	<i>For Official Use Only</i>	
	<i>Date Received:</i>	
	<i>Receipt No:</i>	
	<i>Date to Officer:</i>	
	<i>Last Date for Consideration</i>	

**HOUSING ACT 2004, PART 2 (LICENSING OF HOUSES IN MULTIPLE OCCUPATION)
APPLICATION FOR MANDATORY LICENSING**

Use these forms if you want to apply for a Licence for a House in Multiple Occupation (HMO). This **is not** for Selective Licensing applications.

Total licence fee	£876	
Application fee element	£251	<i>Non-refundable, paid with the application</i>
Maintenance fee element	£625	<i>Paid once a draft licence has been granted</i>
License renewal application fee	£223	Available for renewing applications which have not expired
HMO License renewal Licence maintenance fee	535	Available for renewing applications which have not expired
Late Application penalty fee	+ £387	<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>

Please return the completed form to: LandlordLicensing
Regeneration and Environment Directorate
Riverside House, Main Street Rotherham S60
1AE Tel: 01709 822620;
e-mail: landlordlicensing@rotherham.gov.uk

Please ensure all parts of the form are completed in **black** ink. If you do not complete the form correctly and the form has to be returned to you - an additional administrative fee will be charged.

You may wish to seek professional advice when completing this form.

PREMISES DETAILS: (Please give details of one property that accompany this form)

Postal Address of Property: _____

Postcode: _____

Please note that it is a criminal offence to make a false statement in an application for an HMO licence or fail to comply with any condition of the licence.

Please answer all questions unless directed.

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

PART 1. Licence Holder and Manager's Details.**(This information may be accompanied multiple licence applications, Parts 2 & 3 of this form.)****1.1 To be completed if applicant is an individual (and then move on to 1.3)**

(a) Full Name (block letters please)

Surname: _____ First Name(s): _____

(b) Business Address: _____
_____Postcode: _____ Telephone Numbers
Home: _____

Email: _____ Work/Mobile: _____

Fax No. _____
Preferred method of contact (please tick appropriate box)Home Work/Mobile Email

(c) Date of Birth: _____ National Insurance No: _____

(d) Are you responsible for the day-to-day repairs, maintenance and tenant management of the premises to be licensed? (please tick appropriate box)

Yes No **1.2 To be completed if applicant is a Company or Partnership**

(a) Full Name of Company or Partnership

(b) Address of Principal or Registered Office

Telephone Number: _____

Email _____ Fax No _____

1.3 (c) Full name, address and date of birth of Directors, Partners or other persons responsible for management of the business:

1.4 (d) Is the company responsible for the day-to-day repairs, maintenance and tenant management of the premises to be licensed? (please tick appropriate box)Yes No

1.5 Are you the landlord of any other Licensed HMO in this or another Council Area? If Yes, how many properties in each area?

No Yes No in this Local Authority area No in other Local Authority area

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

No.	Street	Town/City	Postcode

1.6 Are you a landlord who has signed up to any Responsible Landlord or Accreditation Scheme?

Yes No

If yes, provide details of scheme, date, etc. _____

To be completed where the answer to 1.1 is NO

1.7 **Manager Details**

Full Name (block letters please)

Surname: _____ **First Name(s):** _____

Business Address: _____

Postcode: _____ **Telephone Numbers**
 Home: _____

Email: _____ **Work/Mobile:** _____

Fax: _____

Date of Birth: _____ **National Insurance No:** _____

1.8	Test of fitness and Compliance with Management Conditions – (please tick the appropriate boxes) 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. Please note: The Council may carry out the necessary legal checks on all applicants.					
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 style="text-align: center;">Licence Holder</td> <td style="text-align: center;">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder	Manager	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licence Holder	Manager					
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 style="text-align: center;">Licence Holder</td> <td style="text-align: center;">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder	Manager	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licence Holder	Manager					
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 style="text-align: center;">Licence Holder</td> <td style="text-align: center;">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder	Manager	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licence Holder	Manager					
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 style="text-align: center;">Licence Holder</td> <td style="text-align: center;">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder	Manager	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licence Holder	Manager					
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 style="text-align: center;">Licence Holder</td> <td style="text-align: center;">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder	Manager	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licence Holder	Manager					
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 style="text-align: center;">Licence Holder</td> <td style="text-align: center;">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder	Manager	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licence Holder	Manager					
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 style="text-align: center;">Licence Holder</td> <td style="text-align: center;">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder	Manager	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licence Holder	Manager					
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 style="text-align: center;">Licence Holder</td> <td style="text-align: center;">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder	Manager	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licence Holder	Manager					
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 style="text-align: center;">Licence Holder</td> <td style="text-align: center;">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder	Manager	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licence Holder	Manager					
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

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

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

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

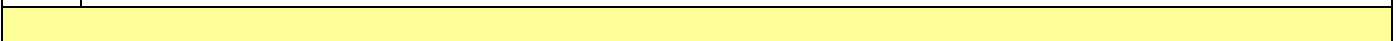
PART 2. Information regarding the property ownership.

(This information may be accompanied multiple licence applications, Part 3 of this form.)

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

Continue on a separate sheet if necessary

2.1	<p>Name and address of the applicant if not the proposed licence holder:</p> <p>Name.....</p> <p>Address.....</p> <p>.....</p> <p>Telephone Number:.....</p> <p>E-mail Address..... Fax No:</p>
2.2	<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..... Fax No:</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..... Fax No:</p>



2.4	<p>Name and address of the person having control if not the proposed licence holder</p> <p>Name:</p> <p>Address:</p> <p>.....</p> <p>Telephone Number:</p> <p>E-mail Address..... Fax No:</p>
2.5	<p>Name and address of any other person agreeing to be bound by the terms of the licence</p> <p>Name:</p> <p>Address:</p> <p>.....</p> <p>Telephone Number:</p> <p>E-mail Address..... Fax No:</p>
2.6	<p>Do you (alone or jointly with others) own the freehold of the property. If No go to 2.7 below, Yes go to 2.9</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.7	<p>Name and address of the Freeholder of the property</p> <p>Name:</p> <p>Address:</p> <p>.....</p> <p>E-mail Address..... Fax No:</p>
2.8	<p>If you do not hold the freehold of the property is there at least 5 years still to run on the lease?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No </p>
2.9	<p>Name and address of the mortgage provider (if any) of the property or any part of it. (please say none if the property does not have an outstanding mortgage)</p> <p>Name:</p> <p>Address:</p> <p>.....</p> <p>E-mail Address..... Fax No:</p>

Part 3. Information about the Property

PREMISES DETAILS:		FOR OFFICIAL USE ONLY
Postal Address of Property: _____		Licence Number:-
Postcode: _____		
<p>Licence Application Please indicate type of application (Please tick <u>one</u> box)</p> <p style="text-align: center;"> New licence application <input type="checkbox"/> Application for variation of existing licence <input type="checkbox"/> Application for licence renewal <input type="checkbox"/> </p> <p style="text-align: center;"> Expiry date of existing licence <input type="text"/> / <input type="text"/> / <input style="width: 40px; text-align: center;" type="text" value="20"/> </p>		
3.1	Is this a house or flat? <p style="text-align: right; margin-right: 100px;">House <input type="checkbox"/></p> <p style="text-align: right;">Flat <input type="checkbox"/></p> 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 <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>
3.3	When the property was converted or flats created, was:-	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>
	Planning Permission given?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>
	Building Notice given?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>
	Was the work carried out in accordance with the above?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>
3.4	Total number of flats which are self contained: <input style="width: 40px;" type="text"/>	
	Total number of flats which are not self contained: <input style="width: 40px;" type="text"/>	
3.5	Are any of the flats or rooms occupied by the owner or freeholder (including their family)? (please tick appropriate box)	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.6	Type of Property: <p style="margin-top: 10px;"> House in Multiple Occupation <input type="checkbox"/> Flat in Multiple Occupation <input type="checkbox"/> </p> <p style="margin-top: 5px;"> House constructed into and comprising only self contained flats <input type="checkbox"/> </p> <p style="margin-top: 5px;"> Purpose built block of flats <input type="checkbox"/> Other (please specify) _____ </p>	

3.7	<p>Was the property purpose built as a dwelling in its current design? <input type="checkbox"/></p> <p>Converted from a previous residential dwelling or dwellings? <input type="checkbox"/></p> <p>Converted from a non-residential structure? <input type="checkbox"/></p> <p>Year of conversion to its current form _____</p>
3.8	<p>Approximate age of the original construction of the HMO</p> <p> <input type="checkbox"/> Before 1919 <input type="checkbox"/> 1919-1944 <input type="checkbox"/> 1945-1964 <input type="checkbox"/> 1965-1979 <input type="checkbox"/> After 1980 </p>
3.9	<p>Details of storeys in property</p>
	<p>Number of storeys in the premises below ground level <input type="checkbox"/></p> <p>Number of storeys in the premises above ground level <input type="checkbox"/></p> <p>Storeys within the property covered by the licence application where numbers of storeys below ground level are indicated, -1, -2, etc. From <input type="checkbox"/> To <input type="checkbox"/></p> <p><i>Note: Mezzanine floors are counted as storeys</i></p>
3.10	<p>Please give a brief description of any commercial use of the premises _____</p>
3.11	<p>Details of internal fixtures in property:</p> <p>Total number of separate letting units: <input type="checkbox"/></p> <p>Number of individual tenants at the time of application: <input type="checkbox"/></p> <p>Number of people living in the property: <input type="checkbox"/></p> <p>Total number of households occupying the property: <input type="checkbox"/></p> <p>Of those number of children living in the property (age 11-17): <input type="checkbox"/> 10 years or under <input type="checkbox"/></p> <p>Total number of habitable rooms (except kitchens): <input type="checkbox"/></p> <p>Total number of bedrooms: <input type="checkbox"/></p> <p>Total number of livingrooms: <input type="checkbox"/></p> <p>Total number of bathrooms/shower rooms: <input type="checkbox"/> No. shared: <input type="checkbox"/></p> <p>Total number of toilets with wash hand basins: <input type="checkbox"/> No. shared: <input type="checkbox"/></p> <p>Total number of toilets without wash hand basins: <input type="checkbox"/> No. shared: <input type="checkbox"/></p> <p>Total number of wash hand basins: <input type="checkbox"/> No. shared: <input type="checkbox"/></p> <p>Total number of kitchens: <input type="checkbox"/> No. shared: <input type="checkbox"/></p> <p>Total number of sinks: <input type="checkbox"/> No. shared: <input type="checkbox"/></p>

3.19	<p>Gas installation and appliances</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" style="display: inline-table; vertical-align: top; margin-left: 20px;"><tr><td style="padding: 2px;">GAS SAFE Registration Number</td><td style="width: 150px; height: 20px;"></td></tr></table></p> <p>date of last inspection? (certificate to be enclosed with application) <table border="1" style="display: inline-table; vertical-align: top; margin-left: 20px;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table></p> <p>I declare that the gas appliances in the HMO meet the safety requirements contained in any enactment</p> <p>Signed: _____ Date: _____</p>	GAS SAFE Registration Number				
GAS SAFE Registration Number						
3.20	<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 HMO meet the safety requirements contained in any enactment:</p> <p>Signed: _____ Date: _____</p>					
3.21	<p>Tenancy Arrangements</p> <p>Do you provide tenants with a written statement / tenancy agreement detailing the terms of their occupancy? <table border="1" style="display: inline-table; vertical-align: top; margin-left: 20px;"><tr><td style="padding: 2px;">Yes / No</td></tr></table></p>	Yes / No				
Yes / No						

Property information with floor plan.

Where a floor plan accompanies 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.

If you are in any doubt, the Council will be pleased to guide you

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 or fax number (if any)
- The name, address, telephone number and e-mail address or fax number (if any) of the proposed licence holder (if it is not 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

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

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.

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	Annual maintenance record for automatic fire detection system	<input type="checkbox"/>
B	GAS SAFE registered Commissioning and annual Gas Safety Inspection certificates	<input type="checkbox"/>
C	Electrical safety Certificate	<input type="checkbox"/>
D	Floor plan of property	<input type="checkbox"/>

DATA PROTECTION ACT 1988 - YOUR PERSONAL DATA

Rotherham MBC respects your personal information and undertakes to comply with the Data Protection Act 1988. 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.