

**HMO Licensing**

**Section 254 HMOs**

Declarations

All applications (new applications & renewals):

|  |  |
| --- | --- |
| **Document** | **Signatures required** |
| 1. Licence application declaration | Proposed licence holder **and**  Applicant (agent) |
| 1. Interested parties’ declaration | Proposed licence holder **and**  Applicant (agent) |
| 1. Furniture safety declaration | Either |
| 1. Gas safety declaration | Either |
| 1. Licence application signatures | Proposed licence holder **and**  Applicant (agent) |

**WARNING**

**Falsifying a person’s signature carries a 10-year prison sentence under** **the Forgery and Counterfeiting Act 1981.**

Declaration **one**

**HMO Licence application 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 are reckless as to whether it is false or misleading.

**PRINT NAME:**

**SIGNATURE** (Right click to sign):



**PRINT NAME:**

**SIGNATURE** (Right click to sign):



Declaration **two**

**Interested parties / relevant persons notification declaration**

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—

1. Any mortgagee of the property to be licensed.
2. 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.
3. 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).
4. The proposed licence holder (if that is not you)
5. The proposed managing agent (if any) (if that is not you)
6. Any person who has agreed that he will be bound by any conditions in a licence if it is granted.

You must tell each of these persons—

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. Whether this is an application for an HMO licence under Part 2 or for a house licence under Part 3 of the Housing Act 2004.
4. The address of the property to which the application relates.
5. The name and address of the local housing authority to which the application will be made.
6. The date the application will be submitted.

I/We declare that I/We have served a notice of this application on the following persons who are the only persons known to me/us that are required to be informed that I/we have made this application:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name or business** | **Address** | **Description of the person's interest in the property or the application** | **Date of service** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PRINT NAME:**

**SIGNATURE** (Right click to sign):



**PRINT NAME:**

**SIGNATURE** (Right click to sign):



Declaration **three**

**HMO Licence furniture declaration**

(You must sign even if no furniture is provided)

In relation to each self-contained flat that is not owner-occupied, and which is under the control of or being managed by the proposed licence holder, and in relation to the common parts of the HMO, I declare that the furniture in the HMO or house that is provided under the terms of any tenancy or licence meets any safety requirements contained in any enactment.

**PRINT NAME:**

**SIGNATURE** (Right click to sign):



Declaration **four**

**Gas safety declaration**

(You must sign even if non-applicable))

I declare in relation to each self-contained flat that is not owner-occupied, and which is under the control of or being managed by the proposed licence holder, and in relation to the common parts of the HMO, that any gas appliances meet any safety requirements contained in any enactment.

**PRINT NAME:**

**SIGNATURE** (Right click to sign):



Declaration **five**

**Application signatures**

I/We hereby sign the HMO licence application for the property known as:

**ADDRESS**

**PRINT NAME:**

**SIGNATURE** (Right click to sign):



**PRINT NAME:**

**SIGNATURE** (Right click to sign):

