

HOUSE OF MULTIPLE OCCUPANCY APPLICATION FORM

- Please note that the applicant(s) must be the owner(s) of the property.
- Please include all joint owners.
- Please read the attached notes at Section 13 and reference is made to the Council's Guidance Notes and Standards for Shared Accommodation, available at: **www.eastlothian.gov.uk** where the detail of the relevant fees can be obtained.

Section 1 – Application Type

This application form can be used to apply for a New **Licence, Renewal** of an existing licence or a **Variation** of an existing licence. Please indicate which type of application you are making by checking the appropriate box below.

New HMO Licence Renewal of Existing Licence Variation of Existing/ Pending Licence

Existing Licence Number

HMO/

(in the case of a Renewal or Variation):

If a **Variation Application** please check each appropriate box

Change of ownership prior to a Licensing Committee (New and Pending Applications Only)

Change of day to day manager

Change of occupancy numbers

Change of physical layout

If the Variation is for a change to the physical layout of the property, please

describe the change below _____

Section 2 – Property Details

This section refers to the property for which the application is being made.

Name of Premises (if applicable) _____

Address _____

_____ Postcode _____

Flat No and/or Location _____

No. of storeys (floors) within this dwelling (flat or house) _____ Occupancy capacity of the property _____

Number of bedrooms _____ Number of living rooms _____

Number of bedrooms to be occupied by one person _____ Number of bedrooms to be occupied by two or more people _____

Number of bathrooms _____ Number of separate toilets _____

Other rooms (specify below) _____ Number of kitchens _____

Do you intend to provide meals for the residents? YES NO

Will the residents be self catering? YES NO

Will there be employees working in the premises? YES NO

Section 3 – Previous Licence Applications

If this property was previously licensed as an HMO by a previous owner, what date did you conclude the purchase? _____

Please confirm the name of the previous owner _____

Previous HMO licence number **HMO/** _____

Have any of the current owners of this property been refused a similar licence in the last 2 years? YES NO

If the answer to the question above is YES, please give details below:

Section 4 – Applicant Details (Individual Persons)

4.1 Main Applicant (to be completed if an individual person)

Title _____ Surname _____ First Name _____

Middle Name(s) _____ Maiden Name (if applicable) _____

Date of Birth _____ Place of Birth _____

Male Female

Home Address _____

Postcode _____

Home Tel. No. _____ Mobile Tel. No. _____

Work Tel. No. _____ Email address _____

Landlord Registration Number (if applicable) _____

Will this applicant be carrying out day to day management of the HMO? YES NO

4.2 Joint Owner(s) (to be completed if an individual person)

Please provide details for all Joint Owners, other than the main applicant above (all those listed on the Title Deeds). The address provided for an individual owner should be their permanent residential address.
(If more than 2 joint owners, please use separate sheet.)

Number of Joint Owners (including Main Applicant) _____

Title _____ Surname _____ First Name _____

Middle Name(s) _____ Maiden Name (if applicable) _____

Date of Birth _____ Place of Birth _____

Male Female

Home Address _____

_____ Postcode _____

Home Tel. No. _____ Mobile Tel. No. _____

Work Tel. No. _____ Email address _____

Landlord Registration Number (if applicable) _____

Will this applicant be carrying out day to day management of the HMO? YES NO

Section 5 – Applicant Details (Company/Charity/Trust/Partnership)

5.1 Please indicate whether the applicant is a Company, Charity, Trust or Partnership

Company Charity Trust Partnership

5.2 Please provide the details of the Company, Charity, Trust or Partnership

Full name of Company, Charity, Trust or Partnership (including postcode)

Name of Secretary or responsible person _____

Address of principal office _____

Telephone number _____ E-mail address _____

Landlord Registration Number _____

5.3 Please provide details of all Director(s), Trustees or Partners.

If more than three, please use separate sheet.

Applicant 1

Title _____ Surname _____ First Name _____

Middle Name(s) _____ Maiden Name (if applicable) _____

Date of Birth _____ Place of Birth _____

Male Female

Home Address _____

_____ Postcode _____

Home Tel. No. _____ Mobile Tel. No. _____

Work Tel. No. _____ Email address _____

Landlord Registration Number (if applicable) _____

Will this applicant be carrying out
day to day management of the HMO? YES NO

Applicant 2

Title _____ Surname _____ First Name _____

Middle Name(s) _____ Maiden Name (if applicable) _____

Date of Birth _____ Place of Birth _____

Male Female

Home Address _____

_____ Postcode _____

Home Tel. No. _____ Mobile Tel. No. _____

Work Tel. No. _____ Email address _____

Landlord Registration Number (if applicable) _____

Will this applicant be carrying out day to day
management of the HMO? YES NO

Applicant 3

Title _____ Surname _____ First Name _____

Middle Name(s) _____ Maiden Name (if applicable) _____

Date of Birth _____ Place of Birth _____

Male Female

Home Address _____

_____ Postcode _____

Home Tel. No. _____ Mobile Tel. No. _____

Work Tel. No. _____ Email address _____

Landlord Registration Number (if applicable) _____

Will this applicant be carrying out
day to day management of the HMO? YES NO

Section 6 – Day to Day Management

This section identifies who will be responsible for the day to day management of the licensed property. Please ensure questions 6.1 and 6.2 are completed where a company, including a named individual within the company, is carrying out the day to day management. Alternatively, Questions 6.3 or 6.4 should be completed where the day to day manager is an applicant or other individual.

6.1 Is the day to day Manager an organisation or company?

YES NO

If the answer to the above question is YES, please provide the details of the company and the names of ALL the Directors or partners below. If the answer is NO, please go to question 6.3.

Name of Organisation or Company _____

Address of Organisation or Company _____

_____ Postcode _____

Landlord Registration Number of Organisation or Company _____

6.2 Please provide the details of all Directors or Partners where an organisation or company is carrying out the day to day management

If more than three, please use separate sheet.

NOTE: The first named individual below will be considered as the nominated person for the organisation or company. Any change to the nominated person will require a Variation to the Licence and the appropriate fee.

Applicant 1

Title _____ Surname _____ First Name _____

Middle Name(s) _____ Maiden Name (if applicable) _____

Date of Birth _____ Place of Birth _____

Male Female

Home Address _____

_____ Postcode _____

Home Tel. No. _____ Mobile Tel. No. _____

Work Tel. No. _____ Email address _____

Landlord Registration Number (if applicable) _____

Will this applicant be carrying out day to day management of the HMO? YES NO

Applicant 2

Title _____ Surname _____ First Name _____

Middle Name(s) _____ Maiden Name (if applicable) _____

Date of Birth _____ Place of Birth _____

Male Female

Home Address _____

_____ Postcode _____

Home Tel. No. _____ Mobile Tel. No. _____

Work Tel. No. _____ Email address _____

Landlord Registration Number (if applicable) _____

Will this applicant be carrying out day to day
management of the HMO? YES NO

Applicant 3

Title _____ Surname _____ First Name _____

Middle Name(s) _____ Maiden Name (if applicable) _____

Date of Birth _____ Place of Birth _____

Male Female

Home Address _____

_____ Postcode _____

Home Tel. No. _____ Mobile Tel. No. _____

Work Tel. No. _____ Email address _____

Landlord Registration Number (if applicable) _____

Will this applicant be carrying out day to day
management of the HMO? YES NO

6.3 Will any of the applicants for this licence be carrying out the day to day management?

YES NO

If the answer to the above question is YES, please provide the name of the applicant below. (The named individual below must appear in Section 4 or Section 5). If the answer is NO, please go to 6.4.

Title _____ Surname _____ First Name _____

Middle Name(s) _____ Maiden Name (if applicable) _____

Date of Birth _____ Place of Birth _____

Male Female

Home Address _____

_____ Postcode _____

Home Tel. No. _____ Mobile Tel. No. _____

Work Tel. No. _____ Email address _____

Landlord Registration Number (if applicable) _____

Will this applicant be carrying out day to day management of the HMO? YES NO

6.4 If the day to day Manager is an individual other than an applicant, named in Section 4 or Section 5, please complete the details below

Title _____ Surname _____ First Name _____
Middle Name(s) _____ Maiden Name (if applicable) _____
Date of Birth _____ Place of Birth _____
Male Female
Home Address _____

Postcode _____
Home Tel. No. _____ Mobile Tel. No. _____
Work Tel. No. _____ Email address _____
Landlord Registration Number (if applicable) _____
Will this applicant be carrying out day to day
management of the HMO? YES NO

Section 7 – Appointed Agent

An Agent is an individual, organisation or company appointed to submit and process an application on behalf of the owners of the property but who will not be acting as day to day managers once a licence has been granted.

This section need not be completed if the applicant(s) or appointed day to day manager are submitting the application.

Name of Organisation or Company _____
Address of Organisation or Company _____

Postcode _____
Landlord Registration Number of Organisation or Company _____

Section 8 – Contacts

The contact details below can be the applicant, day to day manager or agent as required.

8.1 Contact for access and queries during the application process

Name of Contact _____

Address _____

_____ Postcode _____

Telephone Number _____ Email address _____

8.2 Contact for access and queries during the life of the licence

Applicant or Day to Day Manager's representative

Name of Contact _____

Address _____

_____ Postcode _____

Telephone Number _____ Email address _____

Section 9 – Details of Convictions and Fixed Penalty Notices

Has any person listed in Sections 4, 5, 6 or 8 been convicted of any offences or been issued with any fixed penalty notices?

YES NO

If the answer to the question above is YES, please provide the details below

NOTE: Details of ALL convictions and FIXED PENALTIES (CRIMINAL and ROAD TRAFFIC) including spent convictions must be given below, even if they have been previously disclosed on a prior application form.

NAME	DATE	COURT	CRIME/ OFFENCE	PENALTY

Section 10 – Checklist of Required Enclosures and Actions

An application will only be deemed competent where all necessary information is submitted together with the relevant fee.

NEW APPLICATION CHECKLIST / RENEWAL APPLICATION CHECKLIST

Document	Guidance Note	Comment	Enclosed (please tick)
Floor plan	3 (a) (i) and (ii)		
Style copy of Tenancy Agreement	3 (b)		
Copy of Property Insurance	45		
Copy of Landlords Owners/ Public Liability Insurance	45		
Current NICEIC or SELECT Electrical Installation Condition Report	3 (d) and 37 to 40		
Current Portable Appliance Test (PAT) Certificate	3 (d) and 37 to 40		
Fire Risk Assessment	28		
Gas Safety Certificate (if applicable)	3 (e) and 41 & 42		
Building Standards Warrant and Completion Certificate (if applicable)	10		
Planning Change of Use Consent (if applicable)	7 and 11		
Application Fee	2		
Public Notice displayed	4 and 5		
Energy Performance Certificate	22		
Legionella Risk Assessment	23		

The guidance notes referred to above and below form part of East Lothian Council's "Guidance Notes and Standards for Shared Accommodation" which is available from the Licensing, John Muir House, Haddington, EH41 3HA 3BA or from the Council's website.

VARIATION CHECKLIST

Document	Guidance Note	Change of ownership prior to Licensing Committee Application (New Application only)	Change of day to day manager	Change of Occupancy	Physical change to property	Enclosed (please tick)
Floor plan	3 (a) (i) and (ii)			Required	Required	
Style copy of Tenancy Agreement	3 (b)	Required	Required			
Copy of Property Insurance	45	Required				
Copy of Landlords Owners/ Public Liability Insurance	45	Required				
Planning Change of Use Consent (if applicable)	7 and 11			Required	Required	
Building Standards Warrant and Completion Certificate	4 and 5				Required	
Energy Performance Certificate	22				Required	
Legionella Risk Assessment	23				Required	
Application Fee	2	Required	Required	Required	Required	

Section 11 – Public Notice Declaration

Where declaration (A) is made a Certificate of Compliance with paragraph 2(5) of Schedule 4 to the Housing (Scotland) Act 2006 must be produced in due course (*see notes*).

A	I / we declare that I / we shall, for a period of 21 days commencing with the date hereof, display at or near the premises so that it can conveniently be read by the public, a note complying with the requirements of Paragraph 2(1), (2) and (3) of Schedule 4 of the Housing (Scotland) Act 2006 (see note 2).
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OR

B	<p>I / we declare that I am / we are unable to display a notice of this application at or near the premises because I / we have no rights of access or other rights enabling me to do so, but that I / we have taken the following steps to acquire the necessary rights, namely: <i>(specify steps taken here)</i></p> <p>but have been unable to acquire those rights.</p>
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OR

C	I am / we are not required to display a notice as this is likely to jeopardise the safety or welfare of the occupants, or the security of the premises. An application to disapply this requirement has been submitted to the Local Authority.
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Section 12 – Application Declaration

I DECLARE THAT THE PARTICULARS GIVEN BY ME ON THIS FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE READ THE GUIDANCE NOTES REFERRED TO AND I FURTHER ACKNOWLEDGE THAT I UNDERSTAND IT IS A CRIMINAL OFFENCE TO OPERATE AN HMO PRIOR TO A LICENCE BEING GRANTED.

Signature of Applicant or Agent* _____
(*delete as necessary)

Date _____

The individual signing this application should be an applicant or alternatively the agent or day to day manager identified in this application.

Name (BLOCK CAPITALS) _____

Position (if signing on behalf of applicant) _____

Address _____

_____ Postcode _____

Section 13 – Notes

This application should be lodged with Licensing, East Lothian Council, John Muir House, Haddington, EH41 3HA, together with the fee and supporting documents.

1. An application can only be made in the name of the owner(s) of the property, even if they are being represented by an appointed agent or property management service. An appointed agent (see section 8 of the application form) is a person who assists an owner in the application process but who will not be involved in the day to day management of the property. They are not subject to a Police check.
2. In terms of the Housing (Scotland) Act 2006, a Notice in the prescribed form must be prominently displayed at or as near to the property as possible so that it can be conveniently read from the public footpath, for a period of 21 days from the date the application is lodged with the local authority.
3. Refer to the attached "Guidance Notes and Standards for Shared Accommodation" for further information.
4. Details of the fee scales are provided in the guidance notes.
5. Cheques should be made payable to East Lothian Council.
6. Anyone who can require a Licensing Authority to give reasons for a licensing decision (both objectors and applicants) can appeal to the Sheriff against it by summary application. The appeal must be lodged within 28 days. The Sheriff can uphold an appeal only if the authority erred in law, based their decision on an incorrect material fact, acted contrary to natural justice, or exercised their decision in an unreasonable manner.

If you are in a position where you are considering an appeal to the Sheriff you should consult a Solicitor or Citizens Advice Bureau for further information.

Section 14 – Privacy Notice (To be Retained by the Applicant)

The information you submit on this application form will be processed by East Lothian Council, John Muir House, Haddington, EH41 3HA. You can contact us on 01620 820623 or for data protection issues by email at infogov@eastlothian.gov.uk. This is also the email address to contact the council's Data Protection Officer. The Housing (Scotland) Act 2006 requires that private landlords must be licensed and be assessed as fit and proper, where they let a property to more than two people from more than two families who are sharing facilities.

The information private landlords and their agents provide is prescribed by legislation and it is a requirement to provide this information if you wish to operate a House in Multiple Occupation.

Failure to provide the required information may mean that we are unable to determine compliance with relevant legislation and therefore issue a licence in which case the individuals or business may not comply with relevant legislation and may be operating illegally.

Persons are under an obligation to provide assistance and information when officers are exercising power for which they are duly authorised. An offence is committed if this requirement is breached. This does not require a person to answer any questions or give information which may incriminate them. Information held will have been provided by the landlord and or their agent, either electronically or in writing and transferred to our data management systems. We may add notes to a record as part of our administration processes.

We will use your details to process your HMO License application. The information provided will be shared with other council departments, Elected Members, Police Scotland and Scottish Fire & Rescue Service. It may also be shared where required by law.

Your details will be accessed by council staff who need to do so in order to provide this service. The data (with the exception of details of any convictions) will also be kept in a register which is open to public inspection. The information may be shared with other Government Agencies such as the Department for Work and Pensions, HMRC and third party organisations such as Sheriff Officers, Solicitors and Credit Reference Agencies.

In general, the Council does not transfer personal data outside the UK and on the rare occasions when it does so we will ensure you are alerted to this fact. Given the purpose and limited nature of the personal information held, the Council will not transfer your data outside the UK.

Landlords are required to renew their license every three years or shorter period as granted by the Licensing Sub-Committee. Reminders are issued by post or if necessary by email to the landlord and any appointed agent. We may also contact you and your agent to advise of legislative changes or changes in local policy. The council maintains a records retention and disposal schedule which sets out how long we hold different types of information for. The Council will hold your information for 5 years, from the date the license is surrendered, refused or revoked

For this purpose you have the right to be forgotten under certain circumstances and can access this right at any time. Should you wish to access this right, please contact the Data Protection Officer.

You have the right to request access to and rectification or erasure of personal data held by the council and can request that we restrict processing or object to processing .

We do not use profiling or automated decision-making for this purpose. If you are unhappy with the way we have processed your personal data you have the right to complain to the Information Commissioner's Office:

Information Commissioner's Office

Wycliffe House, Water Lane
Wilmslow, Cheshire, SK9 5AF

Helpline: 0303 123 1113

Website: <https://ico.org.uk/>

(but you should raise the issue with our Data Protection Officer first).