

**HOUSING ACT 2004, PART 3 (SELECTIVE LICENSING)  
SELECTIVE LICENSING APPLICATION 2020/25**

This application is of a licence to let residential accommodation within an area designated as a Selective Licensing Area. The licence lasts of the duration of the Licensing Scheme and will expire on the 30<sup>th</sup> April 2025.

Use these forms to apply for a Selective Licence for residential accommodation. There are guidance notes to each section enclosed with this application form, which you should keep.

Please return the completed application with **copies of all** required documents to **e-mail:** landlordlicensing@rotherham.gov.uk or **by post to:** SELECTIVE LICENSING, Community Protection Unit, Wing B Floor 2, Riverside House, Main Street, Rotherham S60 1AE. Tel. 01709 822620 if you need any assistance

<b>Total licence fee per house</b>	<b>£521</b>	
Application fee element	£68	<i>Non-refundable, paid with the application</i>
Maintenance fee element	£453 maximum	<i>Paid once a draft licence has been granted, can be spread by direct debit .</i>
<b>Additional Unit maintenance fee</b>	+ £132	<i>Applicable where there is an additional letting unit in the same building/house under the same ownership e.g. block of flats.</i>
<b>Late Application penalty fee</b> (if applicable)	+ £136	<i>Paid with application fee - non-refundable. You will be informed if this is due to be paid as part of the application process.</i>

**NOTE – THE LICENCE FEE OF £521 IS SPLIT INTO TWO PARTS.** The application fee of £68 for each property must be paid in full **with your application**. The remaining £453 must be paid once you have been told we will grant you a licence. Licenses are not granted until payment or arrangements have been made. You can pay this final fee either via the councils online payment portal, or by Direct Debit (subject to an administrative fee of £13). Direct Debit payments will be set up once we have approved your application.

**IMPORTANT – YOU MUST** complete all mandatory fields (\*) on the application form, include your £68 application fee or proof of payment and provided all requested supporting documentation, as well as an up to date email address, or your application will be rejected.

The application fee is non- refundable if your applications will be rejected, your property will remain un-licensed which is likely to be an offence.

You can make the payment for your application through our website and include a copy of the receipt with this application. Please do not send cash through the post. Cheques should be made payable to Rotherham Metropolitan Borough Council. If your method of payment cannot be completed, the application will be rejected, and the property will remain un-licensed which is likely to be an offence.

### **Rebate for Landlords with compliant properties.**

In recognition of licence holders who maintain their properties to a high standard and comply with the conditions of the scheme, a rebate of £127 per property is available.

Conditions for eligibility for the rebate;

At the time of the licensing inspection of the property;

- 1) No late payment fee was applied to the application
- 2) You are fully compliant with the statutory licence conditions (conditions 1-4).
- 3) Property is free from serious disrepair / poor management – this would usually mean the property is free of any category 1 hazard or serious category 2 hazards, under the Housing Health and Safety Rating System (HHSRS).

This would usually mean;

- Working smoke detection on each level including any cellar
- Internal doors close, have handles, no damage and minimal gaps
- A working heating and hot water system that is fixed, programmable and controllable.
- Windows that close, have handles, no damage and minimal gaps, where they have a sill height of less than 1100mm a restrictor is in place.
- Electrics in good working order and not damaged
- Staircases have handrails and balustrades with gaps no more than 100mm between spindles.
- Hot and cold running water to the kitchen and all bathrooms/toilets
- The property is free from pests and refuse including the yard/garden area
- The roofs, walls and floors are in good condition
- The property is free from all damp and mould
- Safe and hygienic kitchen layout. Ideally a hob and cooker sited away from a thoroughfare and with an adequate area.

This list is not an exhaustive list and other failures may be considered when considering the eligibility for a rebate.

Inspections will continue throughout the life of the area to ensure that the licence conditions are being met.

### **Application Guidance**

If you have any difficulty filling in this form you can find some helpful guidance on page 21 of the document.

**The Application comprises 4 main sections:**

- Part 1. Payment information, Licence Holder and Manager's details and declarations
- Part 2. Information about interests in the property.
- Part 3. Information about the Property. *(multiple copies can be attached)*
- Part 4 Application Declarations

**PART 1. Payment, Licence Holder and Manager's Details.**

**1.0 Application Type and Payment arrangements. Complete all sections (a), (b) (c) as appropriate**

a) This application is for \_\_\_\_\_ (number) houses/flats and I have enclosed a property information form for each. Each property has the same ownership and relevant interested party details.

b) Application Payment arrangements\*. Please choose from one of the following:

I have enclosed a payment with this application.

I have paid for this application online at the council's payment portal and enclose a receipt

Application fee paid:

<b>Application fee payment of £68 for each house or flat</b>  _____ number of units @ £68 =	£
<b>Late Application Fee £136 for each house and flat</b> This means the application was made after the 31st October 2020, (when their property was licensable on the 1st May 2020) or if a property fails to be licensed within 12 weeks of it becoming licensable after the 31st October 2020. The late application fee is £136.00, payable with the application fee. (£68+£136=£204)	£
<b>Total Payable</b>	£

c) The remaining licence fee will become payable once the decision to licence is made.

The remaining licence fee will be calculated based on when the property first became licensable. This will be a maximum figure of £453 per house or flat included in your application form. You will be informed of the accurate licence figure upon receiving your draft licence. Any additional units within the same building/premises, under the same ownership will be charged at £132 per unit.

I wish to pay the licence fee via:

Online Payment Portal

Direct Debit

1.1	<p><b>To be completed if applicant is an individual (and then move on to 1.6)</b>  (a) Full Name (block letters please)</p> <p>Surname: _____ First Name(s): _____</p> <p>(b) Home Address: _____  _____</p> <p>Postcode: _____ Telephone Numbers  Home: _____</p> <p>Work/Mobile: _____</p> <p>*Email*: _____ (You must provide us with an email contact address)</p> <p>Preferred method of contact in addition to email (please tick appropriate box)</p> <p>Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/></p> <p>(c) Date of Birth: _____</p> <p>(d) Are you responsible for receiving rent, the day-to-day repairs, maintenance and tenant management of the premises to be licensed? (please tick appropriate box).</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you have answered <b>yes</b>, you will be assumed to be the proposed licence holder in this application, and you will need to complete the declaration on section 1.8.</p> <p>If you have answered no, please complete the details in 1.6 and complete the declaration in section 1.8.</p> <p>(e) Are you the owner of the property</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
1.2	<p><b>To be completed if applicant is a Company or Partnership</b>  (a) Full Name of Company or Partnership  _____</p> <p>(b) Address of Principal or Registered Office  _____</p> <p>Telephone Number: _____</p> <p>Email  _____</p>
1.3	<p>Full name, address and date of birth of Directors, Partners or other persons responsible for management of the business (include on a separate sheet if necessary):</p> <p>_____</p> <p>_____</p>
1.4	<p>Is the company responsible for receiving rent, the day-to-day repairs, maintenance and tenant management of the premises to be licensed? (please tick appropriate box)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you have answered <b>yes</b>, you will be assumed to be the proposed licence holder in this application, and you will need to complete the declaration on section 1.8.</p> <p>If you wish another to be the licence holder please complete their details in 1.6.</p>
	<p>(e) Are you the owner of the property?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

1.5 Are you the landlord of any other house or HMO in Rotherham?

No  Yes

If answered yes - Please give full address of each property (continue on an additional sheet if necessary)

No.	Street	Town/City	Postcode

**To be completed where the answer to 1.1(d) is NO**

1.6 **PROPOSED LICENCE HOLDER**

Full Name (block letters please)

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Work/Mobile: \_\_\_\_\_

\*Email\*: \_\_\_\_\_ (You must provide us with an email contact address)

1.7 **OTHER PERSON MANAGING THE PROPERTY**

Full or Company Name in block letters

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Work/Mobile: \_\_\_\_\_

\*Email\*: \_\_\_\_\_ (You must provide us with an email contact address)

1.8	<b>Test of fitness and Compliance with Management Conditions – (please tick the appropriate boxes)</b> If you answer YES to any of the following questions in this section, please give details including dates in section 1.9 below. Continue on a separate sheet where necessary. <b>Please note: The Council may carry out the necessary legal checks on all applicants.</b>									
a	Do you have any unspent convictions that may be relevant to the proposed licence holder's fitness to hold a licence, or the proposed manager's fitness to manage the HMO or house, 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)?	<table border="0"> <tr> <td colspan="2" style="text-align: center;"><b>Licence Holder</b></td> <td colspan="2" style="text-align: center;"><b>Manager</b></td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	<b>Licence Holder</b>		<b>Manager</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Licence Holder</b>		<b>Manager</b>								
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
b	Has there been any finding by a court or tribunal against the proposed licence holder or manager that they have practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability in, or in connection with, the carrying on of any business?	<table border="0"> <tr> <td colspan="2" style="text-align: center;"><b>Licence Holder</b></td> <td colspan="2" style="text-align: center;"><b>Manager</b></td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	<b>Licence Holder</b>		<b>Manager</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Licence Holder</b>		<b>Manager</b>								
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
c	Has there been any contravention on the part of the proposed licence holder or manager 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?	<table border="0"> <tr> <td colspan="2" style="text-align: center;"><b>Licence Holder</b></td> <td colspan="2" style="text-align: center;"><b>Manager</b></td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	<b>Licence Holder</b>		<b>Manager</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Licence Holder</b>		<b>Manager</b>								
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
d	Do you have any information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed which has been the subject of:- i) a control order under Section 379 of the Housing Act 1985(a) in the five years preceding the date of the application; or ii) any appropriate enforcement Act.?	<table border="0"> <tr> <td colspan="2" style="text-align: center;"><b>Licence Holder</b></td> <td colspan="2" style="text-align: center;"><b>Manager</b></td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	<b>Licence Holder</b>		<b>Manager</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Licence Holder</b>		<b>Manager</b>								
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
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 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?	<table border="0"> <tr> <td colspan="2" style="text-align: center;"><b>Licence Holder</b></td> <td colspan="2" style="text-align: center;"><b>Manager</b></td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	<b>Licence Holder</b>		<b>Manager</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Licence Holder</b>		<b>Manager</b>								
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
f	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 Act?	<table border="0"> <tr> <td colspan="2" style="text-align: center;"><b>Licence Holder</b></td> <td colspan="2" style="text-align: center;"><b>Manager</b></td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	<b>Licence Holder</b>		<b>Manager</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Licence Holder</b>		<b>Manager</b>								
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
h	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?	<table border="0"> <tr> <td colspan="2" style="text-align: center;"><b>Licence Holder</b></td> <td colspan="2" style="text-align: center;"><b>Manager</b></td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	<b>Licence Holder</b>		<b>Manager</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Licence Holder</b>		<b>Manager</b>								
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
j	Has the licence holder or the manager been declared bankrupt?	<table border="0"> <tr> <td colspan="2" style="text-align: center;"><b>Licence Holder</b></td> <td colspan="2" style="text-align: center;"><b>Manager</b></td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	<b>Licence Holder</b>		<b>Manager</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Licence Holder</b>		<b>Manager</b>								
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
k	Have you ever had any application for a HMO/Property licence refused, revoked or Management Orders imposed, in this or another local authorities area?	<table border="0"> <tr> <td colspan="2" style="text-align: center;"><b>Licence Holder</b></td> <td colspan="2" style="text-align: center;"><b>Manager</b></td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	<b>Licence Holder</b>		<b>Manager</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Licence Holder</b>		<b>Manager</b>								
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
If the answer to any of the questions in 1.8 above is Yes, full details will be required in section 1.9 below										

**1.9** Please give details of any matters that had a **Yes** answer to item 1.8 above for the licensee. If none please detail none

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**LICENSEE**

**I declare that to the best of my knowledge and belief all the information in this application is true**

Signature: \_\_\_\_\_ Print full name: \_\_\_\_\_

Position (if acting on behalf of a company): \_\_\_\_\_ Date \_\_\_\_\_

**LICENCE HOLDER SHOULD SUBMIT VALID IDENTIFICATION WITH THIS APPLICATION AND A RECENT UTILITY BILL SHOWING THEIR ADDRESS**

**Tick to confirm**

Please give details of any matters that had a **Yes** answer to item 1.8 above for the manager. If none please detail none

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**Manager**

**I declare that to the best of my knowledge and belief all the information in this application is true**

Signature: \_\_\_\_\_ Print full name: \_\_\_\_\_

Position (if acting on behalf of a company): \_\_\_\_\_ Date \_\_\_\_\_

**PART 2. Information regarding the property ownership.**

2.0 This part of the application is accompanied by Part 3 forms for the following addresses:

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Continue on a separate sheet if necessary

2.1	<p>Name and address of the owner if not the proposed licence holder:</p> <p>Name.....</p> <p>Address.....</p> <p>.....</p> <p>Telephone Number:.....</p> <p>E-mail Address.....</p>
2.2	<p>Name and address of the co-owner if not the proposed licence holder</p> <p>Name: .....</p> <p>Address: .....</p> <p>.....</p> <p>Telephone Number: .....</p> <p>E-mail Address.....</p>
2.3	<p>Name and address of the co-owner if not the proposed licence holder</p> <p>Name: .....</p> <p>Address: .....</p> <p>.....</p> <p>Telephone Number: .....</p> <p>E-mail Address.....</p>



2.4	Name and address of the person having control if not the proposed licence holder Name: ..... Address: ..... ..... Telephone Number: ..... E-mail Address.....
2.5	Name and address of any other person agreeing to be bound by the terms of the licence Name: ..... Address: ..... ..... Telephone Number: ..... E-mail Address.....
2.6	Do you (alone or jointly with others) own the freehold of the property. If <b>No</b> go to 2.7 below, <b>Yes</b> go to 2.9 <div style="text-align: right;"> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> </div>
2.7	Name and address of the Freeholder of the property Name: ..... Address: ..... ..... E-mail Address.....
2.8	If you do not hold the freehold of the property is there at least 5 years still to run on the lease? <div style="text-align: right;"> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> </div>
2.9	Is there a mortgage on this property? <div style="text-align: right;"> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> </div>
2.10	If the answer to 2.9 is <b>Yes</b> , please provide us with the details of the mortgage provider Name: ..... Address: ..... ..... E-mail Address.....

### Part 3. Information about the Property

**3.0 Postal Address of Property:** \_\_\_\_\_

**FOR OFFICIAL USE  
ONLY**  
Licence Number: -

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Is this property currently tenanted?** \_\_\_\_\_

**If yes, name of Tenant(s)** \_\_\_\_\_

**Tenant Contact Tel:** \_\_\_\_\_

3.1 Is this a house or flat?

House

Flat

Detached / semi detached / terrace / end terrace / back to back terrace / grouped design?

Please state which: \_\_\_\_\_

3.2 Has Planning Permission been granted for use as a House in Multiple Occupation? (please tick appropriate box)

Yes

No

Don't Know

3.3 When the property was converted or flats created, was: -

Planning Permission given?

Yes

No

Don't Know

Building Notice given?

Yes

No

Don't Know

Was the work carried out in accordance with the above?

Yes

No

Don't Know

3.4 **a) Type of property** (see guidance notes for descriptions)

House in single occupation  Flat in single occupation

House in Multiple Occupation  Flat in Multiple Occupation

House converted into and comprising only self-contained flats

Purpose built block of flats  Other (please specify) \_\_\_\_\_

Total number of units which are self-contained:

Total number of units which are not self-contained:

Are any of the flats or rooms occupied by the owner or freeholder (including their family)? (please tick appropriate box)

Yes

No

3.5	Was the property purpose built as a dwelling in its current design? Yes <input type="checkbox"/> No <input type="checkbox"/> Converted from a previous residential dwelling or dwellings? Yes <input type="checkbox"/> No <input type="checkbox"/> Converted from a non-residential structure? Yes <input type="checkbox"/> No <input type="checkbox"/> Year of conversion to its current form _____
3.7	Approximate age of the original construction of the House <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span style="border: 1px solid black; padding: 2px 10px;">Before 1919</span> <span style="border: 1px solid black; padding: 2px 10px;">1919-1944</span> <span style="border: 1px solid black; padding: 2px 10px;">1945-1964</span> <span style="border: 1px solid black; padding: 2px 10px;">1965-1979</span> <span style="border: 1px solid black; padding: 2px 10px;">After 1980</span> </div>
3.8	<b>Details of storeys in property</b> How many storeys does the property have? <input style="width: 50px;" type="text"/> <i>Note: Mezzanine floors are counted as storeys</i>
3.9	Please give a brief description of any commercial use of the premises _____
3.10	Details of internal fixtures in property: Total number of separate units (Houses/flats in Multiple Occupation only): <input style="width: 80px;" type="text"/> Number of individual tenants at the time of application: <input style="width: 80px;" type="text"/> Number of people living in the property: <input style="width: 80px;" type="text"/> Total number of households occupying the property: <input style="width: 80px;" type="text"/> Of those number of children living in the property (age 11-17): <input style="width: 80px;" type="text"/> 10 years or under <input style="width: 80px;" type="text"/> Total number of habitable rooms (except kitchens): <input style="width: 80px;" type="text"/> Total number of bedrooms: <input style="width: 80px;" type="text"/> Total number of livingrooms: <input style="width: 80px;" type="text"/> Total number of bathrooms/shower rooms: <input style="width: 80px;" type="text"/> No. shared: <input style="width: 80px;" type="text"/> Total number of toilets with wash hand basins: <input style="width: 80px;" type="text"/> No. shared: <input style="width: 80px;" type="text"/> Total number of toilets without wash hand basins: <input style="width: 80px;" type="text"/> No. shared: <input style="width: 80px;" type="text"/> Total number of wash hand basins: <input style="width: 80px;" type="text"/> No. shared: <input style="width: 80px;" type="text"/> Total number of kitchens: <input style="width: 80px;" type="text"/> No. shared: <input style="width: 80px;" type="text"/> Total number of sinks: <input style="width: 80px;" type="text"/> No. shared: <input style="width: 80px;" type="text"/>

3.11 Does the property have any of the following ways of detecting a fire? (please tick appropriate box)

Smoke and heat detectors? Yes No

A Fire alarm panel? Yes No

sounder alarms? Yes No

date the system was installed if known?

date of last inspection if known? (certificate to be enclosed with application)

Please detail locations of smoke alarms. (This can be detailed on a plan supplied by the applicant)

Multiple horizontal lines for detailing smoke alarm locations.

If none, state NONE. If indicated on a plan submitted, please indicate here:

Yes [ ] No [ ]

3.12 Main Escape Route

Is the main escape route:

- clear of flammable material and other obstructions? [ ]

- protected by self-closing fire resisting doors? [ ]

- Is there a log book of inspection / tests? [ ]

Please detail any fire escape routes in the premises

Please provide details of fire safety training to occupiers

**NOTE – Questions 3.13, 3.14 and 3.15 are for HMO's only**

3.13 Is there an emergency lighting system installed in the common areas, staircase and landings?  
 Yes  No

3.14 Do you have the following fire safety equipment? (please tick appropriate box)

(a) Fire blankets Yes  No   
 If yes, how many and where located?

(b) Fire extinguishers Yes  No   
 If yes, how many? and where located

3.15 Are there any notices displayed in the property instructing the occupants what to do in the event of a fire? (please tick appropriate box)  
 Yes  No   
 If yes, how many? and where located

3.16

- A valid electrical safety inspection certificate eg NICEIC or ECAS (certificate to be enclosed with application) Certificate Number

- Date of last inspection?

Who inspected the system? \_\_\_\_\_  
 \_\_\_\_\_

Postcode \_\_\_\_\_

3.17 Do you provide portable electrical appliances to any part of the property?

A valid electrical safety inspection certificate for all appliances (certificate to be enclosed with application) Certificate Number

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<p>3.18</p>	<p><b>Gas installation and appliances</b></p> <p>Do you provide gas installations/appliances to any part of the property?      Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>details of valid gas safety inspection certificate for all installations and appliances from a GAS SAFE registered fitter      <table border="1" data-bbox="922 443 1428 551"> <tr> <td style="width: 150px;">GAS SAFE Registration Number</td> <td></td> </tr> </table></p> <p>date of last inspection? (certificate to be enclosed with application)      <table border="1" data-bbox="922 600 1428 678"> <tr> <td style="width: 80px;"></td> <td style="width: 80px;"></td> <td style="width: 80px;"></td> </tr> </table></p> <p>I declare that the gas appliances in the property meet the safety requirements contained in any enactment  Signed: _____ Date: _____</p>	GAS SAFE Registration Number				
GAS SAFE Registration Number						
<p>3.19</p>	<p><i>Note: where available (and applicable) provide supporting documentation to show the furniture is in safe condition. Upholstered articles such as beds, sofas, armchairs etc <u>must</u> conform to current Fire Safety Regulations</i></p> <p>I declare that the furniture and furnishings in the property meet the safety requirements contained in any enactment:  Signed: _____ Date: _____</p>					
<p>3.20</p>	<p><b>Tenancy Arrangements</b></p> <p>Do you provide tenants with a written statement / tenancy agreement detailing the terms of their occupancy?      <input type="checkbox"/></p>					
<p>3.21</p>	<p>Please provide a copy of the EPC and state which banding the property is in.      <input type="checkbox"/></p>					

**NOTE – This page is only used if your property is an HMO**

**3.22 HMO Property information with floor plan.**

Where the house or flat is **NOT** a part 2 HMO, but is in multiple occupation, a floor plan **must** accompany the application, the following information must be included on the plan.

- Type of room e.g. *kitchen, bedroom etc*
- Location of fittings e.g. *baths, washbasins, cookers, fire resisting doors (marked FD)*
- Smoke and heat detectors and sounders, marked SD, HD and <)) respectively
- Smoke and head detectors with integral sounders *marked SD<)) and HD<))*
- Fire alarm panel
- Position of any break glass manual fire alarm point
- Fire blankets *(marked FB)*
- Floor area
- Direction of staircase gives upward direction

You must submit these documents with your application in any event. The Council may require you to submit, or you may wish to submit, other documents (e.g., copies of planning permissions, building regulations approvals, tenancy/licence agreements, certified accounts (or summaries) in support of your applications. The question and notes have drawn your attention to points on which supporting documentation may be required or helpful.

**3.23 HMO Property Information – where NO floor plan is included**

Please write the location of each separate letting units (bedroom/bedsit) and complete all the information boxes. Indicate vacant rooms.

Details to be supplied on an additional information sheet where necessary

Location of bedroom (e.g. basement rear, second floor front etc)	Number of occupants in the room	Size of room in sq. metres	Detail any kitchen facilities within the room	Are there en- suite bathroom facilities	Is there a wash hand basin

**Please continue on a separate sheet if necessary.**

### 3.24 Other persons who need to be informed

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 it is not you) i.e. the freeholder and any head lessees 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 it is not you)
- The proposed managing agent (if any) (if it 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 (if any)
- The name, address, telephone number and e-mail address (if any) of the proposed licence holder (if it is not you)
- That this is an application made under Part 3 of the Housing Act 2004
- The address of the property to which the application relates
- The name and address of the local housing authority to which the application will be made
- The date the application will be submitted

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

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

Continue on separate sheet if necessary



## PART 4 - 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 Local Authority 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 until you complete all the relevant parts of this form, provide all necessary documents and paid the required fees.

Payment Terms and Direct Debit mandate should be completed unless you are paying with the application or have paid in advance and provided a copy of the receipt.

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 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.

To be completed by all applicants

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name:  
Position (if acting on behalf of a company):

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name:  
Position (if acting on behalf of a company):

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name:  
Position (if acting on behalf of a company):

Enclosures*		Tick items enclosed
A	Application fee or receipt for online payment	
B	Annual maintenance record for automatic fire detection system (if applicable)	
C	GAS SAFE annual Gas Safety Inspection certificates	
D	Electrical safety Certificate and Portable Appliance Test Certs (where required)	
E	Floor plan of property (HMO)	
D	Energy Performance Certificate (All relevant lettings)	
F	Proof of Accreditation, HHSRS assessment and proof of letting agent membership of redress scheme (where applicable)	
G	Licence Holder Valid Photo ID and recent Utility Bill for same address (All)	

### DATA PROTECTION ACT 1988 - YOUR PERSONAL DATA

Rotherham MBC respects your personal information and undertakes to comply with the General Data Protection Regulation (GDPR) 2018. The personal data you have provided will be used to process the application in terms of the Housing Act 2004. Your data may be disclosed to the Police, Fire Service and other Council Departments involved in the processing of the application and elected members when considering the application. The data (with the exception of details of any convictions) will also be kept in a register, which is open to public inspection. Rotherham MBC is the registered Data Controller.

Any queries regarding the processing of your personal data by Rotherham MBC should be directed to:- Data Protection Officer, Rotherham MBC, Riverside House, Main Street, Rotherham S60 1AE.

A copy of the Council's Data Protection Policy can be obtained by writing to the same address

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## DIVERSITY MONITORING

The Council needs to monitor customer contacts in order to improve services. Please help us to do this by providing the information on this form.

**What is your gender**

Male

Female

**Which of the following age categories are you in?**

Under 60

60 to 74

75+

**What do you consider to be your ethnic origin?**

Categories	<i>For official use</i>
<b>A) White</b> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy/Traveller <input type="checkbox"/> Any other White background	<b>A01</b> <b>A02</b> <b>A03</b> <b>A04</b>
<b>B) Mixed/Dual Heritage</b> <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other Mixed background	<b>B01</b> <b>B02</b> <b>B03</b> <b>B04</b>
<b>C) Asian or Asian British</b> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background	<b>C01</b> <b>C02</b> <b>C03</b> <b>C04</b>
<b>D) Black or Black British</b> <input type="checkbox"/> Caribbean <input type="checkbox"/> Somali <input type="checkbox"/> Any other Black African background <input type="checkbox"/> Any other Black background	<b>D01</b> <b>D02</b> <b>D03</b> <b>D04</b>
<b>E) Chinese or Chinese British</b> <input type="checkbox"/> Any Chinese background	<b>E01</b>
<b>F) Any Other Ethnic Group</b> <input type="checkbox"/> Yemeni <input type="checkbox"/> Any other Arabic background <input type="checkbox"/> Any other Ethnic Group	<b>F01</b> <b>F02</b> <b>F03</b>
<b>G) Refused to give information</b>	<b>G</b>

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## **Application Guidance**

You should read this before completing the application form and refer to it where necessary. We have tried to keep the applications as brief as possible, but they need to contain certain information to comply with the relevant regulations.

The application form is broken into sections to assist applicants who are applying for more than 1 property. Applicants can combine Part 1, 2 and 4 with multiple copies of Part 3 if they are applying for multiple properties.

*Please provide all information requested with this application, including the required documents listed on page 17 and the application fee. Failing to submit all the required information with the application will render the application incomplete. If any missing information is not provided within 14 days of it being requested, your application will be rejected, and you will lose your application fee.*

### **Part 1**

If you are applying for many different properties which have different management arrangements, you can submit one application Part 1 with multiple copies of Parts 2 to 4.

1.0 This section is where you detail the number of houses or flats you are applying for. If you are applying as a or proposing a letting agent as manager, the agent must be a member of a government approved property redress scheme. Membership of such schemes became mandatory in October 2014. For more information on this please visit [www.gov.uk](http://www.gov.uk)

1.1 to 1.5 Full details of the applicant are required here.

1.1 is for use where the applicant is an individual.

1.2 to 1.4 are for use where a company or other corporate body is the applicant. If you are the person in control, receive the rent, manage the property then you are likely to be the most appropriate person to be the licence holder.

1.6 to 1.7 should be completed where there is another person nominated as the licence holder and a person managing the property day to day

1.8 to 1.9 is for the proposed licence holder (the applicant if appropriate) and where there is another property manager involved, to declare whether they are the most appropriate person to be the licence holder and manager, and to complete the fit and proper person test/declaration.

### **Part 2**

2.0 A list of the addresses applied for should be supplied here.

2.1 to 2.9 should contain the details of ALL the interested parties of the types listed. If you need to list more, do so on additional sheets.

### **Part 3**

You can include a number of property information forms with each application **if** each has the same interested parties, management arrangements and proposed licence holder.

3.0 The full details of the property and the tenant(s) should be detailed here. For properties rented to asylum applicants this information is not required and inspections will be arranged through the managing agent.

3.1 to 3.21 is basic information about the property. All sections should be completed, and relevant documents enclosed with the application. The application only asks for documentary evidence of things you should already have in place for the property.

If you do not have such a document, then state this in the application. **This will not necessarily result in your application being rejected but you should ensure you resolve the issue immediately.**

If you do not have an Energy Performance Certificate for the property you will need one graded Band E or better in order to continue to offer tenancies. Please see [www.epcregister.com](http://www.epcregister.com) for details. Enforcement action may be taken if you do not have one.

3.4 details the type of property you are applying for. The descriptions are below. You should tick all that apply to the property you are applying for.

For example, you may be applying for a House in Single Occupation, and this will be all you need to tick in this section. However if you are applying for a Flat in single occupation and it is in a House that has been converted into flats or a purpose built block you should tick the appropriate boxes, and then the number of self-contained units in the block.

If you are applying for a licence for a House in Multiple Occupation, then you need to also tell us how many self-contained and non self-contained units there are in the property.

3.22 to 3.23 This section **must** be completed if the property is a House in Multiple Occupation. A floor plan can be included, but if this is not possible then a listing of the rooms and their details and amenities should be provided.

3.24 You should complete this section and sign/date the declaration. You must notify these relevant people of the application details.

#### **Part 4**

This declaration must be completed by the applicant(s). We reserve the right to share relevant information with other council services, partners and the Police for the purpose of deciding upon whether the licence holder and manager are the most appropriate person and for considering whether they meet the fit and proper person test.

#### **Definitions**

##### **House in single occupation**

You should make this type of application if your property is a typical house or bungalow containing only one family household.

If you are applying for a number of houses with the same ownership, licence holder and interested parties information, you may include additional copies of the property information part to save you time but each one will be considered as a separate application.

##### **Flat in single occupation**

If your property is a self-contained flat and is only occupied by one family household, then you would make this type of application. You should also make this type of application if your flat is non-self-contained and is only occupied by one family household. However, you cannot make a non-self-contained flat application if there are any rooms or facilities that are shared with other households.

If you are applying for a number of flats with the same ownership, licence holder and interested parties information, you may include additional copies of the property information part to save you time but each one will be considered as a separate application.

### **House in multiple occupation (HMO)**

If your property is a traditional HMO, you can make one application for the whole property. HMOs are usually properties in which households share rooms or facilities, such as bedsits or shared houses. Any HMO which is three or more storeys high and is occupied by five or more persons may be subject to mandatory HMO licensing under Part 2 of the Housing Act 2004. You should contact the council for further advice if you are unsure as to which type of licence you need.

### **Flat in multiple occupation**

You should make this type of application if your property is a self-contained flat which is occupied by more than one family. A group of friends living together would not be considered as a single-family household as they are not related, and so you would need to make this type of application.

### **House (or building) converted into self-contained flats**

If you own a building that contains self-contained flats, then you may be able to make a single application for the whole property detailing each letting unit with an additional property information form for each self-contained unit. If heating and electrical systems are assessed for the whole building, then you should indicate this on the application form.

Each separate self-contained unit will be considered as an individual application and will require a separate fee for the licence. Although you will apply for multiple properties you will receive one licence covering all the flats.

For example, you can make one application if you own the freehold and all of the flats within the building. The licence would cover every flat and all the common areas. It is still possible for a freeholder to licence the whole building, even if they do not own all of the flats. In this situation, the licence would cover the common areas and only those flats owned by the applicant. Those flats not owned by the freeholder would be specifically excluded from the terms of the licence. Any excluded flat would need to be licensed separately by its owner if it is privately let. A freeholder who does not own any flats within the building would not be required to licence the common parts. In such circumstances, each of the leasehold flats would need to be subject to a separate licence application.

### **Purpose built block of flats**

You should make this type of application if your property is a purpose-built block of flats. Applications may be made in accordance with the same principles as those set out in the paragraph above for buildings converted into self-contained flats.