

## Application to license a house in multiple occupation (HMO)



Please use the accompanying notes when completing this form.

If you have more than one house in multiple occupation you will need to complete a separate application form for each property.

If you are completing a paper copy of this form please use BLOCK CAPITALS and black ink.

If you require more space to answer any question, please use additional sheets, specifying which question your answer relates to and attach the sheets to the application form.

**Before making an application you will need to make sure you have the following documentation:**

### For office use only

Date received

Date passed to officer

Reference number

Fees received

A current gas safety certificate (if there is gas in the property)	✓
A current electrical installation condition report	✓
A current test certificate for the automatic fire detection system (if there is one)	✓
A current test certificate for the emergency escape lighting system (if there is one)	✓
An energy performance certificate (EPC)	✓
A written fire risk assessment carried out by a competent person (if you have one. If you do not currently have one you will be required to produce one within 6 months of your licence being issued)	✓
A floor plan, showing the room sizes, the fire protection measures and the kitchen, toilet and bathroom facilities (see section 13)	✓
A blank copy of a tenancy agreement for the property that is given to tenants	✓
The appropriate fee (see separate fee sheet)	✓

## Section 1:

### 1a. Type of application (please tick appropriate box):

New licence    Renewal of licence

If renewal: existing licence number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Planning permission may be required before using the property as an HMO - check with the Planning Service by emailing [planning.dm@spelthorne.gov.uk](mailto:planning.dm@spelthorne.gov.uk) or by calling 01784 451499.

### 1b. HMO to be licensed:

Property number or name \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_

County \_\_\_\_\_ Postcode \_\_\_\_\_

## Section 2:

### Applicant details:

2a. First name \_\_\_\_\_

2b. Surname \_\_\_\_\_

2c. email \_\_\_\_\_

2d. Main telephone number \_\_\_\_\_

2e. Other telephone number \_\_\_\_\_

2f. Are you:

Applying as an individual (fill in your address below, 2g)

**OR**

Applying as a business or organisation, including as a sole trader (go to 2h)

### 2g. Your address (if applying as an individual):

Property number or name \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_

County \_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_ (go to section 3)

### Applicant business (if applying as a business or organisation)

2h. Is your business registered in the UK with Companies House?

Yes    No

2i. Is your business registered outside the UK?

Yes    No

2j. Business name (if your business is registered, use its registered name):

\_\_\_\_\_

2k. Legal status (select one):

- Private limited company       Partnership       Sole trader  
 Public limited company       Charity public body

2l. Your position in the business: \_\_\_\_\_

2m. Home country (where headquarters of your business is located): \_\_\_\_\_

2n. **Business address:**

Property number or name \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_

County \_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_

2o. email \_\_\_\_\_

2p. Main telephone number \_\_\_\_\_

**Complete Section 3 if you are an individual. Go to Section 4 if you are a business or organisation. Please note the details you provide in these sections will appear on the public register.**

### Section 3:

**Proposed licence holder:** Each individual licence holder will be legally responsible for the operation of the HMO to be licensed and must have the power to:

- let to and evict tenants;
- access all parts of the premises to the same extent as the owner; and
- authorise any expenditure necessary to ensure the health and safety of the tenants and others

The proposed licence holder should normally be the 'person having control' of the property (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 should not be the case (eg if the owner is ill or lives abroad). The 'person having control' may be the leaseholder rather than freeholder. The local authority has a duty to award the licence to the most appropriate person.

3a. Are you the proposed licence holder?

- Yes (go to section 5)     No

Provide the following additional details about yourself.

3b. Your interest in the property (eg owner, leaseholder) \_\_\_\_\_

3c. Name of proposed licence holder \_\_\_\_\_

**3d. Address.** Is this address the same as the address given in Section 2? (if so, write 'same')

Yes (go to section 3e)    No (fill in details below)

Property number or name \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_

County \_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_

**3e.** email \_\_\_\_\_

**3f.** Main telephone number \_\_\_\_\_

## Section 4:

**Proposed licence holder:** businesses and organisations (this address will appear on the register)

**4a.** Legal status of the proposed licence holder:

Individual or sole trader (go to section 5)

Company (fill in details below)

Partnership (fill in details below)

Charity or trust (fill in details below)

Other \_\_\_\_\_ (fill in details below)

### Company, partnership, charity or trust

**4b.** Business/organisation name (if your business is registered, use its registered name):

\_\_\_\_\_

**4c.** Registration number (if applicable): \_\_\_\_\_

### 4d. Business/organisation address

Property number or name \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_

County \_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_

**4e.** email \_\_\_\_\_

**4f.** Main telephone number \_\_\_\_\_

**4g.** Please provide details of all **Company Directors** and the **Secretary** (if the proposed licence holder is a company), all **Partners** (if it is a partnership), and all **Trustees** (if it is a charity or trust). Continue on a separate sheet if required.

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## Section 5:

### Ownership and control of the property (HMO) to be licensed.

**5a.** Is the proposed licence holder the owner of the property?

Yes  No

**5b.** Does anybody else have a legal interest in the property (eg as freeholder, leaseholder, mortgage provider)?

Yes  No

**5c.** Has anybody else agreed to be bound by the conditions of the licence, if it is granted?

Yes (fill in details below)  No (go to section 6)

Provide details about the owner(s) of the property, anyone else who has a legal interest in the property and/or anybody who has agreed to be bound by the conditions of the licence (if it is granted). Please continue on a separate sheet if necessary.

**5d.** Interest in the property (eg owner, leaseholder, mortgage provider) \_\_\_\_\_

**5e.** First name \_\_\_\_\_

**5f.** Family name \_\_\_\_\_

**5g.** Organisation (if applicable) \_\_\_\_\_

**5h. Address (if an organisation, provide the registered office address or other official address)**

Property number or name \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_

County \_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_

**5i.** email \_\_\_\_\_

**5j.** Main telephone number \_\_\_\_\_

## Section 6:

### Proposed manager of the HMO.

6a. Will the proposed licence holder be the manager of the HMO?

- Yes (go to section 7)  No (fill in details below)

### Provide details about the manager.

6b. First name \_\_\_\_\_

6c. Surname \_\_\_\_\_

6d. Organisation (if applicable) \_\_\_\_\_

6e. Address (if an organisation, provide the registered office address or other official address)

Property number or name \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_

County \_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_

6f. email \_\_\_\_\_

6g. Main telephone number \_\_\_\_\_

## Section 7:

### Details of the HMO to be licensed.

7a. Type of HMO (select one):

- Flat in multiple occupation  House converted into self contained flats  
 House  Other \_\_\_\_\_

7b. How many storeys does the whole building have? (Including ground floor, below ground and above ground.) \_\_\_\_\_

7c. How many storeys does the HMO have? (Include the ground floor, basements, attics and mezzanines) \_\_\_\_\_

7d. Which levels are these HMOs located on? (Give the levels the HMO is on, in relation to ground level.) \_\_\_\_\_

7e. What type of building is it?

- Detached house  Semi-detached house  
 Terrace house  End terrace house  
 Back-to-back house  Residential block  
 Mixed use block  Grouped structure  
 Town house  Other \_\_\_\_\_

7f. Are any parts of the building used for non-residential purposes?

Yes (fill in details below)  No (go to section 7g)

Describe which parts and how they are used (eg ground floor used for storage) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7g. When was the building originally built?:

Before 1919

1919 to 1945

1946 to 1964

1965 to 1980

After 1980

7h. Was the HMO to be licensed:

Purpose built with its present design

Converted from a previous residential dwelling, date of conversion \_\_\_\_\_

Converted from a non-residential structure, date of conversion \_\_\_\_\_

## Section 8:

### Occupation of the HMO to be licensed.

8a. Give the number of households and occupants in the property (A household consists of family members or a cohabiting couple. A group of four friends counts as four separate households. Include any children, and the landlord and family, if applicable):

	At the time of application	Proposed maximum
Separate households		
Occupants		

8b. If any of the current occupants are children, please state the current age of each child:

\_\_\_\_\_

8c. Is there a resident landlord?

Yes (fill in details below)  No (go to section 8d)

Which parts of the property does the landlord's household occupy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8d. What are the catering arrangements for occupants of the property (eg B&B, full board, self catering)?

\_\_\_\_\_

## Section 9:

### Accommodation details.

9a. Number of separate letting units in the property (Rooms or units let on separate tenancy contracts or to separate households.) \_\_\_\_\_

9b. Of these, the number which are:

- self contained letting units (exclusive use of kitchen, bath/shower and toilet) \_\_\_\_\_
- non-self-contained units (share use of kitchen, bath/shower and/or toilet) \_\_\_\_\_
- units with dormitories (share use of facilities including sleeping space) \_\_\_\_\_

**Number of rooms and facilities in the property**

9c. Give the number of each of the following in the property:

	Total in property	Use exclusive to one letting unit	Use shared between letting units
<b>Bedrooms</b> (exclude bedsits)			
<b>Bedsits</b> (combined living/bedrooms)			
<b>Living/dining rooms</b> (exclude kitchen-dining rooms and bedsits)			
<b>Kitchens</b> (include kitchen-dining rooms)			
<b>Sinks</b> (exclude wash hand basins)			
<b>Shower/bathrooms</b>			
<b>Toilets in shower/bathrooms</b>			
<b>Separate toilets with wash hand basins</b> (exclude external toilets)			
<b>Separate toilets without wash hand basins</b> (exclude external toilets)			
<b>Wash hand basins</b> (include all wash hand basins)			

9d. Do all baths, showers, sinks and wash hand basins have a constant supply of hot and cold water?

- Yes  No

9e. Are all kitchens equipped with the following:

- |                                 |  | Number of |
|---------------------------------|--|-----------|
| • a sink with draining board    | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____     |
| • dishwasher                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____     |
| • gas/electric cooker           | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____     |
| • combination microwave         | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____     |
| • electrical sockets            | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____     |
| • worktops for food preparation | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____     |
| • storage cupboards             | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____     |
| • combined fridge/freezer       | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____     |
| • separate refrigerator         | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____     |
| • separate freezer              | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____     |
| • refuse storage facilities     | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____     |



## Section 10:

### Heating and energy efficiency

#### Heating

10a. What type of heating does the property have?

- Gas central heating                       Electrical central heating / night storage heaters  
 Fixed gas heaters/fires                       Fixed electrical heaters/fires  
 Solid fuel fires                                       Other, please specify \_\_\_\_\_

10b. Do all the rooms in the property have a source of heat (eg radiator or fire)?

- Yes    No

10c. Do all bathrooms and kitchens have a means of natural or mechanical ventilation?

- Yes    No

#### Energy efficiency

10d. Are the windows double glazed?

- All                       Some                       None

10e. Is the roof space insulated?

- All                       Some                       None                       N/A

10f. Provide details \_\_\_\_\_

Include the thickness of insulation in mm.

10g. Are cavity walls insulated?

- All                       Some                       None                       N/A

10h. Are hot water tanks lagged?

- All                       Some                       None                       N/A

10i. Is there an Energy Performance Certificate for the property?

- Yes    No (a survey will need to be carried out before the application is returned)  
You will be required to submit an Energy Performance Certificate with this application.

## Section 11:

### Gas and electricity

11a. Does the property have a gas supply?

- Yes    No

Provide the following details about the last inspection of the gas installation and appliances. The inspection should have been completed within the last 12 months by a Gas Safe Registered Engineer. You are required to submit the Gas Safe Certificate with this application.

11b. Name of inspector/company \_\_\_\_\_

11c. Engineer registration number \_\_\_\_\_

11d. Date of last inspection \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

11e. Certificate number \_\_\_\_\_

## Electrical installation and fixed appliances

- 11f. Have the electrical installation and fixed electrical appliances been tested within the last five years?  
 Yes  No

Provide the following details about the last inspection of the electrical installation and fixed appliances. You are required to submit the Electrical Installation Condition Report and certificate with this application.

11g. Name of inspector/company \_\_\_\_\_

11h. Date of last inspection \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

11i. Certificate number \_\_\_\_\_

## Portable electrical appliances

- 11j. Are there any portable electrical appliances provided for use by the occupants (eg kettle, refrigerator, vacuum cleaner)?  
 Yes  No

## Section 12:

### Fire precautions

#### Fire risk assessment

- 12a. Has a fire safety risk assessment been undertaken?  
 Yes, please provide a copy with the application  
 No, this will need to be undertaken within 6 months of licence being granted

#### Smoke and heat alarms

- 12b. Are smoke and/or heat alarms (or detectors) provided in the property?  
 Yes  No

12c. Type of alarms or detectors:

- |  |   |
|--|---|
| <input type="checkbox"/> Battery operated                | <input type="checkbox"/> Mains electricity - standalone       |
| <input type="checkbox"/> Mains electricity - interlinked | <input type="checkbox"/> Mains electricity - panel controlled |

12d. How many altogether? \_\_\_\_\_

12e. Give the location of each smoke alarm (eg ground floor hall, first floor kitchen):  
\_\_\_\_\_  
\_\_\_\_\_

### Other fire equipment and precautions

- 12f. Is the following fire equipment provided in the property?  
 Fire extinguishers  Fire blankets in every kitchen  
 Emergency lighting in common areas  Fire doors  
 None of the above

**12g.** Do all the fire doors have the following?

- Self closing devices                       Intumescent strips  
 Cold smoke seals                          None of the above

**12h.** Provide details of the fire escape routes from the property and how you ensure they are kept clear:

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**12i.** Provide details of any fire safety information or training provided to the occupiers of the property:

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**12j.** Do all furniture and soft furnishings provided at the property comply with The Furniture and Furnishings (Fire) (Safety) Regulations 1988 (as amended)?

- Yes                       No  
 Don't know            None provided

**Maintenance and inspections**

**12k.** Is the fire precautions equipment serviced and inspected by a competent person at regular intervals?

- Yes    No

Provide the following details about inspections. You will be required to submit inspection certificates with this application.

**12l.** Type of equipment (emergency lighting, fire alarm system, fire extinguishers.) \_\_\_\_\_

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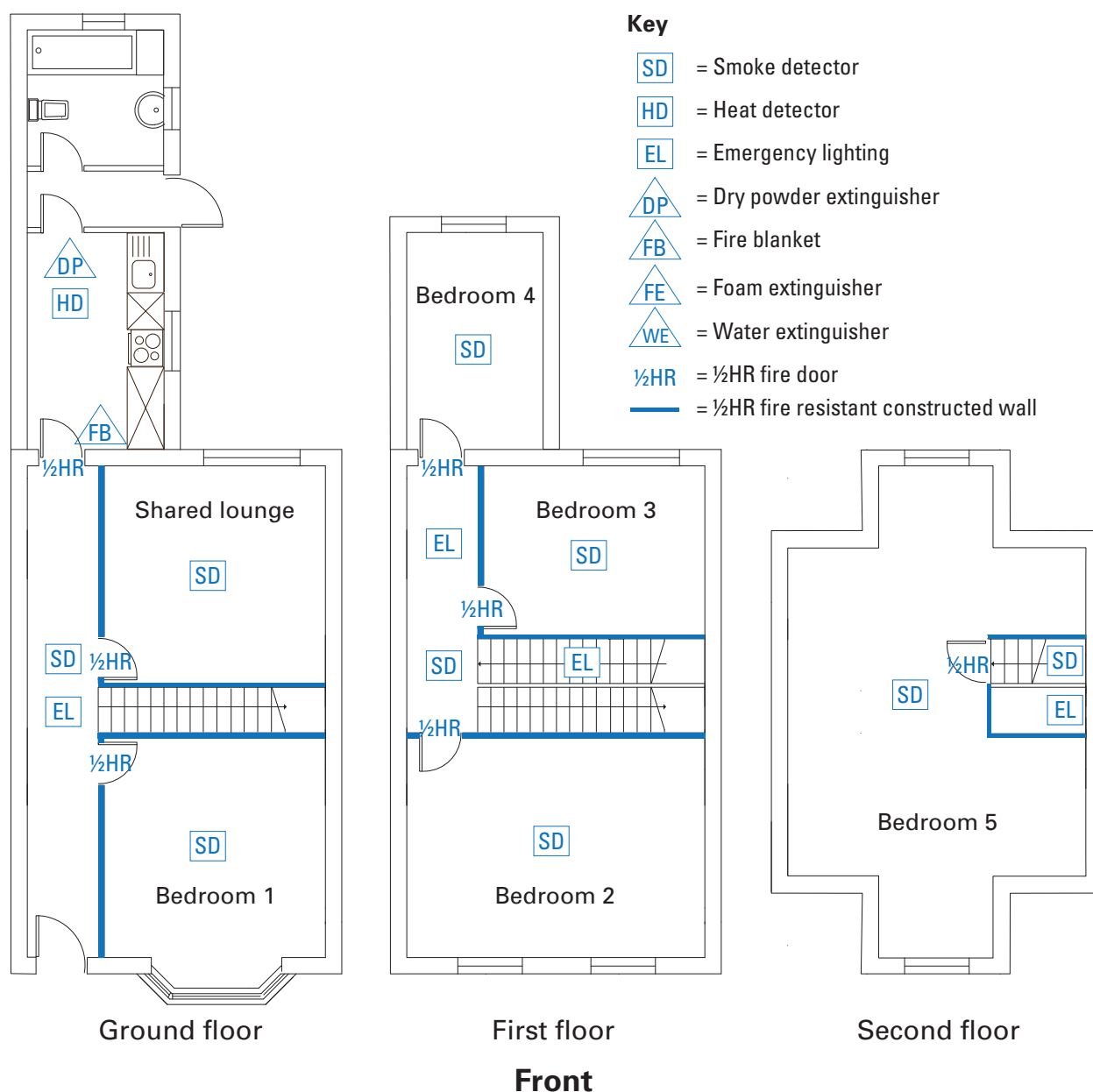
**12m.** Name of inspector/company \_\_\_\_\_

**12n.** Date of last inspection \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**12o.** Certificate number \_\_\_\_\_

## Section 13: Layout plans

Layout plans for each storey of the building, showing the location and dimensions of all rooms within the property is required with your application. Please see guidance for full requirements of your plan. **Layout plan example:**



Room	Dimensions	Floor area
Shared lounge, ground floor rear right	4 x 4m	16m <sup>2</sup>
Shared kitchen, ground floor back addition	4 x 2.5m	10m <sup>2</sup>
Shared bathroom, ground floor back addition	2.5 x 2.5m	6.25m <sup>2</sup>
Bedroom 1, ground floor front right	4 x 4m	16m <sup>2</sup>
Bedroom 2, first floor front	4 x 5.5m	22m <sup>2</sup>
Bedroom 3, first floor rear right	4 x 3m	12m <sup>2</sup>
Bedroom 4, first floor back addition	4 x 2.5m	10m <sup>2</sup>
Bedroom 5, second floor	5.5 x 6m	33m <sup>2</sup>

## Section 14:

### Management of HMO to be licensed

**14a.** Are occupants given a tenancy agreement (or other written statement of terms of occupancy)?

Yes  No

You will be required to submit a copy of this document with your application.

**14b.** Does the written statement of terms include any clauses relating to antisocial behaviour?

Yes  No

**14c.** Does the written statement of terms include guidelines on procedures for tenants to report necessary repairs and make complaints about the property?

Yes  No

### Deposit

**14d.** Is a deposit required at the start of a new tenancy?

Yes  No (go to section 14g)

**14e.** Are the terms of the tenancy deposit clearly set out in writing?

Yes  No

**14f.** Is the proposed licence holder or manager a member of any government authorised scheme that protects tenants' deposits?

Yes, scheme provider and landlord reference number \_\_\_\_\_

No

### Rent and receipts

**14g.** Are tenants given a rent book?

Yes  No

**14h.** Are tenants given receipts for rent payments?

Yes  No

### Outline any procedures/arrangements you have to:

**14i.** Vet prospective tenants (eg use of a vetting service or accreditation scheme, take up references, etc)

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**14j.** Ensure the property is clean, safe and fit to live in, before each new tenancy

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**14k.** Agree an inventory with each tenant, detailing the furniture and appliances supplied, including the condition of individual items

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**14l.** Review the general condition of the property (internal, external, garden etc) sufficiently regularly to ensure it is maintained in good and safe repair

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**14m.** Deal with repairs and complaints which have been reported within a reasonable time

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**14n.** Cover the cost of major emergency repair work or improvements to the property

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**14o.** Receive and respond to complaints of antisocial behaviour involving or affecting the tenants and/or their children or visitors.

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## **Section 15:**

### **Fit and proper person test**

Has the proposed licence holder, the manager and/or any person associated with either of them:

**15a.** Committed any offence involving fraud or other dishonesty (including benefit fraud), violence, drugs, or any offence listed in Schedule 3 to the Sexual Offences Act 2003 (subject to the Rehabilitation of Offenders Act 1974)?

Yes  No

**15b.** Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with, any business?

Yes  No

- 15c.** Contravened any legislation relating to housing, public health, environmental health or landlord and tenant law?  
 Yes  No
- 15d.** Been refused a licence under Part 2 or 3 of the Housing Act 2004?  
 Yes  No
- 15e.** Had a licence revoked for breach of any conditions under Parts 2 or 3 of the Housing Act 2004?  
 Yes  No
- 15f.** Contravened any Code of Practice relating to the management of HMOs?  
 Yes  No
- 15g.** Been subject to a Control Order under the Housing Act 1985 (in the past five years)?  
 Yes  No
- 15h.** Been subject to a Management Order under the Housing Act 2004?  
 Yes  No
- 15i.** Failed to comply with a Housing Notice (requiring works etc.) served by a local authority?  
 Yes  No
- 15j.** Been subject to complaints from tenants or other sources, regarding serious or repeated breaches of the conditions of a licence under the Housing Act 2004?  
 Yes  No

## Section 16:

### Accreditation and qualifications

- 16a.** Has the proposed licence holder and/or the manager become accredited with a landlords' accreditation scheme?  
 Yes (fill in details below)  No

Name of person involved \_\_\_\_\_

Organisation/scheme \_\_\_\_\_

Membership/Associate number \_\_\_\_\_

Continue on a separate sheet if required.

- 16b.** Is the proposed licence holder and/or the manager a member of a professional landlords' association?  
 Yes (fill in details below)  No

Name of person involved \_\_\_\_\_

Organisation/scheme \_\_\_\_\_

Membership number \_\_\_\_\_

Continue on a separate sheet if required.

**16c.** Is the proposed licence holder and/or the manager a member of a professional body relevant to the ownership and management of residential property?

Yes (fill in details below)     No

Name of person involved \_\_\_\_\_

Organisation/scheme \_\_\_\_\_

Membership number \_\_\_\_\_

Continue on a separate sheet if required.

**16d.** Have the proposed licence holder and/or the manager any relevant qualifications or undertaken any training courses relevant to the ownership and management of residential property?

Yes (fill in details below)     No

Name of person involved \_\_\_\_\_

Provider/awarding body \_\_\_\_\_

Course qualification \_\_\_\_\_

Date of course/award \_\_\_\_\_

Continue on a separate sheet if required.

## Section 17:

### Other properties licensed under the Housing Act

**17a.** Does the proposed licence holder and/or manager own or manage other properties which require a licence under the Housing Act 2004?

Yes (fill in details below)     No

Total number of properties? \_\_\_\_\_

## Section 18:

### Notifying people about the licence application

You must let certain people know in writing that you have made this application.

The people who need to know about it are:

- any owner of the property to which the application relates (if that is not you) ie the freeholder and any leaseholders who are known to you
- any mortgage provider for the property to be licensed
- 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



**18a.** Does anybody (other than you) own the property (eg as freeholder, leaseholder, joint owner)?

Yes (provide details below of notifying these people about the licence application)

No

Name of person notified \_\_\_\_\_

Address \_\_\_\_\_

Interest in the property or application (eg freeholder) \_\_\_\_\_

Date notified \_\_\_\_\_

Continue on a separate sheet if required.

**18b.** Is there a mortgage on the property?

Yes (provide details below of notifying these people about the licence application)

No

Name of person notified \_\_\_\_\_

Address \_\_\_\_\_

Interest in the property or application (eg freeholder) \_\_\_\_\_

Date notified \_\_\_\_\_

Continue on a separate sheet if required.

**18c.** Does the property have any tenant or leaseholder with more than three years remaining on the tenancy or lease?

Yes (provide details below of notifying these people about the licence application)

No

Name of person notified \_\_\_\_\_

Address \_\_\_\_\_

Interest in the property or application (eg freeholder) \_\_\_\_\_

Date notified \_\_\_\_\_

Continue on a separate sheet if required.

**18d.** Is the proposed licence holder somebody other than you?

Yes (provide details below of notifying these people about the licence application)

No

Name of person notified \_\_\_\_\_

Address \_\_\_\_\_

Interest in the property or application (eg freeholder) \_\_\_\_\_

Date notified \_\_\_\_\_

Continue on a separate sheet if required.

**18e.** Is the proposed manager somebody other than you?

- Yes (provide details below of notifying these people about the licence application)  
 No

Name of person notified \_\_\_\_\_

Address \_\_\_\_\_

Interest in the property or application (eg freeholder) \_\_\_\_\_

Date notified \_\_\_\_\_

Continue on a separate sheet if required.

**18f.** Has anybody else agreed to be bound by the conditions of the licence, if it is granted?

- Yes (provide details below of notifying these people about the licence application)  
 No

Name of person notified \_\_\_\_\_

Address \_\_\_\_\_

Interest in the property or application (eg freeholder) \_\_\_\_\_

Date notified \_\_\_\_\_

Continue on a separate sheet if required.

You must tell each of these people (or organisations):

- your name, address, telephone number and email address or fax number (if any)
- the name, address, telephone number and email address of the proposed licence holder (if it will not be you)
- this is an application for an HMO licence under Part 2 of the Housing Act 2004
- the address of the property to which the application relates
- the name and address of Spelthorne Borough Council to which the application will be made
- the date the application will be submitted

## Section 19:

### Additional details

Provide any additional information which is required or relevant to your application. Continue on a separate sheet if required.

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## Section 20:

### Declaration

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 persons detailed in Section 18 of this application who are the only persons known to me/us that are required to be informed that I/we have made this application.

Ticking this box indicates you have read and understood the above declaration.

This section should be completed by the person who completes this form.

Full name \_\_\_\_\_

Status \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

In the case of partnerships or trustees, all partners or trustees must sign. In the case of a limited company, the form must be signed by a Director or Company Secretary or other authorised officer, in which case we will require proof of authority.

Full name \_\_\_\_\_

Status \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Please note your licence will not be processed unless we have received all the documentation below:

A current gas safety certificate (if there is gas in the property)	✓
A current electrical installation condition report	✓
A current test certificate for the automatic fire detection system (if there is one)	✓
A current test certificate for the emergency escape lighting system (if there is one)	✓
An energy performance certificate (EPC)	✓
A written fire risk assessment carried out by a competent person (if you have one. If you do not currently have one you will be required to produce one within 6 months of your licence being issued)	✓
A floor plan, showing the room sizes, the fire protection measures and the kitchen, toilet and bathroom facilities (see section 13)	✓
A blank copy of a tenancy agreement for the property that is given to the tenants	✓
The appropriate fee (see separate fee sheet)	✓

Extra Information: