

# Additional Information to Accompany a House in Multiple Occupation Licence Application

**IMPORTANT NOTES:**

This document is to be completed by you (as the applicant) and any other person associated with you on the licence application form.

In the case of partnerships or trustees, all partners or trustees must sign. For limited companies, the application must be signed by the Company Secretary, Director or another authorised other (proof of authority required).

**Please note:**

It is a criminal offence to knowingly supply information, which is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application with regard to the property concerned may be required at a later date. If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled or other action taken.

**Name of Applicant:** .....

**Address of HMO to be licensed:** .....

.....

As part of your application for a licence for a house in multiple occupation you are required to provide the following information:

**Details of the Proposed Licence Holder**

Name: .....

Address: .....

Telephone number: .....

Email Address: .....

**Details of the Emergency Contact for the HMO**

Name: .....

Address: .....

Telephone number: .....

Email Address: .....

**Additional Information regarding the Property to be Licensed:**

Age of Property:

What is the approximate age of the original construction of the HMO (please tick):

- Pre 1919
- 1919 – 1945
- 1945 – 1964
- 1965 – 1980
- Post 1980

Number of Households:

How many households occupy the HMO: .....

For details of what is a household please refer to the frequently asked questions by following the link at the top of the Rugby Borough Council HMO licence webpage.

Furniture Safety Declaration:

Please indicate if you provide:

Furniture or furnishings:      Yes                       No

Are all furniture and furnishings provided by you under the terms of any tenancy compliant with the current Furniture and Furnishings Fire and Safety Regulations (as amended)?

Yes                       No                       N/A

Gas Appliance Declaration:

Please indicate if you provide:

Gas Appliances:                      Yes                       No

Are all gas appliances within the HMO compliant with the current Gas Safety (Installation and Use) Regulations?

Yes                       No                       N/A

Fire Safety:

Please provide details of the fire escape routes within the HMO

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How regularly do fire drills take place

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How do you ensure that occupants of the HMO understand what to do in the event of a fire?

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**I/we declare that the information contained in this application is correct to the best of my/our knowledge. I/we understand that I/we commit an offence if I/we supply any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or I/we are reckless as to whether it is false or misleading.**

Name of applicant: .....

Signed: .....

Dated: .....

Name of proposed licence holder: .....

(if different from applicant)

Signed: .....

Dated: .....

Name of HMO manager: .....

(if different from applicant)

Signed: .....

Dated: .....

Name of HMO owner: .....

(if different from applicant)

Signed: .....

Dated: .....

Name: .....

(if different from applicant)

Signed: .....

Dated: .....

Name: .....

(if different from applicant)

Signed: .....

Dated: .....

