

Economy & Development, Housing Standards Team,  
8<sup>th</sup> Floor, Margaret McMillan Tower, Princes Way, Bradford, BD1 1NN

---

**Housing Act 2004 Part-2 Section 63**  
**FIRST APPLICATION TO LICENCE A HOUSE IN MULTIPLE OCCUPATION**

---

**Please read the following instruction first**

Before completing this form please read the guidance notes accompanying this form.

If you are completing this form by hand please write legibly. In all cases ensure your answers are inside the boxes and are written in black or blue ink.

You are advised to keep a copy of the completed form for your own record. **IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT LETTER WITHIN 2 WEEKS OF SUBMITTING YOUR APPLICATION FORM IT IS YOUR RESPONSIBILITY TO CONTACT THE COUNCIL TO CONFIRM THE FORM HAS BEEN RECEIVED.**

The application form is divided into parts as detailed below. If you have multiple properties which need licensing you will need to submit a full application containing all parts of the form for each property. You may need to copy blank Parts B and C for additional use by the appropriate persons.

|        |                             |        |                          |
|--------|-----------------------------|--------|--------------------------|
| Part A | Licence holder details      | Part D | Property details         |
| Part B | Fit and proper person check | Part E | Other interested parties |
| Part C | Management details          | Part F | Declaration              |

Enclose all relevant certificates and/or declarations. The declarations to Parts B and F must be signed and dated before submitting.

You must answer all the questions unless directed otherwise. Incomplete sections may render the application incomplete and delay the licensing process.

Note: The council is required by law to establish and maintain a register of all HMO licences granted. As such your name and address (as it appears on the licence) and of any manager along with other prescribed details of the property will appear on the register and will be made available for inspection by members of the public at all reasonable times.

**Please tick / or provide information as appropriate to each question.**

---

For office use only

|               |                |
|---------------|----------------|
| Date received | Licence ref no |
|---------------|----------------|

|                     |
|---------------------|
| Address of property |
|---------------------|





A5 Do you or the person/company you represent, own or manage any other Houses in Multiple Occupation in -

The Bradford MDC area? Yes  No

If yes how many in total?  How many have or require a licence?

In another Councils area? Yes  No

If yes how many in total?  How many have or require a licence?

If yes provide details of the Council(s), any reference number(s) and the addresses of the properties

| No | Street | Town/City | Postcode |
|----|--------|-----------|----------|
|    |        |           |          |
|    |        |           |          |
|    |        |           |          |
|    |        |           |          |
|    |        |           |          |
|    |        |           |          |

The details provided above and any consultation with the other Council(s) may enable the department to speed up the decision making process in respect of this application.

## PART B – Fit and proper person check

Please make reference to the notes relating to this part of the form. The Council may carry out further checks on persons being assessed for fit and proper and may also ask for evidence of a recent Criminal Record Bureau Check. To be completed by person applying for the licence and the manager (if any).

|     |  |   |  |
|-----|--|---|--|
| B1. | Have you completed a Part B for any other property in Bradford <b>and</b> have been assessed as being fit and proper within 12 months of this application.   | <b>Licence Holder</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Manager</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
|     | If yes provide details of the licence number and address. <b>You may sign the declaration to this Part and continue to Part C</b>  | <div style="border: 1px solid black; width: 100%; height: 40px;"></div>           |  |
| B2. | Have you been convicted of any offences relating to violence, sexual offences, drugs or fraud? (Spent convictions are not, in this context, taken into account)  | <b>Licence Holder</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Manager</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| B3. | Have you had a finding against you by a court or tribunal that you have practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with, the carrying on of any business?  | <b>Licence Holder</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Manager</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| B4. | Has there been contravention on the part of the proposed licences holder or manager of any provision of any enactment relating to housing, public health, environmental health or landlord and tenant law which lead to a civil or criminal proceedings resulting in a judgement being made against you. | <b>Licence Holder</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Manager</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| B5. | Has any local authority carried out work in default to premises of which you have been the owner or manager in the past 5 years?   | <b>Licence Holder</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Manager</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| B6. | Have you been convicted of any offence or subject to any other proceedings brought by any Local Authority or other Regulatory Body (for example breaches of the Environmental Protection Act, Planning/Building Control)?  | <b>Licence Holder</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Manager</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| B7. | Have you been declared bankrupt?   | <b>Licence Holder</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Manager</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

|      |  |   |  |
|------|--|---|--|
| B8.  | Have you ever had an application for a licence in respect of an HMO or other residential property refused, revoked or Management Orders imposed in this or any other local authority?  | <b>Licence Holder</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Manager</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| B9.  | If you have answered yes to questions B3 to B8 please provide relevant information – include full details of dates, reference numbers, nature of act.<br><b>If none please detail none.</b>  |   |  |
|      |  |   |  |
|      |  |   |  |
|      |  |   |  |
|      |  |   |  |
|      | <b>Manager</b>   |   |  |
|      |  |   |  |
|      |  |   |  |
|      |  |   |  |
| B10. | <p><b>LICENCEE</b></p> <p>I declare to the best of my knowledge that the information that I have provided in Part B is true and accurate.</p> <p>Print full name _____</p> <p>Signature _____</p> <p>Position (if acting on behalf of a company) _____</p> <p>Date _____</p> <hr/> <p><b>MANAGER</b></p> <p>I declare to the best of my knowledge that the information that I have provided in Part B is true and accurate.</p> <p>Print full name _____</p> <p>Signature _____</p> <p>Position (if acting on behalf of a company) _____</p> <p>Date _____</p> |   |  |

## PART C – Management details

This section must be completed by the person applying to be the licence holder **and** the manager (if any).

|   |   |   |  |
|---|---|---|--|
| C1.   | Have you completed Part C of the form for any other property in the Bradford district within 12 months of this application. | <b>Licence Holder</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Manager</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>If yes go to Part D</b>  |   |   |  |
| C2.   | Have you ever signed up to a residential property accreditation scheme or a code of standards for residential properties?   | <b>Licence Holder</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Manager</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes please provide details – include membership details  |   |   |  |
| Licence holder:   |   |   |  |
|   |   |   |  |
| Manager:  |   |   |  |
|   |   |   |  |
| C3.   | Are you a member of a Landlords Association or similar body?  | <b>Licence Holder</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Manager</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes please provide details – include membership details  |   |   |  |
| Licence holder:   |   |   |  |
|   |   |   |  |
| Manager:  |   |   |  |
|   |   |   |  |
| C4.   | Have you attended any training courses on managing / letting rented properties.   | <b>Licence Holder</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Manager</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, you must provide evidence to confirm your attendance e.g. certificate of completion and ensure you submit it with other required documentation. |   |   |  |
| Licence holder:   |   |   |  |
|   |   |   |  |
| Manager:  |   |   |  |
|   |   |   |  |

|  |  |   |  |
|--|--|---|--|
| C5.  | Do you have adequate funds to ensure proper maintenance of the HMO?  | <b>Licence Holder</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | <b>Manager</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| If no describe how you would finance, for example repairs. |  |   |  |
| Licence holder:  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
| Manager:   |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
| C6.  | Are you responsible for:<br>Day to day repairs?<br>Maintenance?<br>Tenant Management?  | <b>Licence Holder</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Manager</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| C7.  | Are you responsible for:<br>Upgrading/refurbishment works?   | <b>Licence Holder</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | <b>Manager</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| C8.  | Do you collect rent from the tenants/occupants?  | <b>Licence Holder</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | <b>Manager</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| C9.  | Is there written terms and conditions that are presented to the tenants who will be living in the property for which a licence is being applied for? | <b>Licence Holder</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | <b>Manager</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| C10.   | If you have answered 'no' to any of the questions from C6 – C9, please explain   |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |



|      |  |   |  |
|------|--|---|--|
| C11. | Describe briefly the management arrangements in place to deal with tenant complaints or queries  |   |  |
|      |  |   |  |
|      |  |   |  |
|      |  |   |  |
| C12  | Describe the management arrangements in place to prevent and deal with anti social behaviour by the occupants e.g. public / private nuisance |   |  |
|      |  |   |  |
|      |  |   |  |
|      |  |   |  |
|      |  |   |  |
| C13  | Do you also live at the property that is to be licensed  | <b>Licence Holder</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Manager</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
|      | If the answer to C13 is "yes" we may need to contact you for further information.  |   |  |

**PART D – Property details**

|    |  |                                 |  |
|----|--|---------------------------------|--|
|    | This part requires information concerning the property to be licenced.                                   |                                 |  |
| D1 | Full address of the property to which the licence application applies                                    |                                 |  |
|    |  |                                 |  |
|    | Post code  |                                 |  |
|    |  |                                 |  |
|    | <b>Matters concerning construction/conversion</b>  |                                 |  |
| D2 | What is the approximate age of the building?   |                                 |  |
|    | Pre 1919   | <input type="checkbox"/>        | 1919-1944 <input type="checkbox"/>         |
|    | 1945-1964  | <input type="checkbox"/>        | 1965-1979 <input type="checkbox"/>         |
|    | 1985 onwards   | <input type="checkbox"/>        |  |
| D3 | Description of the property to be licensed (tick all that apply)   |                                 |  |
|    | Detached   | <input type="checkbox"/>        | Semi detached <input type="checkbox"/>     |
|    |  |                                 | Residential block <input type="checkbox"/> |
|    | Terraced   | <input type="checkbox"/>        | End terrace <input type="checkbox"/>       |
|    |  |                                 | Back to back <input type="checkbox"/>      |
|    | Other describe below e.g. Cluster flat or flat in multiple occupation                                    |                                 |  |
|    | <input style="width: 100%;" type="text"/>  |                                 |  |
| D4 | Are there any commercial parts to the building? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                 |  |
| D5 | Please indicate the storeys that are in use in the property by putting a tick in the boxes below:        |                                 |  |
|    |  | Used for residential occupation | Commercial use only                        |
|    | Basement   | <input type="checkbox"/>        | <input type="checkbox"/>                   |
|    | Ground floor   | <input type="checkbox"/>        | <input type="checkbox"/>                   |
|    | 1 <sup>st</sup> floor  | <input type="checkbox"/>        | <input type="checkbox"/>                   |
|    | Mezzanine floor 1  | <input type="checkbox"/>        | <input type="checkbox"/>                   |
|    | 2 <sup>nd</sup> floor  | <input type="checkbox"/>        | <input type="checkbox"/>                   |

|    |  |                                   |  |
|----|--|-----------------------------------|--|
|    |  |                                   |  |
|    | Mezzanine floor 2  | <input type="checkbox"/>          | <input type="checkbox"/>                 |
|    | 3 <sup>rd</sup> floor  | <input type="checkbox"/>          | <input type="checkbox"/>                 |
|    | Additional floors*   | <input type="checkbox"/>          | <input type="checkbox"/>                 |
|    | *(please give a number to indicate additional floors)  |                                   |  |
| D6 | How would you best describe the arrangements within the property (or HMO) ?  |                                   |  |
|    | Bed-sit HMO  | <input type="checkbox"/>          | If yes how many <input type="checkbox"/> |
|    | Shared HMO   | <input type="checkbox"/>          |  |
|    | Hostel   | <input type="checkbox"/>          |  |
|    | Mixed  | <input type="checkbox"/>          | Describe                                 |
| D7 | When was the property converted? <input type="text"/>  |                                   |  |
|    | Have you any evidence of the conversion being approved by a Building Inspector?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                  |                                   |  |
|    | If 'Yes' please forward the evidence.  |                                   |  |
| D8 | Has planning permission been granted for the property to be occupied as a House in Multiple Occupation.<br>NB you <b>MUST</b> answer this question even if you are not sure. |                                   |  |
|    | Yes <input type="checkbox"/>   | Date <input type="text"/>         | Reference No <input type="text"/>        |
|    | No <input type="checkbox"/>  | Not sure <input type="checkbox"/> |  |
|    | If yes please forward the evidence.  |                                   |  |

D9

Submit floor plans reflecting the current layout of each floor level.

Refer to the example of sketched floor plans in the guidance notes.

The floor plan may be a drawing or a sketch but should indicate all rooms communal areas, stairways etc and how they relate to each other. The floor plan must clearly indicate the use and whilst it is not necessary for it to be to scale the plans should be relative in terms of the proportions of different parts of house.

Use the space below and if required additional sheets

A large area of horizontal dashed lines, intended for drawing floor plans. The lines are evenly spaced and extend across the width of the page.

| D10                                     | What is the proposed maximum number of persons that will occupy the HMO at any one time?<br><input style="width: 50px; height: 20px;" type="text"/>  |   |   |   |   |   |   |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|---|---|---|---|---|---|-------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| D11                                     | How many households and / or individuals currently occupy the property?<br>Households <input style="width: 50px; height: 20px;" type="text"/> Individuals <input style="width: 50px; height: 20px;" type="text"/>  |   |   |   |   |   |   |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D12                                     | <p>Complete the table below for all the habitable rooms, also include kitchens and bathrooms.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">Floor Level (eg basement, ground floor)</th> <th style="width: 10%;">Room number</th> <th style="width: 25%;">Description of room (eg kitchen, bedroom)</th> <th style="width: 15%;">Proposed no of occupants for bedrooms</th> <th style="width: 15%;">Approximate dimensions (eg 2.1m x 1.5m)</th> <th style="width: 15%;">Total floor area (eg 3m<sup>2</sup>)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>If additional space is required, please use a separate sheet and use the same table format.</p> | Floor Level (eg basement, ground floor)   | Room number   | Description of room (eg kitchen, bedroom) | Proposed no of occupants for bedrooms                   | Approximate dimensions (eg 2.1m x 1.5m) | Total floor area (eg 3m <sup>2</sup> )                  |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Floor Level (eg basement, ground floor) | Room number  | Description of room (eg kitchen, bedroom) | Proposed no of occupants for bedrooms                   | Approximate dimensions (eg 2.1m x 1.5m)   | Total floor area (eg 3m <sup>2</sup> )                  |   |   |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |   |   |   |   |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |   |   |   |   |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |   |   |   |   |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |   |   |   |   |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |   |   |   |   |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |   |   |   |   |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |   |   |   |   |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |   |   |   |   |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |   |   |   |   |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |   |   |   |   |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |   |   |   |   |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |   |   |   |   |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Details of amenities</b>             |  |   |   |   |   |   |   |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D13                                     | <p>How many of the following facilities are available for exclusive use by individual tenants?</p> <p>Toilet (WC) <input style="width: 50px; height: 20px;" type="text"/> Wash hand basin <input style="width: 50px; height: 20px;" type="text"/> Bath/shower <input style="width: 50px; height: 20px;" type="text"/></p> <p>Living room <input style="width: 50px; height: 20px;" type="text"/> Kitchen <input style="width: 50px; height: 20px;" type="text"/></p>   |   |   |   |   |   |   |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D14                                     | How many of the following facilities are available for shared use?   |   |   |   |   |   |   |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Toilet (WC)</td> <td style="width: 20%; text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></td> <td style="width: 30%;">Wash hand basin</td> <td style="width: 20%; text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></td> </tr> <tr> <td>Bath/shower</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></td> <td>Living room</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></td> </tr> </table>  | Toilet (WC)                               | <input style="width: 50px; height: 20px;" type="text"/> | Wash hand basin                           | <input style="width: 50px; height: 20px;" type="text"/> | Bath/shower                             | <input style="width: 50px; height: 20px;" type="text"/> | Living room | <input style="width: 50px; height: 20px;" type="text"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Toilet (WC)                             | <input style="width: 50px; height: 20px;" type="text"/>  | Wash hand basin                           | <input style="width: 50px; height: 20px;" type="text"/> |   |   |   |   |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bath/shower                             | <input style="width: 50px; height: 20px;" type="text"/>  | Living room                               | <input style="width: 50px; height: 20px;" type="text"/> |   |   |   |   |             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|     |  |                          |                                    |                          |                          |                          |
|-----|--|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|
|     | Kitchen Hob  | <input type="checkbox"/> | Kitchen Oven                       | <input type="checkbox"/> |                          |                          |
|     | Kitchen Sink   | <input type="checkbox"/> |                                    |                          |                          |                          |
|     | Are there any toilet (WC) facilities which are located in separate compartments to the bath/shower room?   |                          |                                    |                          |                          |                          |
|     | Yes  | <input type="checkbox"/> | No                                 | <input type="checkbox"/> |                          |                          |
|     |  |                          | If yes, how many                   | <input type="checkbox"/> |                          |                          |
|     | Are all the bathrooms provided with some form of heating?  |                          |                                    |                          |                          |                          |
|     | Yes  | <input type="checkbox"/> | No                                 | <input type="checkbox"/> |                          |                          |
|     | If no – please indicate how many and which bathrooms?  |                          |                                    |                          |                          |                          |
| D15 | Are all the kitchens mentioned above (D13 and D14) equipped with a sink and with adequate supply of hot and cold water?                            |                          |                                    |                          |                          |                          |
|     | Yes  | <input type="checkbox"/> |                                    |                          |                          |                          |
|     | No   | <input type="checkbox"/> | If no, how many do not have sinks? | <input type="checkbox"/> |                          |                          |
|     | <b>Matters concerning means of escape in case of fire and other fire precautions</b>   |                          |                                    |                          |                          |                          |
| D16 | Enter details relating to the various measures in place to address fire hazards, <b>see notes for key and instructions on how to enter details</b> |                          |                                    |                          |                          |                          |
|     | Common Parts   | Type of detector         | Mains/battery                      | Inter- linked            | Fire door                | Sounder device           |
|     | Basement stairway:   | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Hall   | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Landing/stairway 1   | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Landing/stairway 2   | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Other please describe  | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Rooms - list all rooms   | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     |  | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     |  | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     |  | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     |  | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |  |                          |                          |                          |                          |                          |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If there is insufficient space, please use a separate sheet.

|     |   |
|-----|---|
| D17 | <p>Do all final and emergency exits have manual actuation - 'break glass' call points?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>  |
| D18 | <p>Is the whole stairway and escape route covered by emergency lighting?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>  |
| D19 | <p>Can you confirm the type of fire alarm system as described in either British Standard 5839 Part 1:2002 or British Standard 5839 Part 6:2004</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide details</p> <p> </p> <p> </p>   |
| D20 | <p>Do you have a current annual inspection report for the:</p> <p>Alarm system - Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Emergency lighting system - Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, you must submit a copy of the most recent inspection report with your application.</p> |
| D21 | <p>Are all the fire doors fitted with self closures?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>  |
| D22 | <p>Are all the fire doors fitted with smoke brushes and intumescent (expanding) strips?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>   |

| D23                      | <p>Can all the doors that need to be opened to exit the property from a sleeping room or lounge be opened from the inside without the use of a key?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>  |   |                 |             |               |                          |   |                    |                          |   |                          |                          |   |                 |                          |   |                       |                          |   |
|--------------------------|--|---|-----------------|-------------|---------------|--------------------------|---|--------------------|--------------------------|---|--------------------------|--------------------------|---|-----------------|--------------------------|---|-----------------------|--------------------------|---|
| D24                      | <p>Indicate if the following are present in the building and their location</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%; text-align: center;">Tick if present</th> <th style="width: 50%; text-align: center;">Location(s)</th> </tr> </thead> <tbody> <tr> <td>Fire blankets</td> <td style="text-align: center;"><input type="checkbox"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Fire extinguishers</td> <td style="text-align: center;"><input type="checkbox"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>In case of fire 'Notice'</td> <td style="text-align: center;"><input type="checkbox"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Fire exit signs</td> <td style="text-align: center;"><input type="checkbox"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Alarm indicator panel</td> <td style="text-align: center;"><input type="checkbox"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> </tbody> </table> |   | Tick if present | Location(s) | Fire blankets | <input type="checkbox"/> | <input style="width: 100%;" type="text"/> | Fire extinguishers | <input type="checkbox"/> | <input style="width: 100%;" type="text"/> | In case of fire 'Notice' | <input type="checkbox"/> | <input style="width: 100%;" type="text"/> | Fire exit signs | <input type="checkbox"/> | <input style="width: 100%;" type="text"/> | Alarm indicator panel | <input type="checkbox"/> | <input style="width: 100%;" type="text"/> |
|                          | Tick if present  | Location(s)                               |                 |             |               |                          |   |                    |                          |   |                          |                          |   |                 |                          |   |                       |                          |   |
| Fire blankets            | <input type="checkbox"/>   | <input style="width: 100%;" type="text"/> |                 |             |               |                          |   |                    |                          |   |                          |                          |   |                 |                          |   |                       |                          |   |
| Fire extinguishers       | <input type="checkbox"/>   | <input style="width: 100%;" type="text"/> |                 |             |               |                          |   |                    |                          |   |                          |                          |   |                 |                          |   |                       |                          |   |
| In case of fire 'Notice' | <input type="checkbox"/>   | <input style="width: 100%;" type="text"/> |                 |             |               |                          |   |                    |                          |   |                          |                          |   |                 |                          |   |                       |                          |   |
| Fire exit signs          | <input type="checkbox"/>   | <input style="width: 100%;" type="text"/> |                 |             |               |                          |   |                    |                          |   |                          |                          |   |                 |                          |   |                       |                          |   |
| Alarm indicator panel    | <input type="checkbox"/>   | <input style="width: 100%;" type="text"/> |                 |             |               |                          |   |                    |                          |   |                          |                          |   |                 |                          |   |                       |                          |   |
|                          | <p><b>Other matters concerning the property</b></p>  |   |                 |             |               |                          |   |                    |                          |   |                          |                          |   |                 |                          |   |                       |                          |   |
| D25                      | <p>Do you provide any soft furnishings for use by the tenants?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, does all the furniture that you supply comply with the Furnishings (Fire Safety) Amendment Regulations 1993?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If you provide such furniture, you will need to provide evidence or sign a declaration confirming that they meet the mentioned Regulations.</p>  |   |                 |             |               |                          |   |                    |                          |   |                          |                          |   |                 |                          |   |                       |                          |   |
| D26                      | <p>Does the property have an operational gas installation and fixed gas appliances?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes you must enclose a copy of the latest gas safety check with this application.</p>  |   |                 |             |               |                          |   |                    |                          |   |                          |                          |   |                 |                          |   |                       |                          |   |
| D27                      | <p>Has the electrical installation in the property had an electrical Inspection and Test undertaken by a competent / qualified electrician in the last five years?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>You must enclose a copy of the certificate with this application as it is a requirement to have the electrical installation of the property inspected by a qualified electrician and a report produced every 5 years.</p>  |   |                 |             |               |                          |   |                    |                          |   |                          |                          |   |                 |                          |   |                       |                          |   |



|     |   |
|-----|---|
| D28 | <p>Do you provide portable electrical appliances for use by the occupants?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, you must enclose a copy of the evidence that they have been inspected and checked by a competent electrician or you must enclose a statement of the current condition of any portable equipment you supply at the property with this application.</p> |
| D29 | <p>Do you have a valid Energy Performance Certificate for the HMO?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes what is the date of assessment <input type="text"/></p>  |

**PART E – Other interested parties**

You are required to provide more information about other persons who have an interest in the property. These persons must also be notified in writing that you have made this application or give them a copy of it. The persons who we need to know about and who you also need to inform are detailed in the guidance notes:

|                           | <b>Full Name</b> | <b>Business/home (indicate) Address</b> | <b>Nature of interest</b> | <b>Date of Service</b> |
|---------------------------|------------------|---|---------------------------|------------------------|
| <b>Interested Party 1</b> |                  |   |                           |                        |
| <b>Interested Party 2</b> |                  |   |                           |                        |
| <b>Interested Party 3</b> |                  |   |                           |                        |
| <b>Interested Party 4</b> |                  |   |                           |                        |

Continue on a separate sheet if necessary

Have you served a notice of this application to all the parties that have been declared by you as having an interest in the property?

Yes  No

If no please list those parties who you have not notified and the reasons why.

|  |
|--|
|  |
|  |
|  |

**PART F – Declaration**

**WARNING: IT IS A CRIMINAL OFFENCE TO KNOWINGLY MAKE A FALSE STATEMENT OR FAIL TO COMPLY WITH ANY CONDITION OF THE LICENCE AND YOU MAY BE LIABLE TO PROSECUTION**

In considering whether the required standards and or conditions have been met the Local Authority may consider other evidence available to it in addition to this declaration. An officer may also need to visit the property to check the situation and the accuracy of the declaration. If we need to visit we may contact you to arrange a suitable time.

**Note: Your application will NOT be valid until you complete all the relevant parts of this form, provide all necessary documents and have paid the required fees in full.**

Any information supplied in the application may be checked with other licensing Authorities for preventing and detecting crime. Do you consent to the sharing of this information?

Yes

No

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 I / we are reckless as to whether it is false or misleading. I / we also give authority to Bradford Council to make further checks to verify the information given in respect of this application.

Licence Holder Signature

Print Name

Date

Agent/Manager (if any) Signature

Print name

Date

**Enclosures – please tick**

|  |  |
|--|--|
| • Evidence of completion of training on managing/letting rented properties |  |
| • Annual gas safety certificate  |  |
| • Electrical Inspection and Test Report                                    |  |
| • Evidence/declaration to confirm safety of supplied portable appliance/s  |  |
| • Evidence/declaration to confirm supplied furnishing is safe              |  |
| • Annual test certificate for the alarm system and emergency lighting      |  |
| • A copy of the written terms and condition agreed with the occupiers      |  |
| • Evidence of compliance with Building Regulations                         |  |
| • Evidence of Planning Approval  |  |

# Equalities monitoring

In order to enable the Council to understand how it is serving the members of the community we would like to know some more information about you.

|  |   |
|--|---|
| Are you:   |   |
| Male <input type="checkbox"/>  | Female <input type="checkbox"/>                     |
| How would you best describe yourself as?                                   |   |
| <b>White</b>   |   |
| English/ Welsh/ Scottish/ Northern Irish/ British <input type="checkbox"/> | Irish <input type="checkbox"/>                      |
| Gypsy or Irish Traveller <input type="checkbox"/>                          | Any other white background <input type="checkbox"/> |
| <b>Mixed / Multiple ethnic groups</b>                                      |   |
| White and Black Caribbean <input type="checkbox"/>                         | White and Black African <input type="checkbox"/>    |
| White and Asian <input type="checkbox"/>                                   |   |
| Any other Mixed/ Multiple ethnic background <input type="checkbox"/>       |   |
| <b>Asian / Asian British</b>   |   |
| Indian <input type="checkbox"/>  | Pakistani <input type="checkbox"/>                  |
| Bangladeshi <input type="checkbox"/>                                       | Chinese <input type="checkbox"/>                    |
| Any other Asian background <input type="checkbox"/>                        |   |
| <b>Black / African / Caribbean / Black British</b>                         |   |
| African <input type="checkbox"/>   | Caribbean <input type="checkbox"/>                  |
| Any other Black / African / Caribbean background <input type="checkbox"/>  |   |
| <b>Other ethnic group</b>  |   |
| Arab <input type="checkbox"/>  | Any other ethnic group <input type="checkbox"/>     |