

Please return completed application forms to:

**EHCP (Housing)**

**PO Box 617**

**Durham**

**DH1 9HZ**

**Tel: 03000 261 016 email: ehcp@durham.gov.uk**



### Important Note:

**Please only use this form where you are applying for a renewal of a previous HMO licence for the same property and there are no changes to the licence holder. If the property has either not been previously licensed or if there is a change of licence holder, you must complete the application form for 'New HMO licence application or transfer of ownership'.**

**Please read the following carefully. If you would like your application to be checked and vetted by DCC, please contact us on 03000 261016 and we will arrange a mutually convenient time for you to call at our office. Please note that there will be a charge of £50.00 for this service.**

Types of properties that require a mandatory licence:

- Licensing applies to **all** HMOs occupied by five persons or more in two or more households, **regardless of the number of storeys.**
- This includes any HMO which is a building or a converted flat where such householders lack or share basic amenities such as toilet, personal washing facilities or cooking facilities.
- It also applies to purpose built flats where there are up to two flats in the block and one or both are occupied as an HMO.

### Information for applicants

#### **1. The licensing process**

When an application has been received and is deemed to be valid (i.e. all of the sections\*\* are completed, supporting documentation has been provided and appropriate payment has been made), the licensing paperwork will be issued. This will come in the form of a draft licence, and following a 14 day consultation period a full licence will be issued. This paperwork will be sent to each interested party such as other owners and mortgage providers, so they may make any representations during the consultation period.

\*\*Every applicant needs to complete all of the sections that are in **bold type**. The remaining sections require completing as directed.

The licence is subject to a number of conditions, these are known as Part A and Part B conditions. Part A conditions are standardised and applied to every licensed HMO within County Durham. Whereas, Part B conditions are unique to each property and reflect the works required to bring the property up to the Authority's standards. These works are identified during a formal inspection carried out within the licensing period. This means initially a licence may be issued with no Part B conditions attached, however following the formal inspection the licence may be reissued with amended conditions. At any point during the licensing period, failure to comply with the Part A or Part B conditions may result in the licence being revoked.

#### **2. Informing interested parties that an application has been made**

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 the application relates (if that is not you) i.e. the freeholder and any head lessees 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 condition or conditions in a licence if it is granted.

You must tell each of these persons:-

- Your name, address, telephone number and e-mail address
- The name, address, telephone number and e-mail address of the proposed licence holder (if it will not be you)
- Whether this is an application under Part 2 or Part 3 of the Housing Act 2004 and the address of the property to which it relates
- The name and address of the local housing authority to which the application will be made
- The date the application will be submitted

### **3. For Landlords of Student Properties only**

As part of this application form, applicants have the option to become members of the Durham Student Assured Housing Scheme (DSAHS). Benefits of the scheme include:

- Certificate and window sticker to display in your property
- Free and impartial advice exclusive to landlords of assured properties
- Advice, seminars and regular updates provided by Durham County Council on any issues relating to HMO's

### **4. A valid application for a renewal of a mandatory licence will require the following documents to be produced:**

- Completion of all parts of the application form that are highlighted in **bold type**
- Signed declarations in the appropriate boxes
- Cleared payment of the relevant fee (see section 7 of these notes)

### **5. A valid application for a renewal of a mandatory licence and / or DSAHS membership will require the following documents to be produced:**

- Completion of **all** parts of the application form
- Signed declarations in the appropriate boxes
- Cleared payment of the relevant fee (see section 7 of these notes)
- A valid Gas Safety Certificate
- A full copy of the current Electrical Safety Certificate
- A full copy of the Tenancy Agreement specific to this property is included
- A current EPC certificate (if applicable)
- Indicative/sketch/floorplan with room sizes (where available)

### **6. Standards for HMO's**

Please make sure that you read carefully Durham County Council Standards for Houses in Multiple Occupation. Please familiarise yourself with the details of your property type, i.e. Shared house, bedsit etc. The relevant standards for each property type can be found at:

[www.durham.gov.uk/article/2499/Multiple-occupany-home](http://www.durham.gov.uk/article/2499/Multiple-occupany-home)

Failure to meet these standards may result in licences being revoked and possible legal action taken.

## **7. Licence fee**

You can either pay your licence fee by cheque or request an invoice to be raised. Your application will not be considered fully made until your payment has cleared.

The total licence fee is made up from a licence application and inspection fee and a separate fee covering the monitoring and enforcement activities that the Council is required to administer throughout the period that the licence is in place (a maximum of 5 years).

The fee for renewal of an existing HMO licence is £750 and can be paid in full on application. However, following a Court of Appeal decision, we must also offer a two-stage fee process to applicants. The first stage fee is £400 and covers the processing of the licence application and property inspection. If the licence is approved, the second stage fee of £350 becomes payable and is attributable to the monitoring and enforcement of the licence.

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PO Box 617  
Durham  
DH1 9HZ  
Tel: 03000 261 016 email: ehcp@durham.gov.uk



## Housing Act 2004: Application to Renew an Expired Licence for a House in Multiple Occupation:

Name of Applicant: \_\_\_\_\_

Address of Property: \_\_\_\_\_

### Licence Renewal Fee (please tick)

Full licence fee = **£750\*** or

Application and inspection fee only = **£400**

I agree to pay the balance of **£350** within 14 days of draft licence being issued

\* see item 7 of the accompanying notes

## Durham Student Assured Housing Scheme Membership (DSAHS):

Licensed properties can be included in the DSAHS for an additional payment of £30.00; membership will be processed alongside the licensing application.

Yes, I would like to pay £30 to include this property in the scheme   
(Please complete pages 16 – 17 of the application)

I am not interested in joining the scheme at this present time



I have enclosed a cheque made payable to Durham County Council.

I wish to make payment via an invoice

*Payment by invoice can be made in a number of ways including BACS transfer, over the counter payments or by telephone using a credit or debit card. If you wish to pay by this method, please provide details below of the invoice recipient:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Please note, the authority must receive payment before this application is considered valid and documentation can be issued.

## Office use only

Date application received \_\_\_\_\_

Reference Number \_\_\_\_\_

PLEASE COMPLETE IN BLOCK CAPITALS

1. Applicant Details

1.1 a) Name of Applicant (for which licence is to be issued)

Title: \_\_\_\_\_ Forenames: \_\_\_\_\_

Surname: \_\_\_\_\_

Please note; licences can only be issued in the name of one person only. This is to be any party with responsibility of the property, e.g. an owner, a manager (provided they are able to undertake the legal responsibilities of licensing) or a company secretary. Where a property is owned by more than one person (e.g. a married couple) the applicant must determine who will be the licence holder prior to submitting an application.

b) Licence Details - Address of property to be licensed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) Contact Information - Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_ \_\_\_\_\_

Correspondence address (if different from above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*d) Date of Birth (dd/mm/yyyy) \_\_\_\_\_

\*e) Place of birth \_\_\_\_\_

\*f) National Insurance number \_\_\_\_\_

\*NOT APPLICABLE IF THE LICENCE HOLDER IS A COMPANY

Is there likely to be any other person who will be bound or affected by a condition contained in the licence?

Yes  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

**1.2** Are you a member of any landlords association or other professional body?

*If so please indicate which.*

**1.3** Are you an accredited landlord in this or another authority?

*If so please indicate which.*

**1.4** In this part, please give details of all other properties licensed under Part 2 or 3 of the Housing Act 2004, where the proposed licence holder for this application is also either the licence holder or manager of those properties:

1. Please provide addresses of properties within the Durham County Council area (Please use separate sheet if necessary)

2. Please provide details of properties in other Local Authority areas throughout England (Please use separate sheet if necessary)

## 2. Managing Agents/ Landlord Details

### 2.1 a) Name & Address of person managing the property being licensed and in what capacity.

Please be aware that any person named in this section will become the first point of contact for the Authority in regards to the licensed property, unless instructed otherwise.

**Title:** \_\_\_\_\_ **Forename:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

Please state the nature of your interest in the property being licensed:

\_\_\_\_\_

### b) Contact Information

**Business Name:** \_\_\_\_\_

**Head Office Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**VAT Number:** \_\_\_\_\_

**Reg. Company Number:** \_\_\_\_\_

Is the business registered in the UK with Companies House? Yes/No. Outside the UK. Yes/No

Correspondence address (if different from above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

### 2.2 Name & Address of Company Secretary or Business Owner

**Title:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2.3** Are you a member of any landlords association or other professional body?

*If so please indicate which.*

**2.4** Are you an accredited landlord in this or another authority?

*If so please indicate which.*

**2.5** Please give details of individual properties managed by the Managing Agent / Landlord that are licensed under Part 2 or 3 of the Housing Act 2004, in respect of the where the proposed Managing Agent / Landlord for this application is also either the Licence Holder or Manager of those properties:

1. Please provide addresses of properties within the Durham County Council area (Please use separate sheet if necessary)
2. Please provide details of properties in other Local Authority areas throughout England (Please use separate sheet if necessary)

**2.6 Proposed licence holder – Business and Organisations**

Legal status of the proposed licence holder:

- Individual or sole trader
- Company
- Partnership
- Charity or trust
- Other

### **NOTE**

**Anyone named in this section is required to complete the declaration on page 17**



### 3. Statement that the licence holder, Property Manager and Associates are Fit and Proper People, as defined by Housing Act 2004 – Part 2 – Section 66

	Licence Holder		Manager		Associates	
	Yes	No	Yes	No	Yes	No
Does anyone have unspent convictions relevant to being involved in running and HMO namely:-						
Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fraud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any offence listed in Schedule 3 of the Sexual Offenders Act 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other offence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a Court or Tribunal found against you in connection with any business in relation to: Unlawful Discrimination on the grounds of Sex , Colour, Race, Ethnic or National Origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any convictions, Civil or Criminal of any provision of enactment which led to civil or criminal proceedings resulting in a judgement being made against you, relating to:- Landlord and Tenant Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health, Environmental Health or Housing Legislation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any properties you are involved with been refused a licence under Part 2 or 3 of the Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a licence under Part 2 or 3 of the Act revoked in consequence of breaching the licence conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Have you acted otherwise than in accordance with a Code of Practice that concerns a property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you, or have you owned any property that has been the subject of any proceedings (court or otherwise) by a Local Authority?	<input type="checkbox"/>	<input type="checkbox"/>				
Do you, or have you owned any properties that have been, or are, subject to an Interim or Final Management Order under the Act?	<input type="checkbox"/>	<input type="checkbox"/>				
Have any of your properties been subject to a Control Order in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>				

If you have answered YES to any of the above questions, you must supply further details of the offence and if it is the Manager, the address of the property that person is managing. These details can then be used by the LHA to determine if that person can be judged 'Fit and Proper'

Please note that the Housing Act 2004, Section 238 makes it an offence to supply false information.

**3.2** Please provide details of any unspent convictions or contraventions to the above:

### Note to Applicants

Please note that it is a criminal offence to knowingly supply information which is false or misleading for the purposes of obtaining a licence.

Evidence of any statements made in this application with regard to the property concerned may be required at a later date.

If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled or other action taken.

**ANY PERSON NAMED IN SECTION 2 SHOULD NOW COMPLETE THE DECLARATION IN SECTION 6**

## 4. Property Details

**4.1a** Please give approximate date of the property being in your possession and subject to mandatory licensing: \_\_\_\_\_

**4.1b** Please give the approximate age of original construction of the property

Before 1919  1919 to 1945  1945 to 1964  1965 to 1980  Post 1980

**4.2 Are there any employees at these premises?**

No  Yes  Unknown

**4.3 Is there a resident landlord?**

No  Yes

**4.4 Please confirm whether you provide the following**

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| a) Tenancy Agreements/written details of terms of tenancy. Please provide a copy. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) Do you include conditions for anti-social behaviour?                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) Inventory & schedule of condition at commencement of occupancy                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) Rent book/ receipt   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e) Repairs contact/ procedure   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f) Complaints procedure   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**4.5** Number of Smoke/Heat/Carbon Monoxide (CO) detectors

Is there:

- a) A system of smoke/heat detectors incorporating;
- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| A fire alarm panel?                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Emergency Lighting in the common ways?       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Smoke/heat detectors in kitchen/common room? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Sounders/alarms on all levels?               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
- b) Is the main escape route protected by fire doors with Self-Closers? Yes  No
- c) Is the escape route kept clear of flammable material and other obstructions? Yes  No
- d) Do you have a contractor to maintain and inspect your system? Yes  No
- If so please state who \_\_\_\_\_
- e) Is there a log book of inspection/testing? Yes  No
- f) If yes where is it kept? \_\_\_\_\_
- g) Do you have a fire risk assessment for the property Yes  No
- h) Please provide details of any fire safety training given to the occupiers  
\_\_\_\_\_
- i) Number of CO Detectors in property \_\_\_\_\_

**4.6** Is all furniture compliant with The Furniture and Furnishing (Fire) (Safety) Regulations 1988 (As amended in 1989 and 1993) (Excluding furniture/furnishing provided by tenants)*Furniture includes;*

- |                        |     |                          |    |                          |
|------------------------|-----|--------------------------|----|--------------------------|
| Furniture              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Beds                   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Beds Headboards        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Mattresses             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Sofa Beds              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Futons                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Other Convertible Beds | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Nursery Furniture      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Seat Pads              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Scatter Cushions       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Pillows                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**4.7 Heating and Energy Efficiency**

What type of heating does the property have? \_\_\_\_\_

Do all the rooms in the property have a source of heat (e.g. radiator) Yes  No Is there an Energy Performance Certificate for the property? Yes  No

#### 4.8 Gas Supply Information

Is there a gas supply to the property? Yes  No   
Do you have a current Gas Safety Certificate? Yes  No

***A Gas Safety Certificate is a legal requirement within rental properties and should cover the installation and any equipment you provide. This must be provided on an annual basis.***

#### 4.9 Electrical Installation Information

Have you got an electrical safety certificate from a competent electrical engineer within the last 5 years to confirm that the electrical installation is safe? Yes  No

Please indicate the date and brief details of any major works undertaken.

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**PLEASE DO NOT SEND ORIGINAL DOCUMENTS.  
PAPER COPIES WILL BE SECURLY SHREDDED ONCE THE APPLICATION IS  
COMPLETE AND THE INFORMATION IS STORED ELECTRONICALLY**

**I WOULD LIKE MY ORIGINAL DOCUMENTS RETURNED**

#### 4.10 Maintenance Information

Have you a:

a) Maintenance Plan? Yes  No

Details: \_\_\_\_\_

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b) Inspection of furniture/facilities/equipment? Yes  No

Details: \_\_\_\_\_

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c) Emergency repairs procedure Yes  No

i.e. Burst pipe, broken boiler

Details \_\_\_\_\_

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#### 4.11 Property Details

Number of Storeys:

Ground Level

Above Ground Level

Below Ground Level

Total

Number of Storeys used for residential accommodation:

Number of separate letting units

Number of Habitable Rooms:

(i.e. bedsits, bedrooms, living rooms, living / kitchen / dining rooms excluding separate kitchens and bathrooms)

Total

Type of heating: \_\_\_\_\_

#### Room Details

		Sole	Shared	Total
Rooms	Living Rooms or Living /Dining Rooms			
	Bedrooms			
	Bath/Shower Rooms			
	WCs			
	Rooms with Kitchen facilities only			
Facilities	Sinks			
	Wash Hand Basins			
	Baths			
	Showers			
	WCs			

#### Building Details

Type of Property	House in Single Occupation <input type="checkbox"/>	House in Multiple Occupation <input type="checkbox"/>	Flat in Single Occupation <input type="checkbox"/>	Flat in Multiple Occupation <input type="checkbox"/>	Purpose Built Block of Flats <input type="checkbox"/>
Houses in a building used for both residential and business purposes <input type="checkbox"/>			House converted into and comprising self-contained flats <input type="checkbox"/>		Other <input type="checkbox"/>

#### 4.12 Occupancy

Please state the number of Households/Lettings for which you would like a licence: \_\_\_\_\_

NOTE: One contract for a number of unrelated individuals e.g. students, does not constitute a single household/letting. 5 students sharing one property form 5 households

Please state the number of individuals for which you would like a licence: \_\_\_\_\_

The number of individuals and households stated above relate to the numbers you can potentially accommodate. Please note this number is not necessarily the current number of occupants.

The numbers stated are the maximum numbers, which may be permitted after consideration and will appear on the licence issued. Should this number be exceeded the licence holder will be in breach of the licence.

#### 4.13 Planning

Have you applied for or received planning permission for this property? Yes  No

Date of application: \_\_\_\_\_

Please give approximate (or estimated) date of construction: \_\_\_\_\_

If converted, approximate date of conversion: \_\_\_\_\_

(If the property is converted please provide evidence of building regulation compliance i.e. completion certificate)

#### 5. Ownership

##### 5.1 Please give details of the owner of the property

Title: \_\_\_\_\_ Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Address:

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Telephone: \_\_\_\_\_

Title: \_\_\_\_\_ Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Address:

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Telephone: \_\_\_\_\_

(Continue onto a separate sheet if necessary)

**5.2**

a) Is the property Freehold  Leasehold

b) Please give details if the Freeholder/Leaseholder if not the applicant:

Title: \_\_\_\_\_ Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5.3 Mortgage Details**

a) Is the property mortgaged? Yes  No

b) If yes please give details of each mortgage provider

Bank or Building Society Name: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continue onto a separate sheet if necessary)

c) Please give the name and address of each of the mortgage holders.

Title: \_\_\_\_\_ Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title: \_\_\_\_\_ Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continue onto a separate sheet if necessary)

## 6. Declaration

### NOTE TO APPLICANTS

We will confirm details supplied in this application form with existing information held by other council departments e.g. Housing Benefits, Council Tax. We may also approach other authorities such as the Police Authority, Fire & Rescue Service, Office of Fair Trading, etc. for information and confirmation. We may require your co-operation in obtaining Criminal Records Bureau information in confirmation of the above.

You will be advised of this action should it be considered necessary during the application process. Please note that it is a criminal offence to knowingly supply information, which is false or misleading for the purposes of obtaining a licence. If we subsequently discover something, which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled or other action taken.

Any information supplied will be taken into consideration and will not necessarily exclude the applicant from becoming a licence holder.

### False or Misleading Information – Section 238

- (1) A person commits an offence if:-
  - (a) he supplies any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 or this Part,
  - (b) the information is false or misleading, and
  - (c) he knows that it is false or misleading or is reckless as to whether it is false or misleading.
  
- (2) A person commits an offence if:-
  - (a) he supplies any information to another person which is false or misleading.
  - (b) he knows that it is false or misleading or is reckless as to whether it is false or misleading, and
  - (c) he knows that the information is to be used for the purpose of supplying information to a Local Housing Authority in connection with any of their functions under any of Parts 1 to 4 or this part.
  
- (3) A person who commits an offence under Sub-section (1) or (2) is liable on summary conviction to a fine not exceeding level 5 on the standard scale.
  
- (4) In this section “false or misleading” means false or misleading in any material respect.

### Data Protection Statement

We need your personal data to enable this council to issue a HMO Licence. We may also use it for prevention and detection of fraud. We may share it with other organisations such as other Local Housing Authorities as part of our joint approach to ensuring that only fit and proper people are licensed to “own or manage Houses in Multiple Occupation”.

Data held by the Local Housing Authority in respect of the licensing of HMOs shall be stored in a register as required by section 232 of the Housing Act 2004. The information in this register shall be available, upon request, to Third Parties.

We will keep your personal data safe and secure and will not disclose it to anyone else without your consent, unless we are required by law to do so.



**Declaration (Licence Holder)**

**“I declare that the information contained in this application is correct to the best of my knowledge. I understand that I commit and 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 I am reckless as to whether it is false or misleading.”**

**Print Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Declaration (Persons named in Section 2, 3 & 5 – If applicable)**

**“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 and 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 I/we are reckless as to whether it is false or misleading.”**

**Print Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Declaration (Licence Holder) regarding any material changes (if applicable)**

**“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 2(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 as follows\*:**

**(Delete either (a) or (b) as appropriate)**

**Print Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*If you have made any material changes since you previous licence application please describe below or continue on a separate sheet**

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Checklist

All sections of the application form are completed, signed and dated

A valid Gas Safety Certificate is included (if applicable)

A full copy of the current Electrical Safety Certificate is included

A full copy of the Tenancy Agreement specific to this property is included.

A current EPC certificate (if applicable)

Indicative/sketch/floorplan with room sizes (where available)



**DURHAM STUDENT ASSURED HOUSING CODE**

**DECLARATION**

I/we (name of company/owner):

of (Company Address) Website:

Contact E-mail Address:

Acknowledge and agree that:

I/we wish to join **Durham Student Assured Housing Code for Properties in the Private Rented Sector ("the Code")** from the date of this declaration. I/we agree to meet all the terms and conditions of the Code and abide by the regulatory mechanisms and complaints procedure as stated in the Code. I/we further declare that my conduct will be in line with that outlined in the Code.

In consideration for being permitted to join the Code, I/we agree and undertake to pay the current and any future Code fees, including any additional fees as listed. The fees apply across the joining period. All Code fees and any other payments pursuant to this declaration are stated inclusive of VAT. The standard property fee for the period is set out in the Code and paid to Durham County Council '*The Scheme Administrator*'. Owners choosing to pay fees for multiple properties simultaneously must provide a covering schedule identifying each property address that is subject to the application.

All of the fees and payments are correct as at the date of this declaration but may be amended by Durham County Council during the time period when I/we are a member of the Code.

I/we wish to declare that our property/ies (as listed on the Code Property Schedule) meet with the terms and conditions of the Code.

I/we accept that it is an important part of the Code to inform tenants of our membership and agree to make a copy of the Code available to all tenants.

Upon acceptance of this signed declaration, acceptance of the Code property schedule and payment of the Code fee I/we will be a member of the Code and acknowledge and agree that upon any failure to make payments or otherwise comply with the provisions of the Code then our membership may be terminated.

I understand that information about my Code status is in the public domain and will be accessible for up to five years regardless of my future membership of the Code. The Council will maintain a public register of assured properties.

The owner (and if applicable managing agent) remain solely responsible for the health, safety and welfare of any occupiers and visitors to properties covered by the Code.

**Declaration (Applicant)**

“I declare that the information contained in this application is correct to the best of my knowledge. I understand that I will be liable for immediate action for cancellation of any application, removal from the assured scheme or any other applicable action if I supply any information that is false or misleading and which I know is false or misleading or I am reckless as to whether it is false or misleading.”

Print Name: \_\_\_\_\_

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

\* Please tick the appropriate box(es) if you wish to give permission for Durham County Council to share details of your assured property with:

Web property advertising companies  other trade bodies/companies

**Declaration (Each person named in Sections 2, 3 and 5 – If applicable)**

“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 will be liable for immediate action for cancellation of any application, removal from the assured scheme or any other applicable action if I/we supply any information that is false or misleading and which I/we know is false or misleading or I/we are reckless as to whether it is false or misleading.”

Print Name: \_\_\_\_\_

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

\* Please tick the appropriate box(es) if you wish to give permission for Durham County Council to share details of your assured property with:

Web property advertising companies  other trade bodies/companies