



# APPLICATION FOR LICENCE FOR A HOUSE IN MULTIPLE OCCUPATION

Only use this form for a house in multiple occupation (HMO) that requires a licence.

Guidance notes are provided to help you complete this form correctly – please read these before starting your application. If you do not complete all of the relevant sections accurately and in full, the processing of the application may be delayed and incur further charges.

If you need more space for additional information, please use the continuation sheet at the end of the form, stating which question your answer relates to.

Once completed return the signed form **AND** all required supporting documentation to:

**POST:** Housing Standards Team, Trafford Council,  
Town Hall, Talbot Road, Stretford, Manchester, M32 0YL

**EMAIL:** [Housing.standards@trafford.gov.uk](mailto:Housing.standards@trafford.gov.uk)

## Type of application (please tick):

First time licence       Renewal of licence       Variation of an existing licence

## ADDRESS OF THE PROPERTY TO BE LICENCED:

|          |                      |
|----------|----------------------|
| Number   | <input type="text"/> |
| Street   | <input type="text"/> |
| Town     | <input type="text"/> |
| City     | <input type="text"/> |
| Postcode | <input type="text"/> |

Is the applicant the proposed licence holder?

Yes

No

If **YES**, go straight to section 2 – Proposed Licence Holder Details. If **NO** please complete sections 1 and 2

## SECTION 1 – APPLICANT DETAILS (see Guidance Notes)

First name       Surname

Address details:

|          |                      |
|----------|----------------------|
| Number   | <input type="text"/> |
| Street   | <input type="text"/> |
| Town     | <input type="text"/> |
| City     | <input type="text"/> |
| Postcode | <input type="text"/> |

Telephone numbers:

Home       Work   
Mobile

Email

## SECTION 2 – PROPOSED LICENCE HOLDER DETAILS (see Guidance Notes)

### Are you the 'person having control' of the house:

Do you receive, either directly or as an agent or trustee, the rent from the tenants? Yes  No   
Are you responsible for day-to-day tenancy management? Yes  No   
Are you responsible for arranging cleaning or repairs or maintenance? Yes  No

Do you hold a HMO Licence for any other property in Trafford, or elsewhere Yes  No

*If YES, please use the continuation sheet and provide the full address of each licenced property.*

### Please indicate the nature of your interest in the property:

Freeholder  Leaseholder  employed to manage the property or to collect the rent

First name  Surname

Address

Postcode

#### Telephone number:

Home  Work

Mobile

Email

### Please indicate the status of the proposed licence holder:

Private individual  Limited Company  Partnership  Charity  Trust

**If you are not applying as a private individual, please provide the full name of the organisation and address of the principal or registered office.**

Company name / address of Company Secretary (use continuation sheet, if necessary)

Postcode

Name / Address of Director/Trustee (use continuation sheet, if necessary)

Postcode

**PLEASE COMPLETE SECTION 3 BELOW**

## SECTION 3 – PROPOSED MANAGER DETAILS (see Guidance Notes)

Has an Agent been employed to manage the house? Yes  No

Has an Employee, of the proposed licence holder, been appointed to manage the house? Yes  No

*If YES, please provide the Agent's or Employee's details*

Will they collect the rent  Will they receive the rent  None  (please tick)

First name  Surname

Address

Postcode

#### Telephone number:

Home  Work

Mobile

Email

**PLEASE COMPLETE SECTION 4 OVERLEAF**

**SECTION 4 – OWNERSHIP DETAILS OF THE HOUSE TO BE LICENCED (See Guidance Notes)**

**Freeholder**

*(use continuation sheet, if necessary)*

Name

Surname

Address

Postcode

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**Leaseholder**

None

Name

Surname

Address

Postcode

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**Mortgage Provider**

None

Name

Address

Postcode

**PLEASE COMPLETE SECTION 5 OVERLEAF**

## SECTION 5 – FIT & PROPER PERSONS (See Guidance Notes)

The council must consider if the proposed licence holder and manager are 'Fit and Proper' persons.

The proposed Licence Holder and proposed Manager **MUST** each provide a basic [Disclosure and Barring Service](#) (DBS) certificate, dated within six months of the date of application.

Have either the **proposed licence holder**, the **proposed manager** or anyone **associated** with them:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Licence Holder                                           | Manager                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <b>A</b> Any unspent convictions that may be relevant to their fitness to hold a licence or manage the HMO. Or been convicted of an offence involving: <ul style="list-style-type: none"> <li>• Fraud, or other dishonesty</li> <li>• Violence, or drugs</li> <li>• Any offence in Schedule 3 of the Sexual Offences Act 2003</li> </ul>                                                                                                                                                                                                                            | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>B</b> Ever practised, or been the subject of court or tribunal proceeds involving unlawful discrimination on the grounds of: <ul style="list-style-type: none"> <li>• Sex, colour, race, ethnic or national origins; or disability in, or in connection with, the carrying on of any business.</li> </ul>                                                                                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>C</b> Ever contravened any provision of the law relating to housing or landlord & tenant law. Including, ever been in control of any property: <ul style="list-style-type: none"> <li>• Where a local authority has served an enforcement Notice, or carried out any work in default.</li> <li>• Subject to a Control Order under the Housing Act 1985.</li> <li>• Subject to a Management Order under the Housing Act 2004.</li> <li>• Subject to any legal proceedings by a local authority.</li> <li>• Convicted of harassment or illegal eviction</li> </ul> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>D</b> Ever been refused a HMO Licence under Part 2 or Part 3 of the Housing Act.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>E</b> Ever breached the conditions of a HMO Licence OR had a HMO Licence revoked.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>F</b> Acted in contravention of any Approved Code of Practice (ACoP).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>G</b> Been declared bankrupt or insolvent, within the last 5 years.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>H</b> Any active Banning Order(s), under the Housing and Planning Act 2016, Section 16 in force against them.                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Please give details of any matters that have been answered 'yes' above (use continuation sheet, if necessary)

Proposed Licence Holder

Proposed Manager

Are you a member of any landlords association, or other professional body? (please indicate which)

Please list any training that you have undertaken, which you feel, makes you a better landlord

**PLEASE COMPLETE SECTION 6**

## SECTION 6 – PROPERTY INFORMATION (see Guidance Notes)

When was the property originally constructed:

Before 1919  1919 - 1944  1945 - 1964  1965 - 1980  1965 - 1980

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Indicate the type of property to be licensed:

House - in single occupation   
House - in multiple occupation  Please specify if: Shared house  Bedsits

Flat - in single occupation   
Flat - in multiple occupation

Building converted into AND comprising of self-contained flats  Please specify date of conversion:

Purpose built block of flats

Other  Please specify:

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Do you have planning permission to use the property as a HMO or self-contained flats: Yes  No

**PLEASE NOTE** – planning permission is required to convert a property to a HMO or self-contained flats. Planning permission is separate to making this HMO licence application.

Contact the council's planning department to discuss your property and apply for planning permission, if appropriate.

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If the property consists of flats please state:

Total number of flats that are self-contained

Total number of flats that are NOT self-contained

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In total how many storeys are there in the building: (include basement & attic conversion, but not un-used cellars)

1  2  3  4  5  6

Please indicate across which floors the HMO is situated: (please tick all that apply)

Basement  Ground floor  1<sup>st</sup> Floor  2<sup>nd</sup> Floor   
3<sup>rd</sup> Floor  4<sup>th</sup> Floor  5<sup>th</sup> Floor

Is any part of the property used for separate commercial activity? Yes  No

If 'Yes' please give details about and the location of the commercial activity (e.g. ground floor charity shop):

Continued...

## 1 OCCUPANCY DETAILS (please tick where applicable)

How many people occupy the HMO at the date of application:

How many households occupy the HMO at the date of application:

Please state the total number of people you would like the HMO Licence for:

## 2 LETTING ROOMS, FACILITIES AND AMENITIES

How many of the following rooms does the property have?

|                                                                             | Quantity                   | No. of tenants sharing below facilities |
|-----------------------------------------------------------------------------|----------------------------|-----------------------------------------|
| Total number of bedrooms in the property:                                   | <input type="text"/>       |                                         |
| • Those bedrooms with hand basins:                                          | <input type="text"/>       |                                         |
| • Those bedrooms with <b>NO</b> hand basins:                                | <input type="text"/>       |                                         |
| • Those bedrooms with en-suite facilities (i.e. shower, WC and hand basin): | <input type="text"/>       |                                         |
| • Those bedrooms with combined kitchen (i.e. bedsit):                       | <input type="text"/>       |                                         |
| Shared – Bath / Shower room (with a WC and hand basin):                     | <input type="text"/>       | <input type="text"/>                    |
| Shared – Bath / Shower room (with <b>NO</b> WC or hand basin):              | <input type="text"/>       | <input type="text"/>                    |
| Shared - WC only (with hand basin):                                         | <input type="text"/>       | <input type="text"/>                    |
| Shared - WC only (with <b>NO</b> hand basin):                               | <input type="text"/>       | <input type="text"/>                    |
| Shared - Living Rooms:                                                      | <input type="text"/>       | <input type="text"/>                    |
| Shared - Dining Rooms:                                                      | <input type="text"/>       | <input type="text"/>                    |
| Shared - Kitchen:                                                           | <input type="text"/>       | <input type="text"/>                    |
| Shared - Kitchen/Dining room (combined):                                    | <input type="text"/>       | <input type="text"/>                    |
| Total number of shared kitchen sinks:                                       | <input type="text"/>       |                                         |
| Total number of shared cooking facilities:                                  |                            |                                         |
| Ovens: <input type="text"/>                                                 | Hobs: <input type="text"/> | Microwaves: <input type="text"/>        |

## 3 FIRE PRECAUTIONS

3.1 Is there a system of:

- a) Mains powered and inter-linked fire detectors and alarm sounders, **with** a central control panel (i.e. Grade A system) Yes  No
- b) Mains powered and inter-linked fire detectors and alarm sounders, **with no** central control panel (i.e. Grade D system) Yes  No
- c) Mains powered, **but not** inter-linked smoke alarms (i.e. stand-a-alone smoke alarms) Yes  No
- d) Emergency lighting in the common means of escape Yes  No
- e) Self-closing fire doors to the common means of escape Yes  No

3.2 Is the following fire safety equipment provided:

- a) Fire blankets in shared kitchens only Yes  No
- b) Fire blankets in all kitchens (e.g. bedsit accommodation) Yes  No
- c) Fire extinguishers Yes  No

## 4 HEATING & INSULATION

4.1 What form of heating does the property have:

Gas central heating  Off peak night storage heaters   
Individual gas heaters  Individual electric heaters

4.2 Is the loft insulated Yes  No  Not known

4.3 If there are cavity walls, do you have cavity wall insulation Yes  No  Not known

## 5 GAS SUPPLY

5.1 Is there a gas supply to the property Yes  No

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## 6 ELECTRICAL APPLIANCES AND FURNITURE

6.1 Please indicate if you provide:

- a) Furniture and furnishings Yes  No   
b) Portable electrical appliances (i.e. microwaves, kettles etc..) Yes  No

6.2 Are all furniture and furnishings, provided by you, compliant with the current Furniture and Furnishings Fire and Safety Regulations. Yes  No  N/A

6.3 Have you had a Portable Appliance Test (PAT) carried out on appropriate appliances. Yes  No  N/A

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## 7 PROPERTY MANAGEMENT

7.1 Is there a programme of regular maintenance at the property Yes  No

*If YES, provide details*

7.2 Are arrangements in place to deal with emergency repairs Yes  No

*If YES, provide details*

7.3 Are tenants given a 24 hour emergency contact number Yes  No

*If YES, provide details*

| Emergency Contact Name | Telephone number |
|------------------------|------------------|
|                        |                  |

7.4 Are arrangements in place to regularly clean the facilities and common parts (e.g. bathrooms, WCs, Kitchens, landings etc) Yes  No

*If YES, provide details*

7.5 Are arrangements in place to store and dispose of rubbish Yes  No

*If YES, provide details*

7.6 Please confirm whether you provide the following

- a) Tenancy agreement / written details of terms of tenancy, including sanctions for anti-social behaviour Yes  No   
b) Inventory & schedule of conditions at start of tenancy Yes  No   
c) Rent book / receipts Yes  No   
d) Are tenants required to provide a deposit a start of tenancy Yes  No

*If YES, which tenancy deposit protection scheme do you use*

Continued...

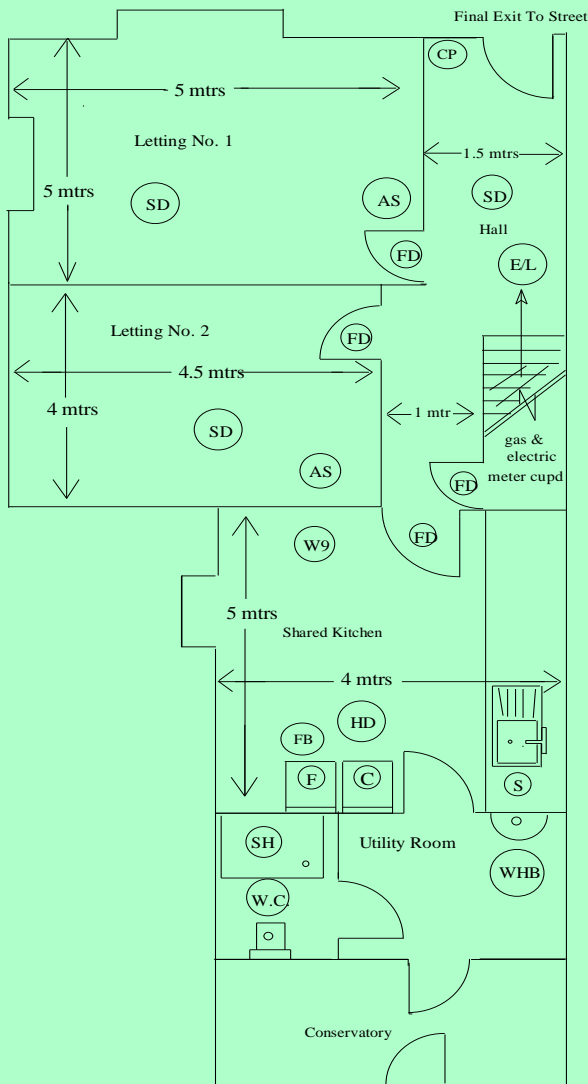
## 8 FLOOR PLANS OF PROPERTY

Please provide a plan drawing showing the property's layout AND room measurements.

Use the following pages to sketch the layout. This is an example of the detail required. You can use the abbreviations listed to help you mark details on your drawing. It is important to provide a drawing of each floor level in the property.

If you already have plans of the property you may submit those instead.

### KEY TO SYMBOLS TO BE USED ON PLAN



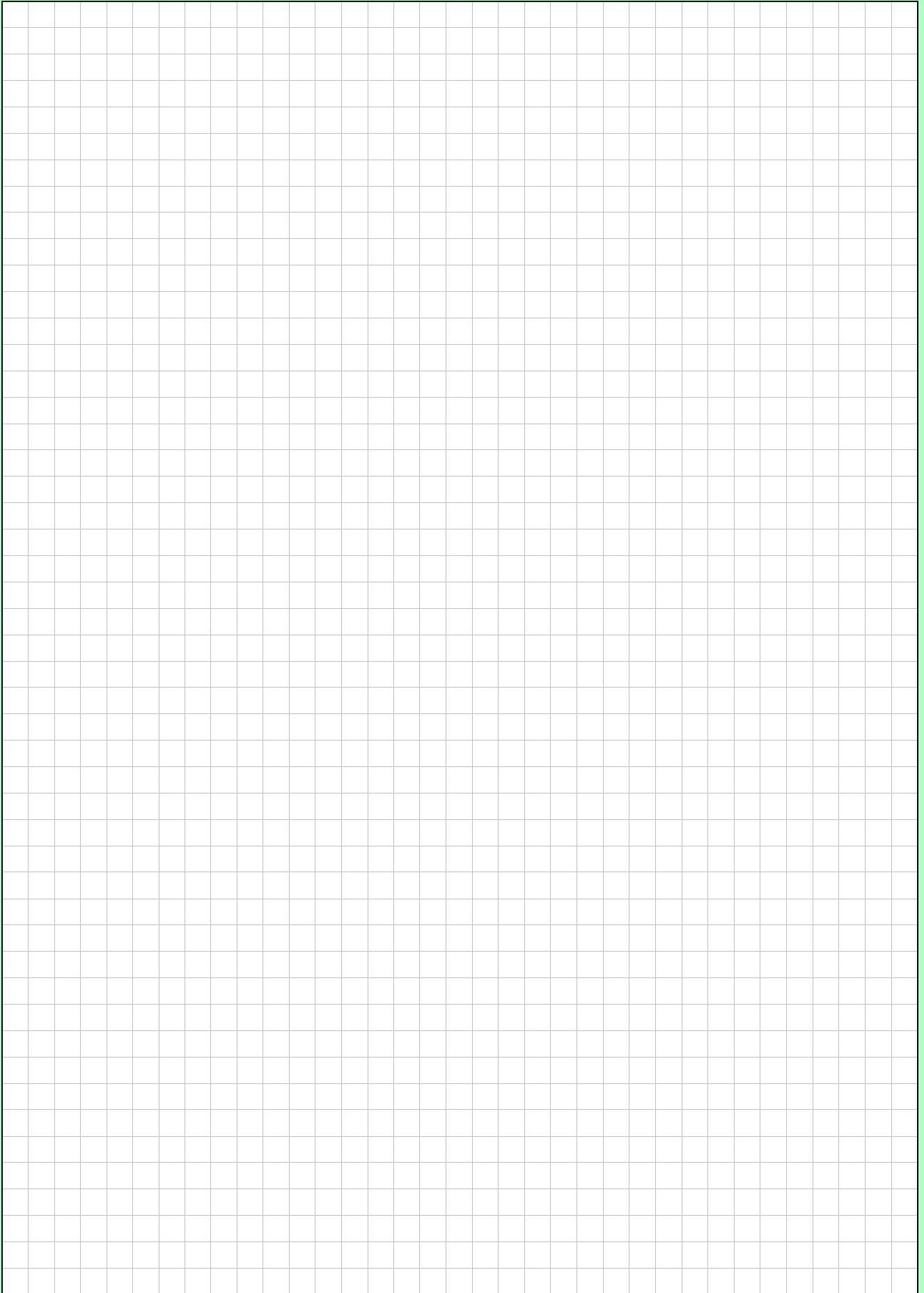
|       |                    |
|-------|--------------------|
| (FD)  | FIRE DOOR          |
| (EL)  | EMERGENCY LIGHTING |
| (SD)  | SMOKE DETECTOR     |
| (HD)  | HEAT DETECTOR      |
| (AS)  | ALARM SOUNDER      |
| (CP)  | CALL POINT         |
| (FB)  | FIRE BLANKET       |
| (W9)  | WATER EXTINGUISHER |
| (AAF) | FOAM EXTINGUISHER  |
| (SH)  | SHOWER             |
| (WC)  | WATER CLOSET       |
| (C)   | COOKER             |
| (S)   | SINK               |
| (F)   | FRIDGE             |
| (B)   | BATH               |
| (WHB) | WASH HAND BASIN    |
| (FAP) | FIRE ALARM PANEL   |

Either

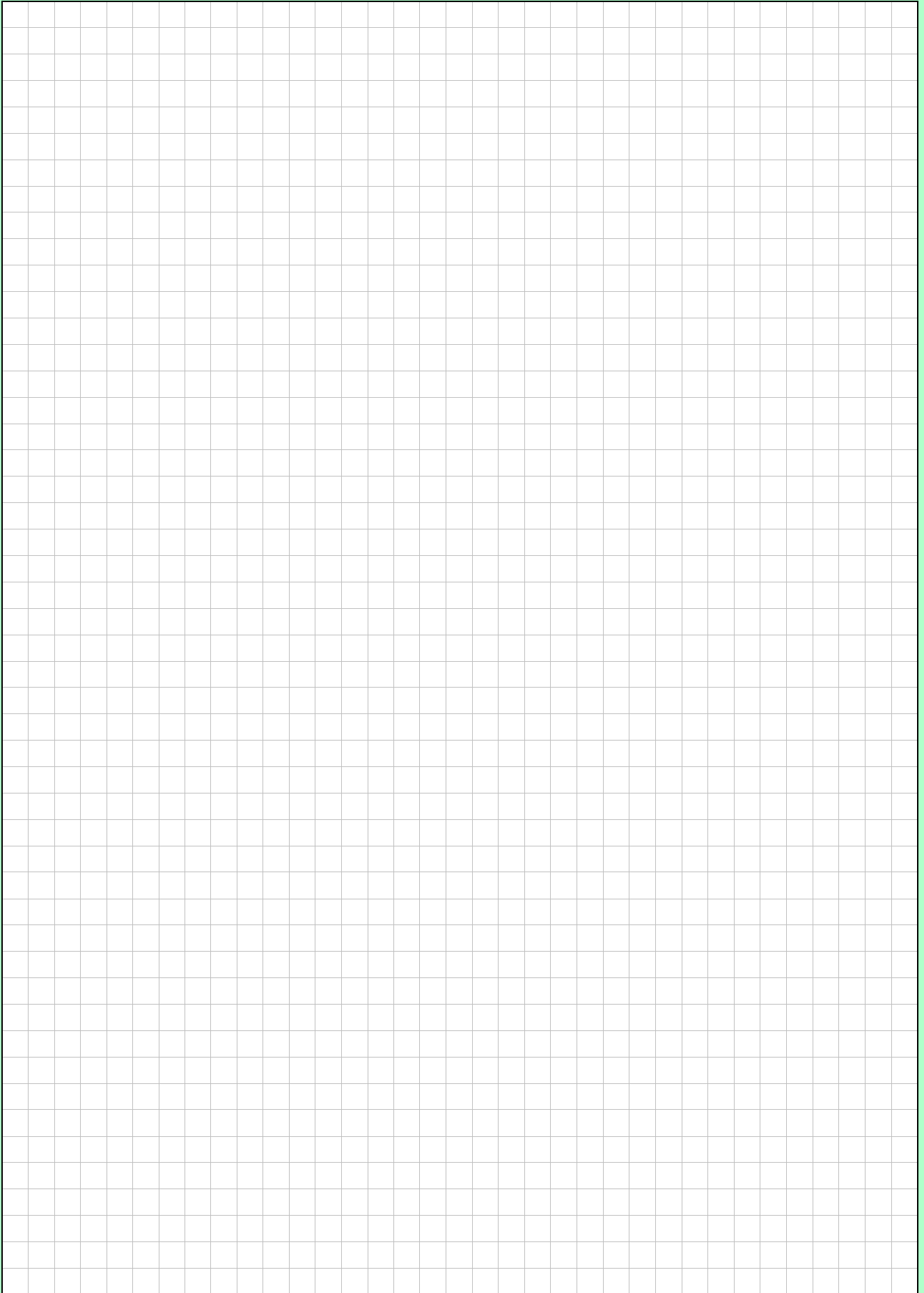
EXAMPLE GROUND FLOOR PLAN



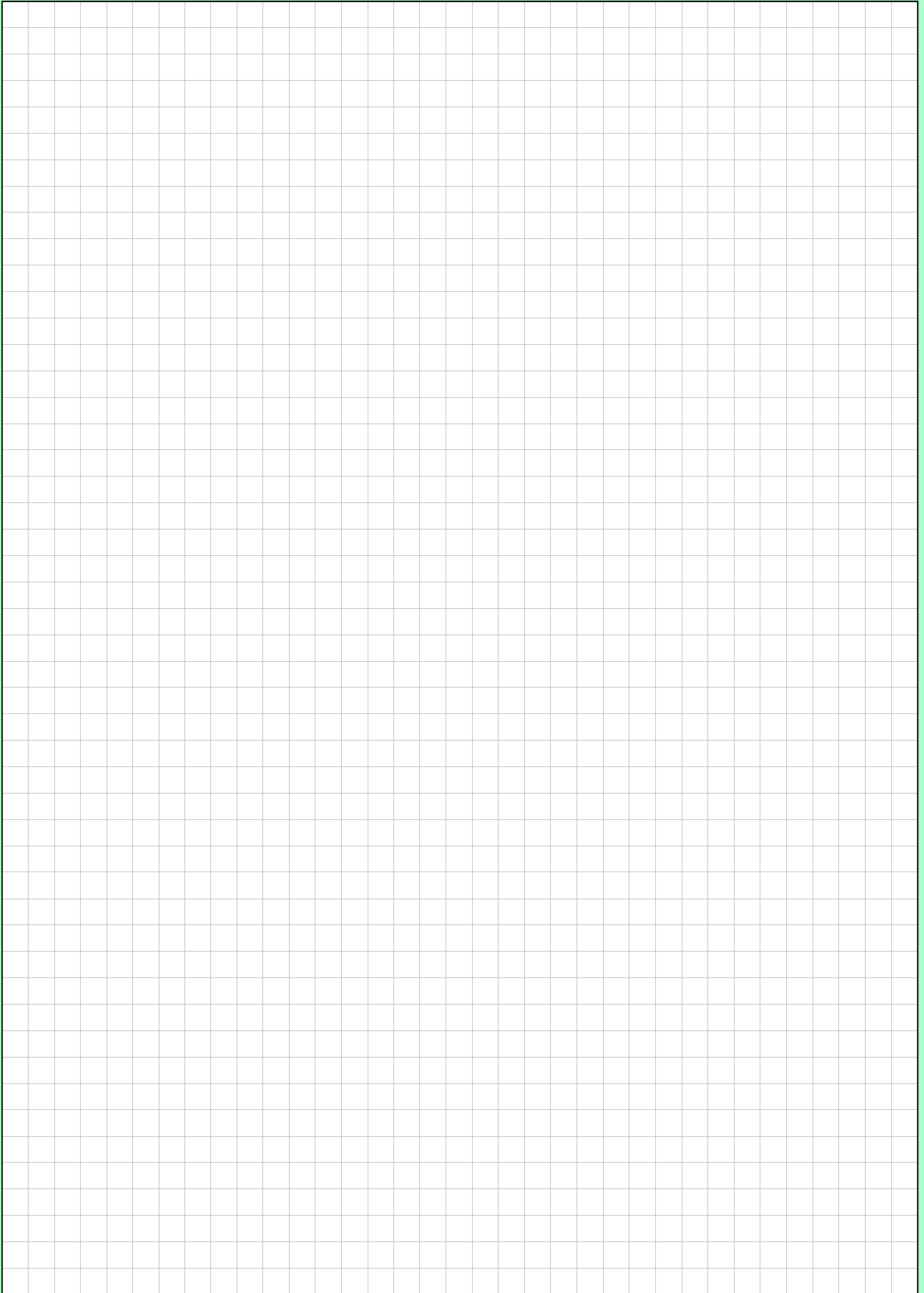
# Floor Plan 1



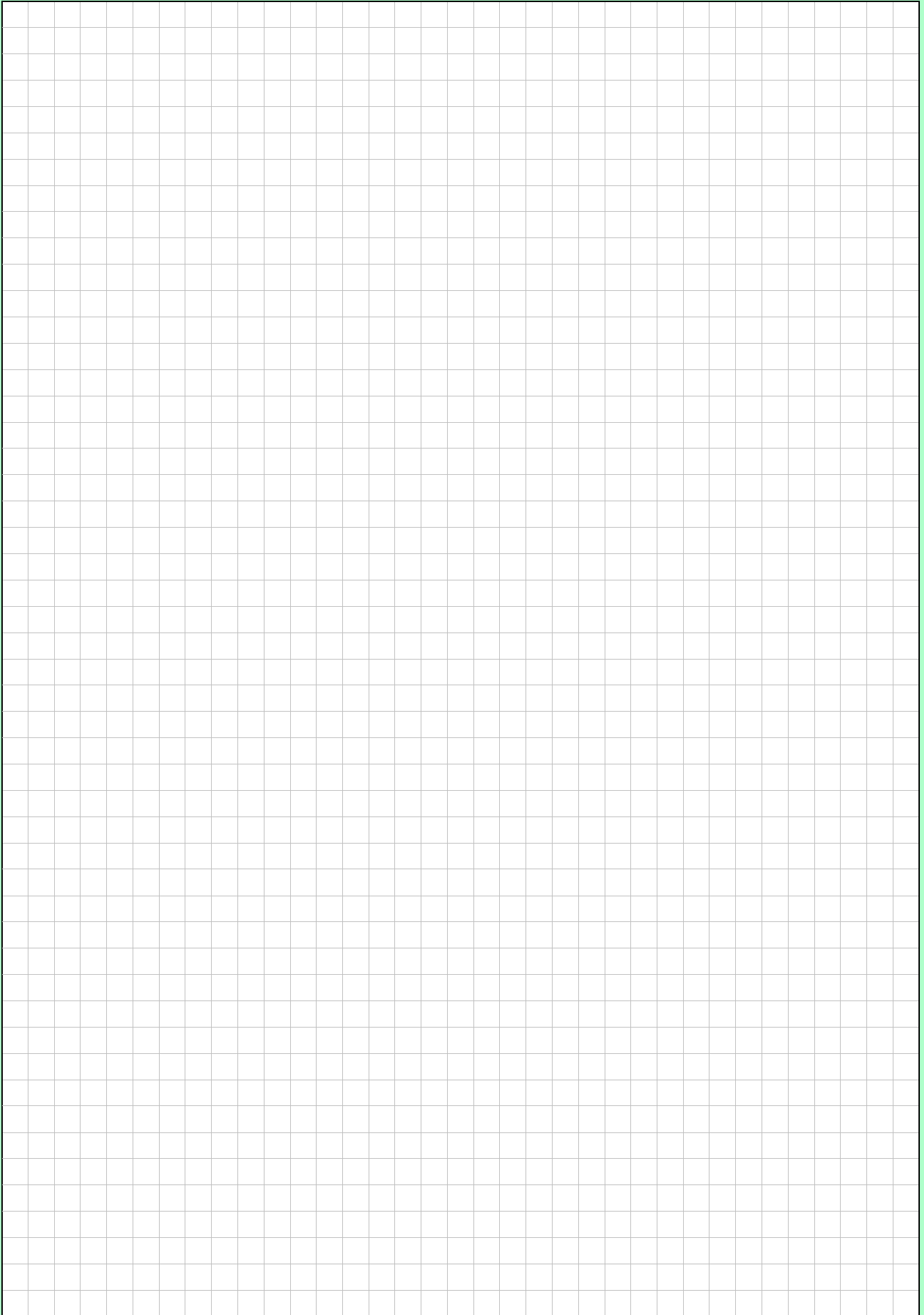
## Floor Plan 2



### Floor Plan 3



## Floor Plan 4



## SECTION 7 – DECLARATIONS (see Guidance Notes)

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.

NAME OF APPLICANT

Signed:

Date:

NAME OF PROPOSED LICENCE HOLDER

*(if different to applicant)*

Signed:

Date:

NAME OF MANAGER

*(if different to applicant)*

Signed:

Date:

You must let certain persons know, in writing, that you have made this application or give them a copy of it.

The people you need to tell 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 lessees who are known to you.*
- Any other person who is a tenant or long standing 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 this is not you).
- The proposed manager or managing agent (if this 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.

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 | Description of persons interest | Date informed |
|------|---------|---------------------------------|---------------|
|      |         |                                 |               |
|      |         |                                 |               |
|      |         |                                 |               |
|      |         |                                 |               |

## SECTION 8 – CONTINUATION SHEET

Please attach additional sheets, if required

## SECTION 9 – CHECK LIST OF DOCUMENTS TO BE ENCLOSED (see Guidance Note)

(Please tick)

- a) Record of other HMOs licensed by the proposed licence holder, if applicable.
- b) Proposed Licence Holder's - basic Disclosure and Barring Service (DBS) certificate, (dated within six months of the date of application.)
- c) Proposed Manager's - basic Disclosure and Barring Service (DBS) certificate, (dated within six months of the date of application.)
- d) Plan layout of the property, showing room measurements.
- e) Fire Alarm commissioning / test certificate (dated within last 12 months)
- f) Emergency Lighting commissioning / test certificate (obtained within last 12 months)
- g) Fire extinguisher service certificate (obtained within last 12 months)
- h) Landlord Gas Safety Test Certificate (obtained within last 12 months)
- i) Electrical Installation Condition Report (obtained within last 5 years)
- j) Portable Appliance Test Certificate (obtained within last 12 months)
- k) Copy of the Tenancy Agreement used at the property
- l) Licence Fee

## COMPLETED APPLICATIONS

Send your completed application form, signed and returned with **ALL** necessary supporting documents to:

**POST:** Housing Standards Team, Trafford Council,  
Town Hall, Talbot Road, Stretford, Manchester, M32 0YL

**Email:** [Housing.standards@trafford.gov.uk](mailto:Housing.standards@trafford.gov.uk)