



Assured Property Application Form

Please read the guidance notes at the end of this form and then complete all sections in **BLOCK CAPITALS** and black ink. If you need further assistance in completing the form, please contact the Public Health and Housing Team on 03000 261 016.

Property Fee (5 year total payable in advance is £180* (inclusive of VAT) for a 1 to 10 student property, or for multiples of 10 students or any part thereof). The full set of fees is contained in Chapter 10 of the Code. Cheques to be made payable to Durham County Council.

Total number of properties subject to this application: _____

Fee Total: _____ (please use Annex A on page 17 to calculate the total fee)

N.B. Multiple Applications

If you are applying for more than one property to be assured at the same time, it is acceptable to combine them into one signed application, provided that you separately supply the property specific sheets for Sections 4 / 5 and complete Annex A

*Fee for properties that have a valid HMO Licence is £30 (inclusive of VAT)

Please return completed application forms to:

EHCP (Housing)
PO Box 617
Durham
DH1 9HZ

Office use only

Date application received _____

Reference Number _____

PLEASE COMPLETE IN BLOCK CAPITALS

1. Applicant Details

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

Title: _____ Forenames: _____

Surname: _____

b) Property Details

Address of property to be licensed:

c) Contact Information

Address:

Telephone: _____

Email Address: _____

d) Correspondence address (if different from above):

Telephone: _____

Email Address: _____

***d) Date of Birth (dd/mm/yyyy)** _____

***f) Place of birth** _____

***g) National Insurance number**

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***NOT APPLICABLE IF THE APPLICANT IS A COMPANY**

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 Please indicate number of individual properties in management: by the applicant

Please provide addresses of properties within the Durham County Council area subject to licensing which are in the management of the applicant. (Please use separate sheet if necessary)

Please provide details of properties subject to licensing in other Local Authority areas throughout England and Wales (Please use separate sheet if necessary)

2. Managing Agents/ Landlord Details

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

Title: _____ Forename: _____ Surname: _____

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

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

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 indicate number of individual properties in management:
By the Managing Agent/Landlord**

Please provide addresses of properties within the Durham County Council area subject to HMO licensing which are in the management of the Agent/Landlord. (Please use separate sheet if necessary)

Please provide details of properties subject to licensing in other Local Authority areas throughout England and Wales (Please use separate sheet if necessary)

2.6 Proposed applicant – Business and Organisations

Legal status of the proposed applicant:

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

NOTE

Anyone named in this section is required to complete the declaration on page 16

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

	Applicant		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 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 contraventions, Civil or Criminal of any provision of enactment relating to:-						
Landlord and Tenant Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 breached any Part 2 or 3 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 a Management Order?	<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 anyone knowingly supplying information which is false or misleading for the purposes of obtaining property assurance will be subject to immediate action.

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 assured status may be cancelled and other action may be taken.

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

4. Property Details

4.1 Please give approximate date that you took responsibility for the property:

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 No
Emergency Lighting in the common ways? Yes No
Smoke/heat detectors in kitchen/common room? Yes No
Sounders/alarms on all levels? Yes No
- 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) 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 has 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.

**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: _____

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

Details: _____

c) Emergency repairs procedure Yes No

i.e. burst pipe, broken boiler

Details: _____

4.11 Property Details

Number of Storeys:

Ground Level **1**

Above Ground Level

Below Ground Level

Total

Number of Storeys used for residential accommodation:

Number of Habitable Rooms:

Self Contained

(i.e. bedsits, bedrooms, living rooms

Non Self- Contained

NOT kitchens and bathrooms)

Total

Type of heating: _____

Room Details

		Sole	Shared	Total
Rooms	Living Rooms			
	Bedrooms			
	Bath/Shower Rooms			
	WCs			
	Kitchens			
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 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:

Telephone: _____

Title: _____ Forename: _____ Surname: _____

Address:

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:

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 Disclosure and Barring Service 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 anyone knowingly supplying information which is false or misleading for the purpose of obtaining assured status, will be subject to immediate action. If we subsequently discover something, which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your assured status will be cancelled and other action may be taken.

Any information supplied will be taken into consideration and will not necessarily exclude the applicant from becoming the property manager.

Data Protection Statement

We need your personal data to enable us to process your application. 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 allowed to manage assured properties.

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.



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 three 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

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)

Please note any application forms received that do not contain the above will be considered invalid

ANNEX A

SUPPLEMENTARY INFORMATION FOR MULTIPLE PROPERTY APPLICATIONS

	Property Details	HMO Licence Number (if applicable)	Number of Occupiers	Property Fee (inc VAT)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
Total Application Fee				

Contact: Housing Team
Direct Tel: 03000 261016
email: HMO@durham.gov.uk



Durham Student Assured Housing Scheme Application Guidance

Section 1:

This section is to be completed by the person the assurance will be granted to; this could be the owner of the property, a managing agent or any other interested parties. Please note that any applicant must be in a position in which they have sufficient authority to action requests from the Council, they must also be deemed to be a 'fit and proper' person.

If you are submitting multiple applications at one time, this section only needs to be completed once.

Section 2:

This section should be completed by the relevant party, should that be a managing agent or other. The persons listed here will be the point of contact for the scheme operatives and all paperwork and queries will be directed to them in the first instance.

If you are submitting multiple applications at one time, this section only needs to be completed once.

Section 3:

This section should be completed in full and to the best of your knowledge, any information that is obtained by the Council that indicates anyone in relation to the property should not be deemed to be a fit and proper person will be acted upon. Should it be found that an untrue statement was made the appropriate actions will be taken against the applicant, this could result in the revocation of the assured status.

If you are submitting multiple applications at one time, this section only needs to be completed once.

Section 4:

If you are submitting multiple applications at one time, this section should be completed for each individual property.

This section gathers information about the property which is to be included in the scheme please complete this in full to the best of your knowledge.

Section 5:

If you are submitting multiple applications at one time, this section should be completed for each individual property.

This section gathers information about property which is to be included in the scheme please complete this in full to the best of your knowledge.

Section 6:

If you are submitting multiple applications at one time, this section only needs to be completed once.

If you have any queries regarding the application form please do not hesitate to contact us 03000 260 016, once an application is submitted we will inform you if we require any further information or if any clarification is required.