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| **Sections 11, 12, 13 and 14 will need completing by all proposed licence holders and managers. Mark with “X” as appropriate. If further sheets are required they can be copied or downloaded from the website at** [**www.sheffield.gov.uk/HMOlicensing**](http://www.sheffield.gov.uk/HMOlicensing)  **Please note: The Council may carry out the necessary legal checks on applicants.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | **Proposed Licence Holder and Manager Declarations.**  **To be completed by Licence Holder and Manager:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a | **Do you have any unspent convictions that may be relevant to your fitness to manage the property, 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)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence Holder** | | | Yes | | | |  | | | | No | | | |  | | | | **Manager** | | | | Yes | | |  | | | | No | | |  | | | | |
| b | **Has there been any finding by a court or tribunal that you 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?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence Holder** | | | Yes | | | |  | | | | | No | | |  | | | | **Manager** | | | | | Yes | |  | | | No | | | | |  | | | |
| c | **Has there been any contravention 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?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence Holder** | | | Yes | | | |  | | | | | | No | | |  | | | | | **Manager** | | | Yes | |  | | | | No | | |  | | | | |
| d | **Do you have any information about any HMO or house that the proposed licence holder or manager owns or manages or has owned or managed which has been the subject of:**   1. **a control order under Section 379 of the Housing Act 1985 in the five years preceding the date of the application; or any appropriate enforcement as detailed in Section 5 of the Housing Act 2004?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence Holder** | | | Yes | | | |  | | | | | No | | |  | | | | **Manager** | | | | | Yes | |  | | | | No | | |  | | | | |
| e | **Do you have any information about any HMO or house that 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?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence Holder** | | | Yes | | | | |  | | | | No | | |  | | | | **Manager** | | | | | Yes | |  | | | | No | | |  | | | | |
| 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 Housing Act 2004?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence Holder** | | Yes | | | | |  | | | | No | | | | |  | | | | **Manager** | | | | Yes |  | | | No | | | |  | | | | | |
| Page 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Further Detail | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If you have answered yes to any of the above (a-f) please provide details below or on the additional page at the rear of this application form:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13  Official  use | **Training (to be completed for full applications only)**  Have you attended a council approved one day training course arranged and delivered by the Residential Landlord Association, our training partner? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Licence Holder** | | | | Yes | | |  | | | No | | | |  | | | Date of training | | | | |  | | | | | N/A | | | | | | | |  |
| **Manager** | | | | Yes | | |  | | | No | | | |  | | | Date of training | | | | |  | | | | | N/A | | | | | | | |  |
| **or** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you attended a course which was covers the law and legal requirements relating to managing an HMO, and which has been prior approved by the council? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence Holder** | | | | | Yes |  | | | No | | | | |  | | | Date of training | | | | |  | | | | | | N/A | | |  | | | | |
| **Manager** | | | | | Yes |  | | | No | | | | |  | | | Date of training | | | | |  | | | | | | N/A | | |  | | | | |
| **You will be required to provide copies of completion certificates for the training course that you attended as part of this application.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | **I declare that to the best of my knowledge and belief, all of the information in this application sections 11 to 13 is true** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence Holder** | | | | | | | | | | | | | | | | | | **Manager** | | | | | | | | | | | | | | | | | |
| Print name |  | | | | | | | | | | | | | | | | | Print name | | | |  | | | | | | | | | | | | | |
| Signature |  | | | | | | | | | | | | | | | | | Signature | | | |  | | | | | | | | | | | | | |
| Date |  | | | | | | | | | | | | | | | | | Date | | | |  | | | | | | | | | | | | | |