

Self Certification for five (5) year HMO Licence

Note:

This form is to be completed by the proposed licence holder in all cases

By (full name)

Made in connection with the application for a five-year licence (mandatory or additional HMO, licence to be granted for 5 calendaryears) for the House in Multiple Occupation known as:
(Address of HMO)

.....
.....

I confirm:

Tick box	Criteria
	<p>I have completed a valid application when sent the first renewal reminder.</p> <p>A valid application consists of:</p> <ol style="list-style-type: none"> 1. A renewal application form submitted 2. Stage 1 fee paid in full 3. Renewal declaration signed by the applicant and licence holder, dated and returned (this is different to this declaration and was sent with your renewal reminder).
	<p>I understand that Coventry City Council will check I have a good application history.</p>
	<p>I confirm that I have submitted all my safety certificates to Coventry City Council Property Licensing team and they are current.</p> <p>“Safety certificates” means gas safety certificate (if installed), electrical safety certificate, fire alarm test certificate or declaration and emergency lighting certificate (if installed)</p>
	<p>I understand Coventry City Council will check there are a maximum of two justified service requests.</p>
	<p>I have an EPC with a minimum rating of E or a registered exemption and have provided the EPC / exemption to the Council.</p>
	<p>I confirm I have a suitable and sufficient fire risk assessment for the property which meets the requirements of the Regulatory Reform (Fire Safety) Order 2005. The assessment is reviewed regularly, and I can provide a copy on demand.</p> <p>I understand that the Fire and Rescue Authority may also audit my fire risk assessment, and the Council's acceptance of this declaration does not protect or exempt me from any action taken by the Fire and Rescue Authority.</p>
	<p>I have: * *Delete as appropriate</p> <ol style="list-style-type: none"> 1. SOLE full management responsibility 2. JOINT Management responsibilities with the managing agent known as (please provide name and address) <p>.....</p> <p>.....</p> <ol style="list-style-type: none"> 3. GIVEN full management responsibilities to the managing agent known as (please provide name and address) <p>.....</p> <p>.....</p>

	I understand that I commit an offence if I supply any information to a Local Housing Authority in connection with any of their functions under Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I know is false or misleading or am reckless as to whether it is false or misleading.
	I adhere to the principles set out in the Private Rented Sector Code of Practice
	I have arrangements in place with suitably qualified and competent tradespeople for the maintenance / repair of the above property
	I understand that Coventry City Council will carry out periodic audits of my property files and if necessary may conduct unscheduled visits to the property at any reasonable time, and if any issues are found my licence may be revoked.
	I understand that I commit an offence if I supply any information to a Local Housing Authority in connection with any of their functions under Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I know is false or misleading or am reckless as to whether it is false or misleading.

I DECLARE that the information set out above is true and accurate in relation to my role as licence holder for the above property and that the information provided is correct to the best of my knowledge.

Signed: **Dated:**