**Sheffield City Council**

**New Application for Mandatory HMO Licensing – How to complete this form**

This form is to be completed for **new HMO applications from 1st February 2024**. If you wish to make a renewal application for an existing licence, use the renewal form available at

<http://sheffield.gov.uk/renew-change-hmo-licence>

The form is designed to be completed in Microsoft Word but can also be printed out and completed by hand. You can use the TAB button on your keyboard or your mouse pointer to navigate through the fillable form fields. Make sure to **SAVE the document with a new name** before submitting as an email attachment. We can only accept saved Word format (**.doc** or **.docx**) forms, or forms completed in black ink and scanned into **.pdf** format – please do not send multiple .jpg or other image files. Send the completed application as an email attachment to [hmo@sheffield.gov.uk](mailto:hmo@sheffield.gov.uk) along with all required enclosures detailed in Section 26 of the form. Please ensure that payment is also made on the same day as the application – see **How to Pay** below.

The form contains guidance notes throughout in shaded boxes. Further guidance is available at

<https://www.sheffield.gov.uk/housing/licensing-houses-in-multiple-occupation>

Applicants unable to submit an application by email should contact us on 0114 273 4680

A new licensing IT portal will shortly be introduced which allows licence holders to access and manage HMO licences, upload and manage all related documentation such as gas certificates, and apply for licence renewals online. Licence holders and managers will be invited to register for this service as soon as it is available.

The fees for new applications are given on the table below. Following a judgement in the Supreme Court on the charging of fees for local licensing schemes, **HMO licence fees must now be charged in two parts.** The relevant Part 1 Fee is payable with the application – please see table below. The Part 2 Fee will be charged once a draft licence has been issued. Fees are set in seven bands based on the number of bedrooms within the property:

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| **HMO new application fees** | | | |
| **Bedrooms** | **Part 1 Fee** | **Part 2 Fee** | **Total** |
| **5** | £725 | £460 | £1,185 |
| **6-9** | £850 | £540 | £1,390 |
| **10-14** | £1,030 | £660 | £1,690 |
| **15-19** | £1,275 | £815 | £2,090 |
| **20-24** | £1,580 | £1010 | £2,590 |
| **25-49** | £1,945 | £1,245 | £3,190 |
| **50+** | £2,375 | £1,515 | £3,890 |

A discretionary discount of £50 is offered for properties which have an Energy Performance Certificate (EPC) rating of C or above. This is to encourage HMO landlords to prioritise energy efficiency improvements as part of efforts to provide warmer homes and combat climate change. If applicable, the discount will be deducted from the Part 2 fee which is payable once a draft licence is issued.

**How to Pay**

1. You must make a payment of the Part 1 Fee on the same day as submitting this application.
2. Please select the correct Part 1 Fee using the table above based on the number of bedrooms for the property to be licensed.
3. Go to <https://www.sheffield.gov.uk/housing/licensing-houses-in-multiple-occupation> and click on the black **Pay your licence application fees** box to make payment by card. Enter all the property and payment details requested.
4. Following successful card payment you will receive an email receipt which you should forward by email to [hmo@sheffield.gov.uk](mailto:hmo@sheffield.gov.uk) with the first line of the property address in the subject header. This will help us to verify that payment has been made.

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| **Housing Act 2004, Part 2**  **Licensing of Houses in Multiple Occupation (HMOs)**  **Application for Mandatory HMO Licensing** | | | To be used for new applications from 1st Feb 2024 | | **Guidance Notes** Please include the full address of the property, including the postcode of the property that you wish to licence. |
| Use an “**X**” to indicate answers in the appropriate box.  **All sections should be completed**, any sections which are not relevant should be marked N/A. **You should refer to the Guidance Notes on right hand side when completing this application.** | | | | |
| **Address and postcode of the property** |  | | | |
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| **Number of bedrooms** | | |  | | Number of bedrooms in the property. Minimum space standards apply – refer to the relevant HMO standards for the property type. |
| **Number of persons the property is to be licensed for** | | |  | | The total amount of persons that you require the property to be licenced for. This number may be revised following inspection. |
| **Date from which the property became licensable** | | |  | | This should be the date at which five or more people, forming two or more households began residing at the property  If the property is not currently let at this occupancy level, please state the expected start date, which should be no more than **4 weeks** from the date the application is submitted. |
| **Type of property to which the application applies (select one only)** | | **A:** [**Bedsit**](https://www.sheffield.gov.uk/sites/default/files/docs/housing/houses%20in%20mulitple%20occupation/category-a-bedsits.pdf) | |  | If unsure of property type follow the links from each property type to see definition in HMO Standards documents – these can also be found on <https://www.sheffield.gov.uk/housing/licensing-houses-in-multiple-occupation> |
| **B:** [**Cohesive shared House**](https://www.sheffield.gov.uk/sites/default/files/docs/housing/houses%20in%20mulitple%20occupation/category-b-shared-house-cohesive-group.pdf) | |  |
| **C:** [**Non-cohesive shared house**](https://www.sheffield.gov.uk/sites/default/files/docs/housing/houses%20in%20mulitple%20occupation/category-c-shared-house-non-cohesive-groups.pdf) | |  |
| **D:** [**B&B / Hostel**](https://www.sheffield.gov.uk/sites/default/files/docs/housing/houses%20in%20mulitple%20occupation/category-d-hostels-bbs.pdf) | |  |
| **E:** [**Flat in Multiple Occupation**](https://www.sheffield.gov.uk/sites/default/files/docs/housing/houses%20in%20mulitple%20occupation/category-e-flats-in-multiple-occupation.pdf) | |  |
| The form has been designed to gather information required by statute to aid identification of licence holders and managers of HMOs under Part 2 of the Housing Act 2004 (the Act) and to supply information so that licence conditions can be relevant to each property.  logo reduced  **Please note that it is a criminal offence to make a false statement**  **in an application for an HMO licence.**  Additional copies of this form can be downloaded from  [www.sheffield.gov.uk/HMOlicensing](http://www.sheffield.gov.uk/HMOlicensing) | | | | | |
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| **Part 1 – Details of Interested Parties** | | | | | | | | | | | | | |
| 1 | **The Applicant** | | | | | | | | | | | | **Guidance Notes**  The **Applicant** is the person applying for the licence. This **does not have to be** the Proposed Licence Holder or Manager. The Applicant needs to have access to the relevant documents that will need to be provided as part of the application. If the Applicant is also the Proposed Licence Holder or Manager, confirm this using the checkboxes.  If the Applicant is also the person in control of the HMO, please confirm this. The ‘person in control’ is usually the person receiving and in control of the rack rent.  If the Applicant is also the freeholder or leaseholder they should confirm this here. |
| Name: |  | | | | | | | | | | |
| Company name: |  | | | | | | | | | | |
| Contact address: |  | | | | | | | | | | |
| Telephone: |  | | | | | | | | | | |
| Email: |  | | | | | | | | | | |
| Date of birth: |  | | | | | | | | | | |
| **Is the Applicant also:** | | | | | | | | | | | |
| The Proposed Licence Holder: | | | | Yes | | | |  | | No |  |
| The person managing the HMO: | | | | Yes | | | |  | | No |  |
| The person having control of the HMO: | | | | Yes | | | |  | | No |  |
| The freeholder: | | | | Yes | | | |  | | No |  |
| The leaseholder: | | | | Yes | | | |  | | No |  |
| 2 | **The Proposed Licence Holder (individual/s or limited company)** | | | | | | | | | | | | Details of **Proposed Licence Holder** should be entered in this section. One (or several) individuals or a limited company can be named as Proposed Licence Holder. Use next page to add second individual if needed.  ***Note*** – If Proposed Licence Holder is a limited company, it is preferential for the licence to be held in the company name rather than the name of an individual within the company, allowing staff changes to be made within the company without the need for changes to be made to the licence.  If the Licence Holder changes during the term of a licence (including a named individual) a new licence will be required and this will incur significant costs. |
| Name: | |  | | | | | | | | | |
| Company name: | |  | | | | | | | | | |
| Use company name for Proposed Licence Holder? | | | | | | Yes | | |  | No |  |
| Address/ registered address: | |  | | | | | | | | | |
| Telephone: | |  | | | | | | | | | |
| Email: | |  | | | | | | | | | |
| Date of birth: | |  | | | | | | | | | |
| **Is the Proposed Licence Holder also:** | | | | | | | | | | | |
| The person managing the HMO: | | | | Yes | | | |  | | No |  |
| The person having control of the HMO: | | | | Yes | | | |  | | No |  |
| The freeholder: | | | | Yes | | | |  | | No |  |
| The leaseholder: | | | | Yes | | | |  | | No |  |
| 3 | **The Proposed Manager of the HMO (if not the Applicant or Proposed Licence Holder)** | | | | | | | | | | | | If the **Proposed Manager** is not the Applicant or Proposed Licence Holder enter their details in this section.  ***Please note*** – If the Proposed Manager is a limited company, it is better for the company name to be used on the licence rather than an individual within the company. This allows for staff changes to be made within the company without the need for changes to be made to the licence. In the event of a change of manager, the licence will need to be varied. |
| Name: |  | | | | | | | | | | |
| Company name: |  | | | | | | | | | | |
| Use company name for Proposed Manager? | | | | | Yes | | | |  | No |  |
| Address: |  | | | | | | | | | | |
| Telephone: |  | | | | | | | | | | |
| Email: |  | | | | | | | | | | |
| Date of birth: |  | | | | | | | | | | |
| **Is the manager also the person having control of the HMO:** | | | Yes | | | |  | | | No |  |
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| 4 | **Additional Licence Holder or Manager** | | | | | **Guidance Notes**  If there are additional Proposed Licence Holders or Managers, this section should be completed to provide their information. Mark the correct box to show their involvement.  Please note: if the first Proposed Licence Holder or Manager is a limited company, there cannot be any additional Licence Holders or Managers. |
| Name: |  | | | |
| Company: |  | | | |
| Address: |  | | | |
| Telephone: |  | | | |
| Email: |  | | | |
| Date of birth: |  | | | |
| Nature of interest: | Additional Licence Holder |  | Additional Manager |  |
| 5 | **Mortgagee(s) of the property (e.g. bank or building society)** | | | | | As an interested party we are required to notify **Mortgagees** that an application has been made to licence an HMO. Information about mortgagees should be provided in this section.  ***Please note* –** The Applicant also has a duty to notify the Mortgagee of the application (see section 10- of the application form) |
| Name: |  | | | |
| Company: |  | | | |
| Address: |  | | | |
| Telephone: |  | | | |
| Email: |  | | | |
| 6 | **Freeholder of the HMO (if not the Applicant or Licence Holder)** | | | | | As an interested party we are required to notifythe **Freeholder** that an application has been made to licence an HMO. Information about mortgagees should be provided in this section. Where any of the interested parties named above are the Freeholder then this section can be left blank.  ***Please note* –** The Applicant also has a duty to notify the Freeholder of the application (see section 10- of the application form) |
| Name: |  | | | |
| Company: |  | | | |
| Address: |  | | | |
| Telephone: |  | | | |
| Email: |  | | | |
| 7 | **Leaseholder of the HMO (if not the Applicant or Proposed Licence Holder)** | | | | | As an interested party we are required to notify Leaseholders that an application has been made to licence an HMO. Information about Leaseholders should be provided in this section. Where any of the interested parties named above are the Leaseholders then this section can be left blank.  ***Please note* –** The applicant also has a duty to notify the Leaseholder of the application (see section 10- of the application form) |
| Name: |  | | | |
| Company: |  | | | |
| Address: |  | | | |
| Telephone: |  | | | |
| Email: |  | | | |
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| **Note: all information above is to be duplicated in Section 10** | | | | | | |
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| 8 | **Person To Be Bound By The Licence Conditions** | | **Guidance Notes**  You are only required to complete this section if you have previously been informed to do so by Private Housing Standards. It is only relevant if specific conditions apply to licensing of which the applicant will already be aware. If this doesn’t apply, then leave this section blank.  In order to issue an HMO licence, the Council need to be happy that suitable management arrangements are in place to deal with any issues raised at the property.  If the Licence Holder is more than two hours from the property, and they do not have a local manager in place, the questions in this section should be answered.  ***Please note*** - There is no requirement to answer these questions if the Licence Holder is within two hours of the property, or where there is a local manager in place. |
| Name: |  |
| Company: |  |
| Address: |  |
| Telephone: |  |
| Email Address: |  |
| Date of birth: |  |
| Reason they are bound: |  |
| **Note - all information above is to be duplicated in section 10** | |
| 9 | **Suitable Management Arrangements** | |
| Where the proposed licence holder is based more than two hours away from the HMO, and there is no managing agent in place, we need to be sure that satisfactory management arrangements are in place. Please provide answers to the following where relevant: | |
| a. What would you do if there was an emergency at the HMO such as a severe water leak? | |
| b. What advice would the tenants be given in such an event? | |
| c. Does anyone hold keys locally? | |
| d. What are your arrangements for when you are unavailable for extended periods of time? | |
| e. How would you deal with anti-social behaviour at the HMO? | |
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| **This section must be completed for any person detailed in sections 2-8 above. Some of the information will be duplicated but this information is required by statute.** | | | | | | | | | |
| 10 | **Persons to be informed of the application** | | | | | | **Guidance Notes**  The applicant should complete this section and declaration.  All parties named in sections 2 to 8 of the application should be made aware of the application.  Information about how interested parties should be notified can be found within this section  **Nature of interest** below should describe the relationship between the person or company and the property – e.g. mortagee, leaseholder, freeholder  **Date of service** – is the date you gave them written notice about this application | | |
|  | 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:   * Any mortgagee of the property (the lender) * 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 * 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) * 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 that he will be bound by any condition or conditions in a licence if it is granted   You must tell each of these persons:   * Your name, address, telephone number and e-mail address * The name, address, telephone number and e-mail address of the proposed licence holder (if it will not be you) * That this is an application made under Part 2 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 | | | | | |
| **Persons to be informed** | | | | | | | |  |
| **Name/Company** | | | **Address** | | **Nature of interest** | | | **Date of service** |
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| **I declare that I have served a notice of the application on the above persons who are the only persons known to me/us that are required to be informed that I have made this application:** | | | | | | | | |
| **Applicant:** |  | **Date** | |  | | |  | |
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| **Sections 11, 12, 13 and 14 will need to be completed by all Proposed Licence Holders and all Managers. Mark with “X” as appropriate. If further sheets are required they can be photocopied or downloaded – look for “Additional fit and proper form” on**  <https://www.sheffield.gov.uk/housing/licensing-houses-in-multiple-occupation>  **Please note: The Council may carry out the necessary legal checks on applicants.** | | | | | | | | | | | | | | | | | | | | |
| 11 | **Proposed Licence Holder and Manager Declarations.**  **To be completed by Licence Holder and Manager:** | | | | | | | | | | | | | | | | | | | **Guidance Notes**  Before issuing the HMO licence the Council have an obligation to carry out tests to ensure that the Proposed Licence Holder and Proposed Manager are Fit and Proper. Sections 11 – 14 are designed to capture information relating to the test.  It is a requirement that the sections are completed by the Proposed Licence Holder and Manager (if either or both not also the applicant)  In the case of a limited company they should be completed at **director** level |
| a. | Do you have any unspent convictions that may be relevant to your fitness to manage the property, and, in particular, any such conviction in respect of any offence involving fraud or other dishonesty, or violence or drugs or any offence listed in Schedule 3 to the Sexual Offences Act 2003(a)? | | | | | | | | | | | | | | | | | | |
| **Licence Holder** | | Yes | |  | | No |  | | | | **Manager** | | | | Yes |  | No |  |
| b. | Has there been any finding by a court or tribunal that you 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? | | | | | | | | | | | | | | | | | | |
| **Licence Holder** | | Yes | |  | | No | |  | | | | **Manager** | | | Yes |  | No |  |
| c. | Has there been any contravention of any provision of any enactment relating to housing, public health, environmental health or landlord and tenant law which led to civil or criminal proceedings resulting in a judgement being made against you? | | | | | | | | | | | | | | | | | | |
| **Licence Holder** | | Yes | | |  | No | | |  | | | | **Manager** | | Yes |  | No |  |
|  |  | | | | | | | | | | | | | | | | | | |
| d. | Do you have any information about any HMO or house that the proposed licence holder or manager owns or manages or has owned or managed for which a local housing authority has refused to grant a licence under Part 2 or 3 of the Act, or has revoked a licence in consequence of the licence holder breaching the conditions of his licence? | | | | | | | | | | | | | | | | | | |
| **Licence Holder** | | Yes | |  | | No | | | |  | | | | **Manager** | Yes |  | No |  |
| e. | Do you have any information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed that has been the subject of an interim or final management order under the Housing Act 2004? | | | | | | | | | | | | | | | | | | |
| **Licence Holder** | Yes | |  | | | No | | | |  | | | | **Manager** | Yes |  | No |  |
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| 12 | **Further Detail** | | | | | | | | | | | | | | | |
| If you have answered yes to any of questions above (11a-f) please provide details below or on the additional page at the rear of this application form. | | | | | | | | | | | | | | | |
| 13 | **Training**  Have you attended a training course which was covers the law and legal requirements relating to managing an HMO? | | | | | | | | | | | | | | | |
| **Licence Holder** | | | | Yes |  | No |  | | Date of training | | | |  | N/A |  |
| **Manager** | | | | Yes |  | No |  | | Date of training | | | |  | N/A |  |
| **You will be required to provide copies of completion certificates for the training course that you attended as part of this application.** | | | | | | | | | | | | | | | |
| 14 | **I declare that to the best of my knowledge and belief, all of the information in this application sections 11 to 13 is true:** | | | | | | | | | | | | | | | |
| **Proposed Licence Holder** | | | | | | | | **Manager** | | | | | | | |
|  |  |  | | | | | |  | |  |  | | | | |
|  | | | | | | | |  | | | | | | | |
| Name: | | |  | | | | | Name: | | | |  | | | |
| Position in company: | | |  | | | | | Position in company: | | | |  | | | |
| Date: | | |  | | | | | Date: | | | |  | | | |
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| 15 | **The proposed Licence Holder must provide information below to show any other properties for which they have a licence under Part 2 or 3 of the Housing Act 2004, whether in Sheffield or in the area of any other local housing authority**. | | **Guidance Notes**  The Applicant should provide addresses for any other licences held by the Proposed Licence Holder.  This applies to HMO addresses in Sheffield or elsewhere in the UK. |
| **Address** | **Postcode** |
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| Please use further sheets if required | |
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| **Part 2 - Property Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part 2 of the form is designed to gather information about the property that is to be licenced.  As this section is property specific it is not possible to offer general guidance as to how it should be completed. If you do have any queries relating to any specific areas of this section of the form, please contact Private Housing Standards directly on 0114 273 4680 or via hmo@sheffield.gov.uk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | **Is the property a:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | House | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | |
| Flat | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | |
| Other (details) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Is the property:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Detached | | |  | | | Semi-detached | | | |  | | Terrace | | | |  | Residential block | | | | | | |  | | Mixed use block | |  |
| **Is the property:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose  Built | | | |  | | Converted | | | | |  | | Converted from  Non-residential | | | | | | |  | | Date of conversion | | |  | | | |
| **Has the property received planning permission to be an HMO?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes |  | | | | No | | |  | |  | | | | | | | | | | | | | | | | | | |
| **What is the approximate age of the original construction of the HMO?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Before 1919 | | | | | | |  | | 1919-44 | | | | |  | 1945-64 | | | |  | | 1965-80 | |  | After 1980 | | | |  |
| 17 | **Fire Safety** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please provide details of any fire precaution equipment at the property:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of fire detectors:** | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | |
| **Are the fire detectors mains powered and linked?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | |  | | | No | | |  | |  | | | | | | | | | | | | | | | | | | |
| **Linked by:** | | | | | | Wires | | | |  | | Radio waves | | | | | |  | | Low voltage system interlinked to control panel | | | | | | |  | |
| **Is there a log book for inspections?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes |  | | | | No | | |  | |  | | | | | | | | | | | | | | | | | | |
| **Is the main escape route clear of flammable materials or other obstructions?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | |  | | | No | | |  | |  | | | | | | | | | | | | | | | | | | |
| **Is the main escape route protected by self-closing doors?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes |  | | | | No | | |  | |  | | | | | | | | | | | | | | | | | | |
| **Page 9** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 18 | **Gas Safety** | | | | | | | | | | | |
| **Does the property have a gas supply?** | | | | | | | | | | | |
| Yes | |  | | No |  |  | | | | | |
| **Do you have a landlord’s Gas Safety record, issued within the last 12 months?** | | | | | | | | | | | |
| Yes |  | | | No |  | N/A | | | |  |  |
| **Do all of the gas appliances have carbon monoxide detectors, installed in accordance with manufacturers specifications?** | | | | | | | | | | | |
| Yes | |  | | No |  | N/A | | | |  |  |
| **By completing this application form you declare that the gas appliances in the property meet the safety requirements contained in any enactment.**  **Please indicate that you understand and**  **agree to this.** | | | | | | | | | | | |
| Yes | |  | | No |  | N/A | | | |  |  |
| 19 | **Emergency Lighting** | | | | | | | | | | | |
| **Is there an emergency lighting system installed in the common areas?** | | | | | | | | | | | |
| Yes | | |  | No | | |  | N/A | |  |  |
| **If yes, please provide details of locations:** | | | | | | | | | | | |
| 20 | **Flats above shops and associated with other lettings** | | | | | | | | | | | |
| Is the property located above a shop and /or associated with other lettings? | | | | | | | | | | | |
| Yes | | |  | No | | |  | | N/A |  |  |
| If you please provide information about the location of electric, gas and water cut offs: | | | | | | | | | | | |
| Do the tenants have access to the cut offs out of hours? | | | | | | | | | | | |
| Yes | |  | | No | | |  | | N/A |  |  |
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| 21 | **Property Information** | | | | |
| Number of storeys above ground level (including mezzanine floors) | | | |  |
| Number of storeys below ground level (including mezzanine floors) | | | |  |
| Total number of self-contained letting units | | | |  |
| Total number of non-self-contained letting units | | | |  |
| Total number of households occupying the property | | | |  |
| Number of people living at the property | | | |  |
| 22 | **Room Types** | | | | |
| **Kitchens** | Sole: | Shared: | Total: | |
| **Bedrooms** | Sole: | Shared: | Total: | |
| **Bathrooms and**  **shower rooms** | Sole: | Shared: | Total: | |
| **Separate WC’s**  **with wash basins** | Sole: | Shared: | Total: | |
| **Living Rooms** | Sole: | Shared: | Total: | |
| **Total Rooms** | Sole | Shared: | Total: | |
| 23 | **Facilities** | | | | |
| **Wash hand basins**  **(bathroom and WC)** | Sole: | Shared: | Total: | |
| **Sinks**  **(Kitchen and utilities)** | Sole: | Shared: | Total: | |
| **Baths** | Sole: | Shared: | Total: | |
| **Showers** | Sole: | Shared: | Total: | |
| **Total numbers of**  **Internal WC’s** | Sole: | Shared: | Total: | |
| **Cookers** | Sole: | Shared: | Total: | |
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| 24 | **Property Information and Floor Plan** | | | |
| **As part of the application a floor plan should be provided. The plan should be an accurate representation of the property and include all rooms and floors. The plan should indicate the location of all:** | | | |
| **Detail** | **Key** | **Detail** | **Key** |
| Fire blanket | FB | Carbon Monoxide detector | CO |
| Smoke detector | SD | Heat detector | HD |
| Break glass call point | BG | Smoke alarm | SA |
| Alarm sounders | AS | Fire doors | FD |
| Emergency lighting | EL | Fire alarm control panel | CP |
| **Other items required on floor plan** | | | |
| Room and space types | *Living room, hallway etc.* | | |
| Bedroom numbers | *1, 2, 3 etc* | | |
| Velux windows | *Position in room indicated with dashed line rectangle and labelled “V”* | | |
| Location of fittings | *“Bath”, “sink”, “cooker”, “fridge” or use commonly recognised symbols* | | |
| Facilities for storage and disposal of rubbish | *E.g. Rodent-proof storage for refuse and recycling both inside and outside property, use Council refuse/ commercial waste collection service* | | |
| Floor areas in metres2 | *E.g. 10.5 m2* | | |
| An example plan is available to download from [www.sheffield.gov.uk/hmo](http://www.sheffield.gov.uk/hmo) | | | |
| 25 | **Space for additional information** | | | |
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| 26 | **Enclosures** | | | | | | | | | To constitute a valid application, it is a requirement that you provide up to date scanned copies (where applicable) of the certificates listed below. If the certificates are not provided, and the council has to request them, you may become liable for additional charges. If it is not possible to supply a certificate with the application you should contact Private Housing Standards on 0114 2734680 or [hmo@sheffield.gov.uk](mailto:hmo@sheffield.gov.uk) to discuss the matter.  **Gas Safety Certificate –** If the property has a gas supply, an up-to-date gas safety certificate should be supplied. The assessment needs to have been made by a registered Gas Safe engineer. The certificate should show each gas appliance and needs to have passed inspection.  **Electrical Safety Certificate** – Required for all HMO properties. The assessment needs to be the full condition report, be in date and have been made by a qualified electrician. Where there are C1 and C2 faults, or the assessment is unsatisfactory, we will require evidence that the faults have since been rectified.  **Emergency Lighting Certificate** – Required for all HMO properties.  **Grade A Alarm System** – If a grade A alarm system (Panel System) is in operation, an up-to-date certificate is required.  **Certification of completion of HMO training –** It is a condition of the licence that all Licence Holders and Managers attend an approved training course, within 1 year of issue of the licence. This condition is also met if training has been completed within the 5 years prior to the issuing of the licence. Where training has already been undertaken, a copy of the completion certificate should be provided.  **Floor Plan** – An up-to-date floor plan should be provided for all HMO. Section 24 of the application form shows the requirements for the plan.  **Payment Receipt** – After payment has been made over via the council website, a copy of the receipt should be provided.  **Energy Performance Certificate** – this must be dated within the last 10 years. Refer to [www.epcregister.com](http://www.epcregister.com) to find an assessor or retrieve an existing certificate.  **Planning Consent** – A copy of planning permission is required for properties which have changed use to become HMOs and are shared by 7 or more persons in any part of the city or for any size of HMO situated in the designated Article 4 area of the city – see <https://www.sheffield.gov.uk/planning-development/planning-permission-hmo> |
| The following need to be provided as part of the application, please indicate if these will be supplied as attachments with an “X” | | | | | | | | |
| **Gas safe registered commissioning and / or annual gas safety inspection certificates** | | | | | | | | |
| Yes |  | | | No |  | N/A |  |  |
| **Electrical safety certificate (full EICR certificate required)** | | | | | | | | |
| Yes |  | | | No |  |  | | |
| **Emergency lighting certificate** | | | | | | | | |
| Yes |  | | | No |  |  | | |
| **Grade A (panel) alarm system certificate** | | | | | | | | |
| Yes | |  | | No |  | N/A |  |  |
| **Certification of completion for HMO training** | | | | | | | | |
| Yes | | |  | No |  | N/A |  |  |
| **Floor Plan** | | | | | | | | |
| Yes | | |  | No |  |  | | |
| **Copy of the payment receipt for Part 1 Fee** | | | | | | | | |
| Yes | | |  | No |  |  | | |
| **Energy Performance Certificate** | | | | | | | | |
| Yes | | |  | No |  | N/A |  |  |
| **Planning consent for use as HMO** | | | | | | | | |
| Yes | | |  | No |  | N/A |  |  |
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| **Electronic Licencing Consent** | | |
|  | Sheffield City Council’s Private Housing Standards is in the process of moving to an all-electronic licensing portal. All future licensing correspondence will be sent by email.  By providing an email address, Sheffield City Council will understand this to mean that the owner of the email address has agreed to the service by email of legal notices and documents relating to HMO licensing under Part 2 of the Housing Act 2004, in accordance with Section 247 of the Act. | |
| **The Licence Holder** | |
| Name / company: |  |
| Nominated Email address: |  |
|  | |
| **The Manager** | |
| Name / company: |  |
| Nominated Email address: |  |
|  | |
| **Any Interested Parties as listed in parts 4 – 8 of the application form** | |
| Name / company: |  |
| Nominated Email address: |  |
|  | |
| Name / company: |  |
| Nominated Email address: |  |
|  | |
| Name / company:  Nominated Email address for the service of documents under Part 2 of the Housing Act 2004: |  |
| Nominated Email address: |  |
|  | |
| Name / company:  Nominated Email address for the service of documents under Part 2 of the Housing Act 2004: |  |
| Nominated Email address: |  |
|  | |
| **Additional Interested Parties can be added to the notes section at the rear of this application form** | |
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| **Declaration**  **WARNING: IF YOU KNOWINGLY MAKE A FALSE STATEMENT OR FAIL TO COMPLY WITH ANY CONDITION OF THE LICENCE, YOU MAY BE LIABLE TO PROSECUTION**  **In considering whether the required standards and/or conditions have been met, the Council may take into account 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 will contact you to arrange a suitable time. Note: Your application will NOT be valid unless you complete all the relevant parts of this form, provide all necessary documents and pay the required Part 1 Fee.** | | | | |
| **To be completed by ALL parties named in Sections 1-4 of this application** | | | | |
| Full Name: |  | | | |
| Position (if acting on behalf of a company): |  | | | |
| Date: |  | | | |
| 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 a criminal offence if I/we knowingly 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 understand and accept that if I withhold information or provide false or misleading information this may result in my application being rejected. | |  | | |
|  |  |  |
|  | | |
| Full Name: |  | | | |
| Position (if acting on behalf of a company): |  | | | |
| Date: |  | | | |
| 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 a criminal offence if I/we knowingly 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 understand and accept that if I withhold information or provide false or misleading information this may result in my application being rejected. | |  | | |
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|  | | |
| Full Name: |  | | | |
| Position (if acting on behalf of a company): |  | | | |
| Date: |  | | | |
| 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 a criminal offence if I/we knowingly 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 understand and accept that if I withhold information or provide false or misleading information this may result in my application being rejected. | |  | | |
|  |  |  |
|  | | |
| Full Name: |  | | | |
| Position (if acting on behalf of a company): |  | | | |
| Date: |  | | | |
| 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 a criminal offence if I/we knowingly 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 understand and accept that if I withhold information or provide false or misleading information this may result in my application being rejected. | |  | | |
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|  | **Privacy Policy** |
| We will use the information provided by you for the processing of licence applications and compliance of such licences whilst they remain in force. The basis under which the Council uses personal data for this purpose is under Parts 1 to 4 of the Housing Act 2004. This is necessary for the performance of a task carried out in the public interest by the Council or in the exercise of official authority vested in the Council by the Housing Act 2004 and other associated legislation.  As part of our duty under the Housing Act 2004 we may have to share and/or check your information with other agencies: for example, the Police, Fire and Rescue Service, Office of Fair Trading, other local authorities and other relevant departments within the Council, such as Planning, Council Tax, Revenues and Benefits and Debtors. For more detailed information regarding our privacy notice please go to: <https://www.sheffield.gov.uk/content/sheffield/utilities/footer-links/privacy-notice.html>.  The information provided by you includes the usual personal data needed for an application: name, address, contact details, date of birth, etc., as well as the following special categories of personal data: racial or ethnic origin, criminal convictions and DBS. Information in these categories is used by the Council on the basis that such use is necessary for reasons of substantial public interest, and in accordance with the provisions of General Data Protection Regulation and the Data Protection Act 2018.  You are not obliged by contract or statute to provide the information; however, if you wish to apply for a licence you will need to provide this information.  The information that you have provided will be kept for the duration of the licence and 7 years after the expiry date of the licence. If the licence is refused it will be kept for 7 years after the date of the licence refusal.  The information provided by you may also be used for the purpose of any other function carried out by the Council.  The Data Controller is Sheffield City Council, 1 Pinstone Street, Sheffield S1 2HH.  The Council’s Data Protection Officer can be contacted at [dataprotectionofficer@sheffield.gov.uk](mailto:dataprotectionofficer@sheffield.gov.uk).  The new data protection law known as the General Data Protection Regulation provides for the following rights as prescribed by the legislation:   * A right to request a copy of your information * A right to request rectification of inaccurate personal data * A right to request erasure of your data known as ‘the right to be forgotten’ * A right to in certain circumstances to request restriction of processing * A right in certain circumstances to request portability of your data to another provider * A right to object to processing of data in certain circumstances * A right regarding automated decision making including profiling   Please note that if you are unhappy with a decision regarding the handling of your data you can contact the Council’s Data Protection Officer or you can contact the Information Commissioner’s Office, the regulator responsible for information rights, at Wycliffe House Water Lane Wilmslow, Cheshire SK95AF and also see the Information Commissioner’s website at [www.ico.org.uk](http://www.ico.org.uk)  For more information about these rights please refer to our detailed privacy statement at <https://www.sheffield.gov.uk/content/sheffield/utilities/footer-links/privacy-notice.html>. |
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|  | **Space for additional information** | |
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**The HMO Licensing Process**

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| **Submit application**  **Pay Part 1 Fee**  **Verification starts**  **Fit & Proper checks**  **“Valid” application**  **Property assessment**  **Property inspection**  **Final licence issued**  **Draft licence issued**  **Pay Part 2 Fee**  **21 days representations** | 1. After you submit the application and all relevant certificates along with payment of your **Part 1 Fee**, Private Housing Standards will carry out checks to verify the application. This may include land registry searches to ascertain that no interested parties have been omitted from the application. If information is missing, we will contact the applicant for further information. 2. Once everything is received the application will go through the Fit and Proper test which usually takes 14 days. Once complete the application is deemed to be valid and can move on to the assessment stage. 3. Once an application is considered valid, we will assess the property to ensure it is suitable for the number of people you wish to rent it to. For most applications, properties will be assessed following a physical inspection, during which access to all parts of the property will be necessary. A Housing Officer will contact you to arrange a mutually convenient time for the inspection to take place. 4. The inspection will assess the suitability of the property for the intended number of occupants, and licence conditions will be drawn up based on the findings. In some circumstances, issues may be encountered that require action outside of the licensing process. 5. Following the assessment all interested parties will receive a draft copy of the licence. You will also be invoiced for the **Part 2 Fee**. A 21-day consultation period will then commence allowing representations to be made to the issuing of the licence. If no representations are received the licence will come in to force on day 21 and you will receive a copy if the final licence. Please note that you will not receive your licence until the Part 2 Fee has been paid in full. The licence will normally run for 5 years from the date that the property became licensable, however in certain circumstances a reduced term licence will be issued. 6. We aim to issue a new licence within 16 weeks from the date of application. This timeframe may vary depending on the number of applications received in the same period. |

Please submit your application as a Word (.doc) or portable document format (.pdf) file attached by email to [hmo@sheffield.gov.uk](mailto:hmo@sheffield.gov.uk) . Any questions about this application should be directed by email to [hmo@sheffield.gov.uk](mailto:hmo@sheffield.gov.uk) or by telephone to 0114 273 4680.

Note - We are no longer accepting paper applications by post and are in the process of moving to a new online licensing portal system which will allow licence holders and HMO managers to view and manage all their property licences and associated certificates in one online location. We will invite you to register for this service once it becomes available.