



APPLICATION TO RENEW A HMO LICENCE

IMPORTANT : Only use this form to apply to renew an existing LIVE HMO Licence.

If your HMO Licence has expired you must complete a new licence application form. That form is available to download from the councils website.

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 a continuation sheet 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

ADDRESS OF PROPERTY TO BE RELICENCED

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

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

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

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

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 – FIT & PROPER PERSONS

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
A 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"> • Fraud, or other dishonesty • Violence, or drugs • Any offence in Schedule 3 of the Sexual Offences Act 2003 	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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"> • Sex, colour, race, ethnic or national origins; or disability in, or in connection with, the carrying on of any business. 	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
C 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"> • Where a local authority has served an enforcement Notice, or carried out any work in default. • Subject to a Control Order under the Housing Act 1985. • Subject to a Management Order under the Housing Act 2004. • Subject to any legal proceedings by a local authority. • Convicted of harassment or illegal eviction 	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
D 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"/>
E 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"/>
F 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"/>
G 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"/>
H Any active Banning Order(s), under section 16 of the Housing and Planning Act 2016, 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

PLEASE COMPLETE SECTION 5

SECTION 5 – DECLARATIONS

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 the house in respect of which a licence is sought under Part 2/Part 3 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:

Please state any material changes, as listed under Appendix A. (*use a continuation sheet, if necessary*)

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:

SECTION 6 – CHECK LIST OF DOCUMENTS TO BE ENCLOSED

(Please tick)

- a) Proposed licence holder's - Basic [Disclosure and Barring Service](#) (DBS) certificate. (dated within six months of the date of application.)
- b) Proposed manager's - 'Basic [Disclosure and Barring Service](#) (DBS) certificate. (dated within six months of the date of application.)
- c) Fire Alarm commissioning / test certificate (dated within last 12 months)
- d) Emergency Lighting commissioning / test certificate (obtained within last 12 months)
- e) Fire extinguisher service certificate (obtained within last 12 months)
- f) Landlord Gas Safety Test Certificate (obtained within last 12 months)
- g) Electrical Installation Condition Report (obtained within last 5 years)
- h) Portable Appliance Test Certificate (obtained within last 12 months)
- i) Copy of the Tenancy Agreement used at the property
- j) 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

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 council.

Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) England Regulation 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 | v. A house converted into and comprising only of self contained flats |
| ii. House in multiple occupation | vi. A purpose built block of flats or |
| iii. Flat in single occupation | vii. Other. |
| iv. Flat in multiple occupation | |
- e)** Details of other HMO 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. | ix. the number of people occupying the HMO or house |
| ii. the number of separate letting units. | x. details of fire precautions equipment, including the number and location of smoke alarms |
| iii. the number of habitable rooms (excluding kitchens). | xi. details of fire escape routes and other fire safety information provided to occupiers |
| iv. the number of bathrooms and shower rooms. | 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 |
| v. the number of toilets and wash basins. | xiii. a declaration that any gas appliances in the HMO or house meet any safety requirements contained in any enactment |
| vi. the number of kitchens. | |
| vii. The number of sinks | |
| viii. The number of households occupying the HMO or house. | |
- 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.