



**Mandatory HMO Licence
Application
(under Part 2 of the Housing
Act 2004)**

**CUSTOMER
SERVICE
EXCELLENCE**



The Government Standard

Use this form to apply for, or to renew, a Licence for a Mandatory House in Multiple Occupation (HMO) Licence in accordance with The Housing act 2004.

Please write clearly and telephone Private Sector Housing and Public Health Team on 01903 737775 if you need any assistance completing the form.

HMO licensing standards may be found at:

<http://www.arun.gov.uk/privatehousing>

Please attach current gas safety certificates, electrical safety reports, fire alarm and emergency lighting test reports Fire Risk Assessment.

The declarations at the end of the application must be signed and dated before submitting.

The correct fee must be included when the application is submitted. (See page ??? for fee calculation).

Please note that it is a criminal offence to make a false statement in an application for an HMO licence or fail to comply with any condition of the licence.

Please answer all questions, if there are questions that are not applicable mark them as 'not applicable'

ADDRESS OF PREMISES - Please give the postal address of the property to be Licensed:

16 SELSEY AVENUE, ALDNICK

BOGNOR REGIS, WEST SUSSEX

Post Code: PO21 2QZ

Has there been a previous licence for this property?

Yes



No



If yes what is the Licence Number 8920 (found on the current licence)

The Application comprises 4 sections:

Part 1. Applicant, Licence Holder and Manager's details

Part 2. Information about the Property and tenancy

Part 3. Fees

Part 4. Declarations

PART 1: Applicant, Licence Holder and Manager Details

(Please read the notes accompanying this section and complete in block letters)

This section asks you to list all the parties with a legal interest in the property. If you perform more than one role you do not need to fill out your details more than once.

1.1 APPLICANT – The applicant may be the manager or someone representing the proposed licence holder (go to 1.2) Addresses given are to be the addresses at which legal notices can be served, this will be the usual home address of an individual except in relation to a managing agent or company.

Name: SANDRA ELLIS Tel: [REDACTED] Mobile: [REDACTED]

Home Address: ALMOND BEACH HOUSE, 15 MARQUIS WAY

ALDWICK, BOGNOR REGIS, WEST SUSSEX

Postcode: PO21 4AT Email: [REDACTED]

1.2 PROPOSED LICENCE HOLDER – (This will usually be the owner).

Are you the proposed licence holder? Yes ☒ (go to 1.3) No ☐ (complete this section with the licence holder's details).

Name: RAYMOND, SANDRA ELLIS Tel: [REDACTED] Mobile: [REDACTED]

Home Address: ALMOND BEACH HOUSE, 15 MARQUIS WAY

ALDWICK, WEST SUSSEX

Postcode: PO21 4AT Email: [REDACTED]

Signature of Proposed Licence Holder (if not the applicant)

1.3 MANAGER – (This may be the owner or an appointed manager).

Are you the proposed manager? Yes ☒ (go to 1.4) No ☐ (complete this section with the manager's details then go to 1.4)..

Name: SANDRA ELLIS Tel: 01243 826469 Mobile: [REDACTED]

Home Address: ALMOND BEACH HOUSE, 15 MARQUIS WAY

ALDWICK, BOGNOR REGIS, WEST SUSSEX

Postcode: PO21 4AT Email: [REDACTED]

Signature of Manager (if not the owner/applicant)

1.4 PERSON(s) HAVING CONTROL / PERSON(s) BOUND BY THE LICENCE -

Is someone else entitled to receive the rent? (person having control) or is there a joint owner (bound by a condition of the licence) Yes ☐ (give their details) No ☒

Name: Signature.....
person having control / Bound by Conditions.
Delete as necessary

Daytime Tel No..... Mobile.....

Email:

Home Address.....

.....Postcode:.....

1.5 If any of the above is a company, Partnership or Trust please give the business name and complete the following boxes: If not, go to part 2.

Full name of Company, Partnership or Trust.....

Address of Registered Office:

Daytime Tel No..... Mobile.....

Address & contact details of, Company Secretary (if applicable).

Daytime Tel No..... Mobile.....

Email:

Home Address.....

.....Postcode.....

Name, address & contact details of all Directors, Partners, Trustees

Name:

Daytime Tel No..... Mobile.....

Email:

Home Address.....

.....Postcode.....

(Please continue on an additional sheet if necessary)

1.6 . By law, you must let certain people 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 to be licensed,
- any owner of the property to which the application relates (if that is not you) who are known to you, ie the freeholder and any head lessors,
- any person who is a tenant or long leaseholder of any part of the property (including any flat) who is known to you, other than statutory or other tenants whose leases/tenancies are 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 to be bound by any condition or conditions in a licence if granted.

You must tell each of these people:

- your name, address, telephone number and e-mail address or fax number (if any)
- the name, address, telephone number and e-mail address or fax number (if any) of the proposed licence holder (if that is not you)
- whether this is an application under Part 2 or for a house licence under Part 3 of the Housing Act 2004
- the address of the property to which the application relates
- the name and address of the local housing authority to which the application will be made
- the date the application will be submitted

Please tell us in part (a) who you have served a notice to and sign the declaration. Alternatively, if there is no-one that you need to inform, please only sign the declaration in

part (b).

Part (a)

I/we declare that I/we have served a notice of this application on the following people and these are the only people known to me/us that are required to be informed that I/we have made this application.

Signed.....  Date 28.1.14

Name	Address	Description of person's interest in the property or Application	Date of Service

(Please continue on an additional sheet if necessary)

Part 2. Information about the Property

(please read the notes accompanying this section)

2.1. Please tick the appropriate box to state the type of HMO for which the application is being made:

Shared house (Single tenancy: e.g. students) see 3.2 for fees

☒

Bedsit accommodation (multiple tenancies sharing of a basic amenity see 3.3 for fees

☐

Hostel (dormitory) type accommodation
(contact Arun District Council regarding fees 01903 737755)

☐

Other (please describe briefly below)

☐

2.2. Approximate age of the original construction of the HMO, Please circle

Before 1919

1919-1944

1945-1964

1965-1979

After 1979

If a conversion, give approximate date of conversion

2.3. Type of property:

House

☒

Flat/maisonette

☐

If a flat/maisonette is it:

Conversion

☐

Purpose-built

☐

Other (please specify).....Contact HMO Officer on 01903 737755 to discuss further

2.4. Number of storeys in the premises including basements, attics

3

Please list these storeys e.g. Lower ground floor, 1st floor etc. (include basement and attic if used as habitable accommodation).

Ground:

1st Floor

2nd Floor

2.5. Considering the age, character and locality of the property, please state if it is:-

(circle the appropriate answer)

- | | | | |
|----|---|--------------------------------------|----|
| a. | structurally sound and in reasonable repair | ☒ Yes | No |
| b. | reasonably free from damp | ☒ Yes | No |
| c. | clean and in good repair | ☒ Yes | No |
| d. | secure (with window and external door locks) | ☒ Yes | No |
| e. | has adequate facilities for rubbish storage and disposal. | ☒ Yes | No |

2.6. Do you have a schedule for?

- | | | | |
|----|---|--------------------------------------|----|
| a. | planned maintenance. | ☒ Yes | No |
| b. | inspection of furniture/facilities/equipment. | ☒ Yes | No |

Please provide brief details

.....

Regular inspections by Inletex (Sussex) Ltd.

.....

2.7. Fire Precautions.

Does your system of smoke/heat detectors incorporate:
(circle the appropriate answer)

- | | | | |
|----|--|--------------------------------------|----|
| a. | a fire alarm control panel | ☒ Yes | No |
| b. | emergency lighting in the common ways | ☒ Yes | No |
| c. | heat detectors in all cooking areas | ☒ Yes | No |
| d. | smoke alarms and detectors on all levels | ☒ Yes | No |

Please indicate the number and location of smoke alarms and detectors in the table below:

Floor	Sounders	Smoke detector	Heat detector
e.g ground	2 adj front door and kitchen	Hallway and each habitable room (bedsit) no cooking in rooms) and communal room	Kitchen and each habitable room with cooking facilities
Basement if applicable	—	—	—
Ground	—	5	1
First	—	5	—
Second	—	3	—
Third	—	—	—
Fourth	—	—	—
Attic if applicable	—	—	—

e. Is the main (internal) escape route protected by fire doors, with self closers?

Yes

No

f. Is the escape route kept clear of flammable material and obstructions?

Yes

No

g. Do you have a competent contractor to maintain and inspect your system?

Yes

No

If yes, please state who. SAFETY FIRST EXTINGUISHERS
FIRE ALARMS & EMERGENCY LIGHTING

h. Is there a log book of inspection/testing?

CERTIFICATE ENCLOSED

Yes

No

Give details of fire escape routes and fire safety training provided to tenants.

i. Please also give details of any equipment you have provided that is not covered by the above or given the occupiers fire safety training?

(Note: if fire extinguishers are provided, your written Fire Risk Assessment, as required by the Regulatory Reform (Fire Safety) Order 2005, must make note of this and must be supported by suitable training of tenants or be removed).

Fire Blanket

2.8. Utilities, Heating & Insulation.

a. What form of heating does the property have (please tick all that apply)?

Gas fired central heating,	common parts	☒	habitable rooms	☒
Off peak night storage heaters;	common parts	☐	habitable rooms	☐
Individual wall mounted gas heaters;	common parts	☐	habitable rooms	☐
Individual wall mounted electric heaters;	common parts	☐	habitable rooms	☐

Other (please state below)

b. Is the loft insulated?

Yes

No

If yes, please tell us the date it was installed and the depth of insulation . Approx. / 2010

4"

c. Does the property have cavity walls?

Yes

No

If yes, have they been insulated and when

d. Are the windows in good repair?

Yes

No

e. Does the property have a gas supply?

Yes

No

If yes, please tell us the date it was installed ... 1963 ..

f. Do you have a current Landlords Gas Safety Certificate (required annually for the installation and any equipment you provide)?

Yes

No

g. Do you have an Electrical Installation condition Report, ☒ Yes ☐ No
(from a competent electrical engineer, within the last five years confirming that the electrical installation is safe formerly called Periodic inspection Report.)?

h. Is electricity included within the rent? ☒ Yes ☐ No
If no, is it on individual meters? ☒ Yes ☐ No

i. Is there a separate landlord's electrical supply for the fire alarm system, emergency lighting and common parts lighting? ☒ Yes ☐ No

2.9. Appliances and Furniture.

a. Please indicate whether you provide:

1). Furniture or upholstered items such as beds, sofas, armchairs etc. to any part of the property? ☒ Yes ☐ No

2). Appliances: ☒ Yes ☐ No

b. Is all the furniture you provide compliant with current fire safety regulations? ☒ Yes ☐ No

c. Are all the appliances you provide compliant with current gas/electrical safety regulations? ☒ Yes ☐ No

d. Have you had your property inspected for the presence of asbestos? ☒ Yes ☐ No

2.10. Tenancy Management.

a. Is rent paid Monthly or weekly?
(If monthly please provide copy of tenancy agreement).

..... ENCLOSED

b. If weekly do you provide each tenant with a rent book? ☒ Yes ☐ No
(you are required to provide each tenant with a rent book containing the appropriate information, providing just receipts is not acceptable).

c. Is an inventory and schedule of accommodation condition, at commencement of occupancy, provided? ☒ Yes ☐ No

d. do you have procedures for?

- 1). Repairs ☒ Yes ☐ No
- 2.) Complaints ☒ Yes ☐ No
- e. Do you take deposits ☒ Yes ☐ No

if yes which deposit scheme are they lodged with ... M.Y. DEPOSITS
30168130

- f) Please provide any further information you feel will help us to assess your property management skills:

.....

.....

.....

.....

2.11. Category 1 HMO - Shared houses. *E.g. student accommodation or other defined group of persons on a SINGLE tenancy agreement.*

- a. Please tell us the total number of bedrooms and occupiers separately for each floor in the property. (DO NOT INCLUDE DETAILS OF ANY SELF CONTAINED ACCOMMODATION)

Sleeping accommodation	Floor	No. of rooms		Number of Occupants
		single	double	
Bedrooms	GROUND	ONE		ONE
Bedrooms	FIRST	FOUR		FOUR
Bedrooms	SECOND	TWO		TWO
Bedrooms				
Total		SEVEN		SEVEN

b. Please tell us the number of separate rooms of each description, and what floor(s) they are located on. Most properties will only have one shared kitchen, although larger ones may have more. **Do not include any amenities or facilities within self contained units.**

Living, cooking, eating	Number	Floor(s)
Living room(s) (include dining rooms, TV rooms, as appropriate)	ONE	GROUND
Kitchen: cooking and storage	-	-
Kitchen: cooking, storage and eating	ONE	GROUND
Sinks	TWO	GROUND
Total	FOUR	

c. Please tell us the number of rooms of each description. We need to assess the availability of facilities as well as the number. **Do not include any amenities or facilities within self contained units.**

Washing facilities	Number	Floor(s)
Bath/shower and WC and wash hand basin	ONE	GROUND
WC and wash hand basin	ONE ONE	GROUND 1ST FLOOR
WC	SEVEN	ALL FLOORS
Bath/shower and wash hand basin		
Bath/shower	SEVEN	ALL FLOORS
Wash hand basins in bedrooms	SEVEN	ALL FLOOR

d. Please indicate if there are any floors in the building, irrespective of whether they are owned or occupied by a relevant person, that are,

- 1). Commercial use (please state which floors) No.....
- 2). Self-contained flats (please indicate which floors) No.....

2.12. Category 2 - Bedsits. E.g. Tenants on individual tenancies with sharing of at least one basic amenity e.g. cooking or sanitary facilities (DO NOT INCLUDE DETAILS OF ANY SELF CONTAINED ACCOMMODATION)

a. Please tell us the total number of bedsits and occupiers separately for each floor in the property. A bedsit is a room with facilities for sleeping, eating, cooking and the storage of food. It may also contain personal washing facilities (wash hand basin and/or shower) but will generally involve shared bath/WC with other residents.

Bedsit accommodation	Floor	No of single rooms	No of double rooms	Occupants
Bedsits				
Bedsits				
Bedsits				
Bedsits				
Bedsits				
Total				

b. Please tell us the number of separate rooms of each description, and what floor(s) they are located on. Most properties will only have one shared kitchen, although larger ones may have more. **Do not include any amenities or facilities within self contained units.**

Living, cooking, eating	Number	Floor(s)
Living room(s) (include dining rooms, TV rooms, as appropriate)		
Kitchen: cooking and storage		
Kitchen: cooking, storage and eating		
Sinks		

c. Please tell us the number of rooms of each description. We need to assess the availability of facilities as well as the number. **Do not include any amenities or facilities within self contained units.**

Washing facilities	Number	Floor(s)
Bath/shower and WC and wash hand basin		
WC and wash hand basin		
WC		
Bath/shower and wash hand basin		
Bath/shower		
Wash hand basins in bedrooms		

d. Please indicate if there are any floors in the building, irrespective of whether they are owned or occupied by a relevant person, that are,

- 1). Commercial use (please state which floors)
- 2). Self-contained flats (please indicate which floors)

2.13. How many people or households (strike through as appropriate) you wish to accommodate under the licence? **This does not include any persons in self contained units of accommodation.**

people / households

Part 3. Fees

3.1.

a. Single tenancy shared houses.

This would include all shared student houses or houses let to a group of professionals. There would be one tenancy agreement listing all of the occupants. The fee goes up according to the number of occupiers. **Please see table below.**

For hostels and dormitories please contact (contact Arun District Council regarding fees 01903 737755)

b. Multiple tenancy lets

Multiple tenancy properties include houses let as bedsits or houses where there are some self-contained flats and some bedsits. With this type of property each letting will have its own tenancy agreement.

The fee goes up according to the number of lettings but any self-contained units are excluded when the fee is calculated. **Please see table below.**

c. Reductions

There is a reduction of £50 if you have previously applied for a licence for another property in Arun District Council within this financial year and for which the full initial or renewal fee was paid.

3.2 . Fee Structure: Single tenancy shared houses (e.g. student)

No. of Occupiers	5	6	7	8	9	10	11
Fee per HMO for 5 yrs	£942	£958	£974	£990	£1,006	£1,022	£1,380
Renewal Fee for 5 yrs	£671	£684	£697	£710	£722	£735	£748

3.3. Fee Structure: Multiple tenancy lets (bedsits including students if not all on one tenancy)

No. of lettings	2	3	4	5	6	7	8	9	10
Fee per HMO for 5 yrs	£1,070	£1,133	£1,197	£1,261	£1,324	£1,388	£1,452	£1,515	£1,579
Renewal Fee for 5 yrs	£774	£825	£877	£928	£980	£1032	£1083	£1,135	£1,186

Over 10 units contact Arun District Council regarding fees 01903 737755.

Fees are payable for each let that shares amenities such as bathrooms, WCs or kitchens. If there is a self-contained let within the house (all amenities are within the letting) no fee is payable for this let.

3.3 Fee enclosed

Fee according to above tables	£
Deduction if this is 2nd, 3rd etc. licence If you have applied for a licence for another property this financial year you can deduct £50 for this application. Please give the address below*	-
Total	£ 1032.00

*Address of other property, where the full licence fee has been paid .

...120 Longford Road, Bognor Regis, West Sussex PO21 1AF.....

...23 Oak Close, Bognor Regis..... Post code PO22 9TN.....

Please make any cheques payable to:- Arun District Council

Part 4: Declarations

- 4.1 As the applicant, 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:

- a. Any mortgagee of the property to be licensed;
- b. Any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessors who are known to you;
- c. Any other person who is a long leaseholder or a tenant (but not a statutory tenant or other tenant whose lease or tenancy is for less than three years (including a periodic tenancy)) This may relate to the property or any part of it (including any flat);
- d. The proposed licence holder (if that is not you);
- e. The proposed managing agent (if any) (if it is not you);
- f. Any person who has agreed that they will be bound by any condition or conditions in a licence if it is granted.

Do any of the above apply to this licence application? Yes ☐ No ☒

If 'Yes', You must tell each of these people:

- 1. Your name, address, telephone number and e-mail address or fax number (if any)
- 2. The name, address, telephone number and e-mail address or fax number (if any) of the proposed licence holder (if it will not be you)
- 3. That 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
- 4. That the application will be made to Arun District Council, Environmental Health, Private Sector Housing Team Civic centre, Maltravers road, Littlehampton BN17 5LF.
- 5. The date the application will be submitted.

4.2. List of persons informed in writing in accordance with 4.1

Name	Address	Description of person's interest in the property or the application	Date of service

Continue on separate sheet if necessary

4.3. Details of other licensed HMOs

Are you the landlord of any other Licensed HMO in this or another Council Area?

Yes

No

No.	Street	Town/City	Postcode
120	Longford Road	Bognor Regis	PO21 1AF
23	Oak Close	Bognor Regis	PO22 9TW

Please continue on a separate sheet if necessary

4.4. Previous legal action

Consider the following statements in respect of the Proposed Licence Holder and Manager:

- They have one or more **unspent convictions**, which may be relevant to their fitness to hold a licence or to manage a licensed HMO, in particular, any such conviction in respect of any offence involving fraud or other dishonesty, violence, drugs, or any offence listed in Schedule 3 to the Sexual Offences Act 2003.
- **A Court or Tribunal** has found that they have practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origin, or disability, in or in connection with the carrying on of any business.
- They have had any judgement made against them in civil or criminal proceedings due to **contravention(s)** of any provision of any enactment relating to housing, public health, environmental health or landlord and tenant law.
- In the last five years they have owned or managed a property which has been subject to a **control order** under section 379 of the Housing Act 1985, or any **enforcement action** under Part 1 of the Housing Act 2004.
- They have owned or managed a property for which a local authority has **refused to grant a licence** under Part 2 of the Housing Act 2004 or has revoked a licence under Part 2 of the Housing Act 2004, because the licence holder breached the conditions of a licence.
- They have owned or managed a property which has been the **subject of an interim or final management order** under Part 4 of the Housing Act 2004.

Are any of the above statements true for either party? (see notes) Yes ☐ No ☒

If yes, you must provide full details, including dates, properties, action taken, etc. Please provide this on a separate sheet, making clear which person it relates to and submit this together with the rest of your application form.

4.5 Gas Appliances

I declare that the gas appliances provided by the Landlord/Applicant/person Managing meet the safety requirements contained in any enactment and I enclose the most recent Landlord's Gas Safety Certificate.

Signed: _____ Date: 28.7.14

4.6 Fire Safety of Furniture and Furnishings

I declare that the furniture provided in the HMO meets the safety requirements contained in any enactment.

Signed: _____ Date: 28.7.14

4.7 Fire Risk Assessment

I declare I have undertaken a fire risk assessment in accordance with the Regulatory Reform (Fire Safety) Order 2005

Signed: _____ Date: 8.8.14

4.8 Electrical safety

I declare that an electrical inspection of the property has been undertaken by a competent electrical engineer whose has provided an Electrical Installation Condition Report, within the last five years confirming that the electrical installation is safe, formerly a Periodic Inspection Report.

Signed: _____ Date: 28.7.14

4.9 Final Declaration – to be signed by all applicants

Are there any joint owners, partners, trustees, directors or company secretaries that also need to sign this declaration? (If 'yes', go to 4.10, all are to sign).

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.

Signature: _____ Date 28.7.14

4.10. Additional signatories for declaration 4.9

Signature: _____ Print name RAYMOND ELLIS Date 28.7.14

Signature: _____ Print name _____ Date _____

Signature: _____ Print name _____ Date _____

Please continue on a separate sheet if necessary

Completed Application form with Fee to be sent to: Arun District Council, Environmental Health, Private Sector Housing Team Civic Centre, Maltravers Road, Littlehampton, BN17 5LF

Enclosures (Checklist)		Tick items enclosed
A	GAS SAFE registered Landlords Gas Safety Inspection certificate	☒
B	Electrical safety Certificate (Electrical Installation Condition Report / formerly periodic inspection report) obtained in the last 5 yrs) including any Part P certificates on electrical works done since the last inspection.	☒
C	Cheque for licence fee payable to : Arun District Council	☒
D	Fire Risk Assessment <i>HELD BY INTERIET (SUSSEX) LTD</i>	☐
E	Fire alarm & emergency lighting maintenance certificate	☒



Chichester and Arun
Landlord Accreditation Scheme

This is to certify that

Mr & Mrs R Ellis

have achieved the required standard under the
Landlord Accreditation Scheme in respect of

16 Selsey Avenue, Bognor Regis

Signed: _____



Deputy Head of Environmental Health



Date of Accreditation: 25th September 2012

Date of Expiry: 24th September 2017

Membership No: A0079

