



STOCKPORT
METROPOLITAN BOROUGH COUNCIL

**Application
for a licence to operate a House in
Multiple Occupation under the
provisions of the Housing Act
2004**

Stockport Metropolitan Borough Council

**Housing Standards Team
Fred Perry House
Stockport
SK1 3XE**

Tel: 0161 474 4181

**Email:
housing.standards@stockport.gov.uk**

Completing the form

It is essential that the information which you or your manager / agent provide on the forms can be easily read.

- Please use BLACK ink and BLOCK CAPITALS throughout
- Make sure that the proposed licence holder or manager sign all relevant boxes where required and the signatures are contained within the box

Please DO NOT leave any questions or entry unanswered unless it is clearly indicated as optional.

Statutory requirements

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
- Any owner of the property to which this application relates (if that is not you) i.e. any 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 3 years (including a periodic tenancy)
- The proposed licence holder (if that is not you)
- The proposed managing agent (If any) (if that is not you)
- Any person who has agreed that he or she will be bound by any condition or conditions in a licence if it is granted.

Who can apply for a Licence?

In determining a Licence application Stockport Metropolitan Borough Council has a duty to award the Licence to the most appropriate person. This will normally be the owner or a manager employed by the owner. At the very least, the Council expects the Licence holder to have the power to:

- let and terminate tenancies;
- access all parts of the premises to the same extent as the owner; and
- authorise expenditure up to 25% of the yearly income of the house for emergency repairs.

The Council also requires details of all persons involved in ownership or management of the properties covered by this application.

The owner must complete:

- Section 1.1 of the PART 1 form

If the owner wishes to nominate another person / company to hold Licences on their property they must give their written consent in:

- Section 1.2 of the PART 1 form

The Licence applicant must complete in full:

- PART 1 Licence applicants details
- PART 3 Management Arrangements
- PART 4 Property details (one for every property that requires to be licensed)

If the Licence applicant employs a manager or managing agent, the manager will also need to complete:

- PART 2 Manager's details
- PART 3 Management Arrangements

IMPORTANT: You should keep a copy of the form when you have completed it.

Property Address:

Part 1 – Licence Applicant Details

1.1 Owner's details

Title		Full name		
Address				
Postcode		Tel number		
		Email address		
National Insurance Number		Date of birth		

If the Owner's details differ to the Licence Applicant details, please complete sections 1.2 and 1.3 below. If they do not, please move on to section 1.4.

1.2 Owner's consent for a nominated person or company to hold Licences on their property

I _____ am the owner of the property or properties listed in Part 4 of this form and hereby delegate the responsibility of being the licence holder for these properties to the person or company who's details are shown in section 1.3 below.

And I confirm that this person has my authority to:

- let and terminate tenancies;
- access all parts of the premises to the same extent as the owner; and
- authorise expenditure up to 25% of the yearly income of the house for emergency repairs.

Signed (Owner) _____ Date _____

1.3 Licence Applicants details

Title		Licence applicant's full name		
Address				
Postcode			Tel number	
			Email address	
National Insurance Number			Date of birth	

1.4 Licence Applicants Residential Status:

Do you, the proposed licence holder, live within the premises, which are the subject of this licence application:

Yes No

1.5 Organisation Type of Licence Applicant (please tick):

Private Individual Company Charity Other

If other, please state.....

1.6 If the licence applicant is a company, trust or partnership please provide the following information (move on to section 1.7 if not applicable)

Enter Company's Registration Number	
-------------------------------------	--

Please enter the names and addresses of all directors / partners / trustees. (Please use separate sheet if necessary).

Title	Name	Address

Please enter the name and address of the company secretary:

Title		Company Secretary		
Business Address				
Postcode			Tel number	
Email address			Fax number	

Please confirm by signature, all directors, partners and trustees of the company:

Name _____ Title _____

Signature _____ Date _____

Name _____ Title _____

Signature _____ Date _____

Name _____ Title _____

Signature _____ Date _____

Name _____ Title _____

Signature _____ Date _____

1.7 Connected Persons **(move on to section 1.8 if not applicable)**

The proposed licence holder must list the details of any other persons who are involved in the management of your property other than those whose details have been entered and specify the nature of their involvement:

Title		Full name		
Address				
Postcode		Tel number		
		Email address		
Date of birth				
National Insurance No.				
What is this person's involvement in the management of your property?				

Title		Full name		
Address				
Postcode		Tel number		
		Email address		
Date of birth				
National Insurance No.				
What is this person's involvement in the management of your property?				

Please use additional sheets and label each sheet 1.7 if more than 2 persons are involved.

1.8 Application(s) for previous landlord licence(s)

Have you applied for a landlord licence to this or any other local authority(ies) in England or Wales?

Yes No

If yes please list and provide the following details:

Local authority applied to:		Licence type (e.g. HMO, additional, selective)	
Property address			
Date of application		Postcode	

Local authority applied to:		Licence type (e.g. HMO, additional, selective)	
Property address			
Date of application		Postcode	

Local authority applied to:		Licence type (e.g. HMO, additional, selective)	
Property address			
Date of application		Postcode	

Please use additional sheets and label each additional sheet 1.8 if more than 3 properties.

1.9 Fit and Proper Determination (Licence Applicant)

In determining a Licence under the Housing Act 2004, Stockport Council is required to decide if the licence holder **and any other persons** involved in the management of the property or properties are “fit and proper persons.” It is a requirement of the Act that the proposed licence holder provides the following information:

Have you, **or any person** who will be involved in the management of the property, an unspent conviction for:

	YES	NO
Fraud or dishonesty?		
Violence?		
Drugs?		
Offences under Schedule 3 of the Sexual Offences Act 2003? (c.42) (Offences attracting notification requirements)		

If yes please give details:

Name of offender	
Date of hearing	
Actual charge	
Penalty imposed	
Any information you wish the Council to consider by way of mitigating circumstances	

Have you, **or any person** who will be involved in the management of the property, been found by a Tribunal or Court to have: Practised unlawful discrimination on the grounds of sex, colour, race, ethnic or national origins or disability in or in connection with the carrying out of any business?

YES

NO

If you have answered yes, please give details:

Name of offender	
Date of hearing	
Actual charge	
Penalty imposed	
Any information you wish the Council to consider by way of mitigating circumstances	

Have you, **or any person** who will be involved in the management of the property, any contravention 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?

YES

NO

If you have answered yes please give details:

Name of offender	
Date of hearing	
Actual charge	
Penalty imposed	
Any information you wish the Council to consider by way of mitigating circumstances	

Have you, or any person who will be involved in the management of the property, ever:	YES	NO
Failed to comply with a Housing Act Notice (requiring works etc) served by the Local Authority?		
Had works in default been carried out by the Local Authority on a property?		
Acted in contravention of any relevant approved code of practice (i.e. a code of practice issued by the Government relating to the management of HMOs)?		
Been refused a licence for a HMO?		
Breached the conditions of any Licence?		
Been subject to a Control Order (Housing Act 1985, s379)?		
Been subject to any Management Order?		
Contravened any provisions of housing or landlord and tenant law?		

If you have answered yes please give details:

Evidence requirement

The proposed licence holder applicant must enclose a Basic Disclosure Report with this application from Disclosure Scotland. Please apply online at www.disclosurescotland.co.uk/basicdisclosureonline/. Basic Disclosure Reports will only be accepted if the issue date is within 3 months of the date of the application form.

Applications should be made online for applicants with a current address in the UK. If the current address is outside the UK then please apply using the paper online form, more details of which are on the main website. Payment details are detailed on the website.

(Your licence application cannot be processed without this document. All information provided will be treated in accordance with the Data Protection Act 1998. This includes data exchange and storage of personal, sensitive information. We reserve the right to approach other authorities such as the Police, Fire & Rescue Service, and Office of Fair Trading etc. for information relating to this application).

1.10 Supporting Information

Training & qualifications:

Please give details of any training or qualifications relevant to your responsibilities as property owner or manager			
Name of delegate	Date	Qualification/training	Name of training provider or awarding body

Membership of professional bodies or associations:

Please give details of any professional organisations you are currently a member of that are relevant to your responsibilities as property owner or manager:			
Name of member	Date joined	Professional organisation	Type of membership (if appropriate)

Landlord Accreditation Membership:

If you are a member of a Landlord Accreditation Scheme run by a local authority please list the name of the authority or authorities which has/have accredited you:

	Local Authority	Date Accredited	Membership Number (if applicable)
1			
2			
3			
4			

1.11 Owner's Declaration

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 am/are reckless as to whether it is false or misleading.

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

In the case of partnerships or trustees, all partners or trustees must sign. In the case of a limited company, the form must be signed by a Director or Company Secretary or other authorised officer in which case, we will require proof of authority.

Part 2. Managers Details

If the property(ies) specified within Part 4 of this application form are to be managed by someone other than the person having control of the property, please complete this Part. If not, please move on to Part 3 of the form.

If applicable, this part should be completed by the authorised manager, or managing agent, of the property(ies) for which Part 4 forms apply to. One copy of this Part 2 Form can be provided for all licensable properties in the management portfolio provided the details given remain the same for each property.

If any details are different you must complete and submit an additional Part 2 form with the application for the affected property(ies). If you make a future application for a Licence, you will be asked to verify that the information, which you have provided concerning the property manager in this form, remains correct. For this reason you should keep a copy of the form for your future reference when you have completed it.

If the Manager or Managing agent is an individual or sole trader, please complete sections:

2.1 2.4 2.5 2.6 2.7 2.8

If the Manager is a limited company, trust or partnership, please complete sections:

2.2 2.3 2.4 2.5 2.6 2.7 2.8

2.1 INDIVIDUAL MANAGER

Title		Full name		
Address				
Postcode		Tel number		
		Email address		
National Insurance Number		Date of birth		

2.2 COMPANY DETAILS

If the manager or managing agent is a company please enter the company registration number below:

Company Registration number	
------------------------------------	--

Please enter the registered address or principal trading address:

Full name of Comp/Trust/Prt			
Registered or principal trading address			
Postcode		Tel Number	
Email address		Fax Number	

Please enter the names and addresses of directors / partners / trustees. (Please use separate sheet if necessary):

Title	Name	Address

Please enter the name and address of the Company Secretary:

Title		Company Secretary	
Address			
Postcode		Telephone Number	
Email address		Fax Number	

2.3 Please confirm by signature, all directors, partners and trustees

Name _____ Title _____

Signature _____ Date _____

Name _____ Title _____

Signature _____ Date _____

Name _____ Title _____

Signature _____ Date _____

Name _____ Title _____

Signature _____ Date _____

2.4 Connected Persons

The manager must list the details of **any other persons** who are involved in the management of the property other than those whose details have been entered above and specify the nature of their involvement:

Title		Full name	
Address			
Postcode		Telephone Number(s)	
Email address			
Date of birth			
N .I. Number			
What is this person's involvement in the management of your property?			

Title		Full name	
Address			
Postcode		Telephone Number(s)	
Email address			
Date of birth			
N .I. Number			
What is this person's involvement in the management of your property?			

Title		Full name	
Address			
Postcode		Telephone Number(s)	
Email address			
Date of birth			
N .I. Number			
What is this person's involvement in the management of your property?			

Please use additional sheets and label each sheet 2.4 if more than 3 persons are involved.

2.5 Delegated Management Authority

Do you as the manager / managing agent have the owner's delegated authority to:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Let and terminate tenancies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Access all parts of the premises to the same extent as the owner? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Authorise expenditure up to 25% of the yearly income of the house for emergency repairs? | <input type="checkbox"/> | <input type="checkbox"/> |

2.6 Applications to other local authorities

Have you applied for a property licence in any other local authority(ies) in England or Wales?

Yes No

If yes, please list and provide the following details (use separate sheet if necessary)

Local Authority	Licence Type (i.e. Mandatory, Additional, Selective)	Date of application

2.7 Manager's Fit and Proper determination

In determining a licence under the Housing Act 2004 the Council is required to decide if the licence holder and any other persons involved in the management of the property or properties are "fit and proper persons". It is a requirement of the Act that the proposed licence holder provides the following information:

Have you, or any other person who will be involved in the management of the property, been convicted of any offence involving:

	YES	NO
Fraud or dishonesty?		
Violence?		
Drugs?		
Offences under Schedule 3 of the Sexual Offenders Act 2003?		

If yes please give details:

Name of offender		Date of hearing	
Actual charge			
Penalty imposed			
Any information you wish the Council to consider by way of mitigating circumstances			

Have you, **or any other person** who will be involved in the management of the property, been found by a Tribunal or Court to have: Practised unlawful discrimination on the grounds of sex, colour, race, ethnic or national origins or disability in or in connection with the carrying on of any business?

Yes No

If you have answered yes, please give details:

Name of offender		Date of hearing	
Actual charge			
Penalty imposed			
Any information you wish the Council to consider by way of mitigating circumstances			

Have you, **or any other person** who will be involved in the management of the property, any contravention 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?

Yes No

If you have answered yes, please give details:

Name of offender		Date of hearing	
Actual charge			
Penalty imposed			
Any information you wish the Council to consider by way of mitigating circumstances			

Have you or any other person who will be involved in the management of the property ever:	YES	NO
Failed to comply with a Housing Act Notice (requiring works etc) served by the local authority?		
Had works in default been carried out by the local authority on a property?		
Acted in contravention of any relevant approved code of practice (i.e. a code of practice issued by the Government relating to the management of HMOs)?		
Been refused a licence for a HMO?		
Breached the conditions of any licence?		
Been subject to a Control Order (Housing Act 1985, s379)?		
Been subject to any Management Order?		
Contravened any provisions of housing or landlord and tenant law?		

If you have answered Yes, please give details:

Evidence requirement

The proposed licence holder applicant must enclose a Basic Disclosure Report with this application from Disclosure Scotland. Please apply online at www.disclosurescotland.co.uk/basicdisclosureonline/. Basic Disclosure Reports will only be accepted if the issue date is within 3 months of the date of the application form.

Applications should be made online for applicants with a current address in the UK. If the current address is outside the UK then please apply using the paper online form, more details of which are on the main website. Payment details are detailed on the website.

(Your licence application cannot be processed without this document. All information provided will be treated in accordance with the Data Protection Act 1998. This includes data exchange and storage of personal, sensitive information. We reserve the right to approach other authorities such as the Police, Fire & Rescue Service, and Office of Fair Trading etc. for information relating to this application).

2.8 Supporting Information

Training & qualifications:

Please give details of any training or qualifications relevant to your responsibilities as property owner or manager			
Name	Date	Qualification/training	Name of training provider or awarding body

Membership of professional bodies or associations:

Please give details of any professional organisations you are currently a member of that are relevant to your responsibilities as property owner or manager:			
Name of member	Date joined	Professional organisation	Type of membership (if appropriate)

Landlord Accreditation Membership:

If you are a member of a Landlord Accreditation Scheme run by a local authority please list the name of the authority or authorities which has/have accredited you:

	Local authority	Date accredited	Membership Number (if applicable)
1			
2			
3			
4			

2.9 Manager's Declaration

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 am/are reckless as to whether it is false or misleading.

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

In the case of partnerships or trustees, all partners or trustees must sign. In the case of a limited company, the form must be signed by a director or company secretary or other authorised officer, in which case we will require proof of authority.

Part 3 Property Management

This part of the form concerns your management arrangements. If the details you give in this form are the same for each of your properties, you may complete a Part 3 form once and photocopy it for each of the properties for which Part 4 forms have been completed and then add the address (3.1) of the property and sign each copy (3.4). Photocopied or facsimile signatures will not be accepted.

3.1 Property Address

Property address	
-------------------------	--

Before issuing a licence, the Council is required to be satisfied that the management arrangements for the house are satisfactory. The following questions help us to assess the procedures you have or intend to have in place to ensure good management of the property.

3.2 Management standards

Question	Your Answer
What arrangements are in place to ensure the safety of tenants in the event of Fire?	
What arrangements are in place to ensure the tenant(s) can contact the Licence holder and/or manager in the event of an emergency?	
What arrangements do you have in place to ensure that new tenants provide adequate references as to their character, tenancy history and financial status?	
Has each tenant been provided with a true copy of his or her tenancy agreement?	

<p>What procedures do you have in place for dealing with any complaints, which tenants may have concerning property condition?</p>	
<p>What procedures do you have in place to deal with disputes between tenants?</p>	
<p>What procedures will you adopt if you are satisfied that a particular tenant is guilty of anti social behaviour towards people sharing the same house or people living in the neighbourhood?</p>	
<p>Do you require a bond or deposit from tenants?</p> <p>Are the terms of the tenancy deposit clearly set out in writing?</p>	
<p>Which tenancy deposit scheme do you use, or intend to use, to protect any deposits taken?</p>	
<p>Is the tenant's rent payable weekly, monthly or over some other term? Please state the term.</p>	
<p>How do you receipt moneys received from your tenants?</p>	
<p>Does the property have buildings insurance?</p> <p>If yes, please state who the provider is.</p>	
<p>Does the property have contents insurance?</p> <p>If yes, please state who the provider is.</p>	

<p>Do you have arrangements in place to cover the cost of major emergency repair work (e.g. a new roof) if it became necessary?</p>	
<p>What arrangements do you have in place to review the general condition of the property regularly and to plan for maintenance work?</p>	
<p>What arrangements do you have in place to ensure that any garden, boundary wall or fence belonging to the property is maintained in good and safe repair?</p>	
<p>How are inventories of the furniture and appliances you supply agreed with each tenant?</p> <p>Are tenants given copies?</p>	
<p>Do you provide as part of the lettings in the property any furniture to which the Furniture and Furnishings (Fire Safety) Regulations apply?</p>	
<p>If yes, do the furniture and furnishings provided meet all the relevant fire safety criteria?</p>	

3.3 Supporting Information

If there is any other information regarding your management arrangements you wish to make known in support of your application please do so in the space provided below:

Evidence requirements

Please attach:

1. Copy of the tenancy agreement used; and
2. Copy of inventory forms (if applicable).

3.4 Management Arrangement Declaration

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 am/are reckless as to whether it is false or misleading.

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

In the case of partnerships or trustees, all partners or trustees must sign. In the case of a limited company, the form must be signed by a director or company secretary or other authorised officer, in which case we will require proof of authority.

Part 4 Property Information

You are required to **complete a separate Part 4 for each property** requiring a licence.

4.1 Property Address

Address	
Postcode	

Floor Plan & HMO Standards

You are required to provide with each submission of a Part 4 form a clear and proportionate drawing of each floor of the property, showing:

- Room layouts;
- Dimensions and size of all rooms including kitchens and bathrooms in square metres;
- The location of all fire doors and smoke detectors; and
- Fire escape routes.

These plans do not have to be drafted by an architect or surveyor but they do have to be to scale. They will be used in conjunction with the questions below to determine whether the property meets:

- Space standards;
- Amenity standards for the number of tenants;
- Fire safety standards; and
- Heating and lighting standards

prior to compliance inspections being carried out.

Guidance on how to produce floor plans can be found within the example floor plan found on the Council website.

4.2 Lettings

- How many persons live in the house at the date of application?
(include all children / infants)
- State the maximum number of persons you house / intend to house in the
property if fully let
- State how many households there are in the house at the date of application
- State the maximum number of households you intend to house
in the property if fully let
- How many separate tenancy agreements are there?
- Are the tenants in part time or full time education?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

4.3 Property details

- How many storeys does the property have?
(including habitable basements, attics, mezzanine levels and any
storeys used as commercial premises)
- How many habitable rooms are there in the property?
(please refer to guidance for definition of habitable room)
- How many self contained and non-self contained dwellings are there in the property?
Self-contained Non-self contained
- What is the approximate date of construction of the property?
Before 1919 Between 1919-1945 Between 1945-1964
Between 1964-1980 After 1980

4.4 Building type

- Detached Semi detached Terraced
- Grouped design
(courtyard style) Residential Block End terraced

4.5 Facilities

Please enter the number of facilities on each floor of the property

FLOOR	Base ment	Grou nd	1st	2nd	3rd	4th
How many rooms on each floor?						
How many Living rooms on each floor?						
How many Kitchens on each floor?						
How many sinks on each floor?						
How many bedrooms on each floor?						
How many bathrooms on each floor?						
How many shower rooms on each floor?						
How many toilets on each floor in bathrooms?						
How many toilets on each floor are separate from the bathroom?						
How many wash hand basins on each floor?						

4.6 Are any parts of the building used for non-residential purposes?

If yes please describe the part(s) of the building and their use. Yes No

4.7 Has Building Regulations approval ever been obtained for this building?

If yes state the nature of the work and the date it was completed. Yes No

4.8 Fire Precautions

You must enclose a copy of the current fire risk assessment, fire detection installation and commissioning certificate and fire safety maintenance records for the property.

Is the fire detection within the property wired to the mains electricity supply or battery operated?

If wired to the mains electricity supply please state whether they are interlinked or individual to each other

Are all doors onto the fire escape route fire doors? (excluding bathrooms)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Is there emergency lighting on the escape route?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Are the escape routes kept clear of obstructions

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Are all doors opening onto the fire escape route able to be opened from inside without a key? (Including the front & rear doors of the property)

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Are fire extinguishers provided?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Are they in working order and regularly maintained by a competent person?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Are fire blankets provided?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Is the fire detection and warning system inspected by a competent person at regular intervals?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If yes, please state how often the equipment is inspected:

Please give details of other fire safety training provided to the occupiers (if any)

Please provide the following details for the last person / company who inspected the fire detection systems.

Name of inspector / company			
Address			
Postcode		Telephone number	
		Email address	

4.9 Does the property have a gas supply?

Yes No

If yes, **you must enclose the current original gas safety certificate** covering the gas installations.

Please provide the following details for the last person / company who inspected the gas installations and provided the gas safety certificate.

Name of inspector / company			
GAS SAFE number			
Address			
Postcode		Telephone Number	
Email address		Fax Number	

4.10 Electrical installations

Is the whole of the electrical installation and any electrical appliances for the use of the tenants in a safe condition?

Yes No

Do you have a copy of a report carried out by a competent person in the last five years indicating the condition of the electrical installation?

Yes No

If yes, **you must enclose the original of a current certificate of inspection.**

Please provide the following details for the last person / company who inspected the electrical installations and appliances.

Name of inspector / company			
Address			
Postcode		Telephone Number	
Email address		Fax Number	

4.11 Electrical appliances

Have you had a portable appliance test carried out by a competent person in the last five years indicating the condition of the electrical appliances?

Yes No

If yes, **you must enclose the current original Portable Appliance Test (P.A.T.) certificate.**

Please provide the following details for the last person / company who inspected the electrical appliances.

Name of inspector / company			
Address			
Postcode		Telephone Number	
Email address		Fax Number	

4.12 Space Heating

What type of heating is installed in the property (please tick):

Gas central heating Electric central heating Fixed gas fires
 Fixed electric fires Solid fuel fires

Are any Portable heating appliances used?

Yes No

If yes please state if they are:

Electric fires with radiants Propane gas fires Paraffin

Other.....

4.13 How is water heated in the property?

4.14 Cooking Facilities

Do you supply	Yes	No	How Many?
Cooker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work surfaces	<input type="checkbox"/>	<input type="checkbox"/>	How many sq metres? <input type="text"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	

4.15 Washing facilities

Do you supply	Yes	No
Washing machine	<input type="checkbox"/>	<input type="checkbox"/>
Tumble dryer	<input type="checkbox"/>	<input type="checkbox"/>

4.16 Common Parts & Installations

What condition are the following in? (please tick):	Good repair	Adequate repair	Poor repair
Handrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stair coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.17 Waste Disposal

How many dustbins are provided at the property?

How do you dispose of larger amounts waste?

4.18 Energy Efficiency

	Yes	No	N/a
Is the roof space insulated?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there cavity wall insulation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all windows double-glazed?	<input type="checkbox"/>	<input type="checkbox"/>	
Are hot water tanks insulated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are water supply pipes insulated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.19 Finance

Is there an outstanding mortgage / loan on the property?

Yes No

If **yes** please give the name and address of the lender:

Name of Lender			
Address			
Postcode		Telephone Number(s)	
Email address		Fax Number	

At the date of application are there any mortgage payment arrears exceeding three months? Yes No

Evidence requirement

1. Fire risk assessment, fire detection installation & commissioning certificate and fire safety maintenance records;
2. Electrical Installation Condition Report;
3. PAT certificate for appliances;
4. Gas safety inspection certificate (original);
5. Scale 1:50 plan of each floor of the property; and
6. Any relevant building regulations certification.

4.20 Declaration

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 am/are reckless as to whether it is false or misleading.

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

In the case of partnerships or trustees, all partners or trustees must sign. In the case of a limited company, the form must be signed by a director or company secretary or other authorised officer, in which case we will require proof of authority.