcode:.....</p> <p>Telephone Number:.....</p> <p>Email Address:.....</p> | <p>It is important we have a point of contact to discuss any queries.</p> |
| <p>7. Details of all directors, partners, trustees and company secretary as applicable</p> <p>Please continue on a separate sheet if necessary</p> <p>Name:.....</p> <p>Date of Birth:.....</p> <p>Position Held:.....</p> <p>Name:.....</p> <p>Date of Birth:.....</p> <p>Position Held:.....</p> | <p>All relevant persons must be detailed, please give full names. Persons with a legal liability to the organisation applying may be held jointly/individually responsible for failures to comply with any licence conditions.</p> |

| | Guidance notes |
|---|---|
| Name:..... Date of Birth:..... Position Held:..... | |
| <p>8. The person/organisation managing the HMO</p> <p><input type="checkbox"/> Please tick if same as above</p> <p>Organisation/Persons full Name: </p> <p>Registered Office / Trading Address / Home address: </p> <p>Postcode:.....</p> <p>Telephone Number:.....</p> <p>Fax Number:.....</p> <p>Email Address:.....</p> <p>NI Number or Company Registration Number:.....</p> <p>Charity Registration Number:.....</p> | <p>“The Manager” – the person (normally owner or lessee) who receives the rent from tenants. The Manager can also be the agent or the trustee that collects the rent/payments on behalf of the owner/lessee. Note: a Manager can be held legally responsible for certain offences relating to management of HMOs.</p> |
| <p>9. The person/organisation having control of the HMO</p> <p><input type="checkbox"/> Please tick if same as above</p> <p>Organisation/Persons full Name: </p> <p>Registered Office / Trading Address / Home address: </p> <p>Postcode:.....</p> <p>Telephone Number:.....</p> <p>Fax Number:.....</p> <p>Email Address:.....</p> <p>NI Number or Company Registration Number:.....</p> <p>Charity Registration Number:.....</p> | <p>“Person having control” – the person who is legally entitled to receive the rental income for the property. This is the person that would normally pay for improvement works and is usually the owner.</p> |

| | |
|---|--|
| SECTION B – ABOUT THE PROPERTY | Guidance notes |
| PART A | |
| <p>Please enter the address of the property:</p> <p>.....</p> <p>.....</p> <p>.....Postcode:.....</p> | |
| <p>Have there been any changes to the layout of the property or in the way the property is let?</p> <p><input type="checkbox"/> Yes Please details these changes in Appendix 3</p> <p><input type="checkbox"/> No</p> | <p>You must provide details of any material changes to the HMO, including alterations to the structure or way the property is let in Appendix 3.</p> |

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| SECTION C – INFORMING OTHER PERSONS | Guidance notes |
| <p>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:</p> <ul style="list-style-type: none"> • Any mortgagee of the property to be licensed • Any owner of the property to which the application relates (if that is not you) i.e. the 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 tenant or other tenant whose lease or tenancy is for less than three years (including a periodic tenancy) • The proposed licence holder (if that is not you) • The proposed managing agent, if any (if that is not you) • Any person who has agreed that he will be bound by any conditions in a licence if it is granted <p>List below all of the persons you have notified as required above. Note: The applicant has to sign a declaration to confirm this in Part E of the application.</p> | <p>You must tell each of the relevant persons-</p> <ul style="list-style-type: none"> • Your name, address, telephone number and email address or fax number (if any) • The name, address, telephone number and email address or fax number (if any) of the proposed licence holder (if that is not you) • Whether this is an application for an HMO licence under Part 2 or for a house licence under Part 3 of the Housing Act 2004 • The address of the property to which the 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 |

A template form including the required information is provided at the back of this form – Appendix 1.

| Name | Address | Description of the person's interest in the property or the application | Date of service |
|------|---------|---|-----------------|
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SECTION D: DOCUMENTS TO BE SUBMITTED WITH THIS APPLICATION

Guidance notes

13. FIT AND PROPER PERSON ASSESSMENT

An assessment as to the suitability of the proposed licence holder and Manager has to be made. A statutory declaration must be completed and endorsed by a solicitor and submitted with this form. The solicitor will charge you a standard fee for witnessing the form. The Statutory Declaration is attached as Appendix 2 to this application.

Fit and Proper Person Assessment Submitted (please tick)

This must be completed by the proposed Licence Holder and proposed Manager, if different from the Licence Holder.

SECTION E – SIGNATURE AND DECLARATION

Guidance notes

Each applicant must sign the declaration below:

I declare that the information contained in this application is correct to the best of my knowledge. I understand that I commit an offence if I 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 know is false or misleading or am reckless as to whether it is false or misleading.

I 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 further declare that to the best of my knowledge either: (a) none of the information described in paragraph 2(c) to (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 in appendix 3.

I declare that I have served a notice of this application on the persons detailed in Section C of this application who are the only persons known to me that are required to be informed that I have made this application.

| Signature | Name (in BOLD CAPITALS) | Date |
|-----------|-------------------------|------|
| | | |
| | | |
| | | |
| | | |

Any person making this application, who knowingly or recklessly makes any statement which is false, may be guilty of an offence and liable, on summary conviction, to an unlimited fine. Please also note that the giving of such information may result in the licence being revoked.

A fee of £1,295.90 (£1,033 for registered charities) must accompany this application.

Checklist

The following information MUST be enclosed

- Fee
- Gas safety certificate (if applicable)

The following documents will assist in assessing the property and should be provided if available

- Portable Electrical Appliance Test Certificate (where available)
- Electrical Installation Safety Certificate (where available)
- Emergency Lighting Certificate (where available)
- Automatic Fire Detection System Certificate (where available)

Details of any material changes to the HMO, including alterations to the structure or way the property is let must be detailed in Appendix 3.

Please make cheques payable to Watford Borough Council.

Paying By Credit or Debit Card

You may pay by telephone by calling **01923 226400**.

BACS transfer

You can transfer the payment via BACS using the bank details below:

Sort Code: 30-99-21

Account Name: Watford Borough Council (Direct Credit Account)

Account Number: 04042285

Please use a reference of "HMO" followed by the first line of the property address.

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Use this form to notify interest parties (e.g. your mortgage company or a freeholder) that you are applying for a HMO licence. Send this directly to the interested party.

Housing Act 2004

Notification of a Licensing Application to Watford Borough Council

as required by The Licensing and management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006

For the attention of _____

At _____

This is formal notification of the intention to apply for a licence as a House/Flat in multiple occupation under Part 2 of the Housing Act 2004 at:

Address of property to be licensed _____

The proposed Licence holder is _____

Of _____

Telephone Number _____

Email address _____

The application is being made on _____ (Date)

**To: Watford Borough Council
Environmental Health & Licensing
Town Hall
Watford
WD17 3EX
Tel: 01923 278 503
hmo@watford.gov.uk**

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Statutory Declaration – Fit and Proper Person

I, (insert name) _____

OF (insert address) _____

do solemnly and sincerely declare that I have not:

- a) committed any offence involving: (other than spent convictions)
Fraud and dishonesty (including benefit fraud), Violence, Drugs, or Matters listed in schedule 3 of the Sexual Offences Act 2003,
Or received a caution, informal reprimand or formal warning in respect of the above;
- b) practiced unlawful discrimination on the grounds of sex, colour, race, ethnic or national origins or disability, or in connection with carrying on of any business;
- c) contravened any provision of the law relating to housing or of landlord and tenant law, including any civil proceedings in which judgment was made against me;
- d) contravened any provisions of the law relating to part 3 of the Immigration Act 2014
- e) been refused a HMO licence;
- f) breached the conditions of an HMO licence;
- g) been subject to a HMO control order or management order in England or Wales in the last 5 years; or
- h) failed to comply with a Housing Act notice served by a local authority in respect of a property currently or previously owned by me;

and that

- i) I am solvent and am not currently an undischarged bankrupt

AND I make this declaration knowing that I commit a criminal offence under Section 238 of the Housing Act 2004 if I have knowingly or recklessly supplied information that is false or misleading to the local housing authority in relation to this declaration.

DECLARED by _____

Date _____

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