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| **Housing Act 2004, Part 3****Application for Selective Licensing**It is essential that you consult our Guidance Notes when completing this form. Use an “X” to indicate answers where appropriate. **All sections should be completed**, any sections which are not relevant should be marked N/A.  |
| **We want to help you to fill this form in correctly and in full.  So please read the guidance notes.  Forms that aren’t filled in correctly will be subject to an increased application fee.** |
| **Please return the completed form to:** Private Housing StandardsMoorfoot BuildingSheffield S1 4PLThis form is suitable for: **new licences** and **licence variations**. Please indicate below which licence you wish to apply for: |
|  |
| **New Licence** |  |  Date the property  became licensable |  |
| **Licence Variation** |  |  Reason for variation |  |
|  |
| Address and post code of the property |  |
| Type of Selective Licence applying for | Single occupationproperty |  | House in multipleoccupation |  |
|  |  |
| This form has been designed to gather information required by statute, to aid identification of licence holders and managers of properties under Part 3 of the Housing Act 2004 (the Act) and to supply information so that licence conditions can be relevant to each property.**Please note that it is a criminal offence to make a false statement in application for a Selective Licence.** |
| Additional copies of the form can be downloaded from [www.sheffield.gov.uk/laclicence](http://www.sheffield.gov.uk/laclicence) |  logo reduced |
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| **Part 1 - Details of Interested Parties** |
| **1**Officialuse | **The Applicant(s)** |
| Name(s): |  |
| Residential Address(es): |  |
| Business Address(es): |  |
| Telephone(s): |  |
| Email Address(es): |  |
| Date of birth: |  |
| **The applicant(s) is/are also:** |
| The proposed licence holder(s): | Yes |  | No |  |
| The person(s) managing the property: | Yes |  | No |  |
|  | The person(s) having control of the property: | Yes |  | No |  |
| The freeholder: | Yes |  | No |  | The leaseholder | Yes |  | No |  |
| **2**Official use | **The Proposed Licence Holder (if not the applicant)** |
| Name(s): |  |
| Residential Address(es): |  |
| Business Address(es): |  |
| Telephone(s): |  |
| Email Address(es): |  |
| Date of birth: |  |
| **The proposed licence holder is/are also:** |
| The person(s) managing the property: | Yes  |  | No |  |
| The person(s) having control of the property: | Yes |  | No |  |
|  | The freeholder:  | Yes  |  | No  |  | The leaseholder:  | Yes |  | No  |  |
| **All information above is to be duplicated in section 10** |
| **3**Officialuse | **The Proposed Manager of the property (if not applicant or licence holder)** |
| Name(s): |  |
| Residential Address(es): |  |
| Business Address(es): |  |
| Telephone(s): |  |
| Email Address(es): |  |
| Date of birth: |  |
|  | **Is the manager also the person having control of the property:** | Yes |  | No |  |
| **All information above is to be duplicated in section 10** |
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| **4**Official use | **Additional Licence Holder or Manager** |
| Name(s): |  |
| Residential Address(es): |  |
| Business Address(es): |  |
| Telephone (s): |  |
| Email Address(es): |  |
| Date of birth: |  |
| Nature of interest:  | Additional Licence Holder |  |  Additional  Manager |  |
|  |
| **All information above is to be duplicated in section 10** |
| **5**Official use | **Mortgagee(s) of the property (eg bank or building society)** |
| Name(s): |  |
| Residential Address(es): |  |
| Business Address(es): |  |
| Telephone(s): |  |
|  | Email Address(es): |  |
| **All information above is to be duplicated in section 10** |
| **6**Officialuse | **Freeholder of the property (if not the Applicant or Licence Holder)** |
| Name(s): |  |
| Residential Address(es): |  |
| Business Address(es): |  |
| Telephone(s): |  |
|  | Email Address(es): |  |
| **All information above is to be duplicated in section 10** |
| **7**Officialuse | **Leaseholder of the property (If not the Applicant or Licence Holder)** |
| Name(s): |  |
| Residential Address(es): |  |
| Business Address(es): |  |
| Telephone(s): |  |
| Email Address(es): |  |
|  | **All information above is to be duplicated in section 10** |
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| **8**Officialuse | **Space for additional parties:** |
| Name(s): |  |
| Residential Address(es): |  |
| Business Address(es): |  |
| Telephone(s): |  |
| Email Address(es): |  |
| Date of birth: |  |
|  | Nature of Interest: |  |
| **All information above is to be duplicated in section 10** |
| **9**Officialuse | **Suitable Management Arrangements** |
| Where the proposed licence holder is based **more than two hours away** from the property, and there is no manager named in this application, we need to be sure that satisfactory management arrangements are in place. Please provide answers to the following where relevant: |
| a. What would you do if there was an emergency at the property such as a severe water leak? |
| b. What advice would the tenants be given in such an event? |
| c. Does anyone hold keys locally? |
| d. What are your arrangements for when you are unavailable for extended periods of time? |
| e. How would you deal with anti-social behaviour at the property? |
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| **This section must be completed for any person detailed in sections 2-8 above. Some of the information will be duplicated but this information is required by statute. This information is required to be signed and dated.** |
| **10** | **Persons to be informed of the application** |
| Officialuse | 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 that is not you) i.e. the

Freeholder and any head lessors 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 that is not you)
* The proposed managing agent (if any) (if that 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 will not be you)
* That this is an application made under Part 3 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:**  |
| **Applicant’s Signature** |  | **Date** |
| **Name**  | **Address** | **Nature of interest** | **Date of service** |
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| **Sections 11, 12, 13 and 14 will need completion 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/laclicence** **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**Officialuse | **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 |  |
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| **12**Officialuse | **Further Details** |
| **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**Officialuse | **Training**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 covers the law and legal requirements relating to managing a licenced property, 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 |  |
| **14**Officialuse | **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 |  |
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| **15**Officialuse | **The proposed Licence Holder must provide information below to show any other properties for which they have a licence under Part 2 or 3 of the Housing Act 2004, whether in Sheffield or in the area of any other local housing authority**. |
| **Address** | **Post Code** |
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|  | Please use further sheets where required |
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| **Part 2 - Property Information** |
| **16**Officialuse | **Is the property a:** House  |
| House  |  |  |
| Flat |  |  |
| Other (details) |  |
| **Is the property:** |
| House in singleoccupation |  | House in multiple occupation  |  | Flat in single occupation |  | Flat in multiple occupation  |  |
| House converted into and comprising of self-contained flats |  | A purpose built block of flats  |  | Other: please provide details  |  |
| **Has the property received planning permission to be a House in Multiple Occupation?** | Yes  |  | No  |  |
| **What is the approximate age of the original construction of the property?** |
| Before 1919  |  | 1919-44  |  | 1945-64  |  | 1965-80  |  |  After 1980  |  |
| **Further Information** |
| Number of storeys comprising the house/flat |  |
| Number of separate letting units  |  |
|  |
| Total number of habitable rooms (excluding kitchens) |  |  |
| **17**Officialuse | **Room Types** |  |
| Number of kitchens |  |  |
| Number of bathrooms and shower rooms |  |  |
| Number of separate WC’s with wash basins  |  |  |
| Number of living rooms |  |  |
|  |
| Total number of rooms |  |  |
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| **18**Officialuse | **Facilities** | **Total** |
| Number of wash hand basins in bathroom and WC (water closets) |  |
| Number of sinks (kitchen and utilities) |  |
| Number of baths |  |
| Number of showers |  |
| Number of internal toilets |  |
|  |
| Number of cookers |  |
| **19**Officialuse | **Fire Safety** |
| **Please provide details of any fire precaution equipment at the property:** |
| **Number of smoke detectors:** |  |
| **Are the smoke detectors mains powered** **and linked?** | Yes |  | No |  |
| **Is the main escape route clear of flammable** **Materials or other obstructions?** | Yes |  | No |  |
| **Is the main escape route protected by** **Self-closing doors?** | Yes |  | No |  |
| **Are the occupiers provided with instructions****as to what to do in the event of a fire?** | Yes |  | No |  |
| **By signing this application on the last page you declare that any furniture and furnishings provided or supplied as part of a tenancy or licence agreement meet the safety requirements contained in any enactment.** |
|  |
| **Please indicated that you understand** **and agree to this** | Yes |  | No |  |
|  |
| **20**Officialuse | **Gas Safety** |
| Does the property have a gas supply | Yes |  | No |  |
| Do you have a landlord’s Gas Safetyrecord, issued within the last 12 months? | Yes |  | No |  | N/A |  |
| **By completing this application form you declare that the gas appliances in the property meet the safety requirements contained in any enactment.** |
|  |
| **Please indicate that you understand and****Agree to this.** | Yes |  | No |  |
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| **21**Officialuse | **Emergency Lighting** |
|  |
| **Is there an emergency lighting system** **installed in the common areas?** | Yes |  | No |  |
| **If yes, please provide details of location:** |
|  |
| **22**Officialuse | **Flats above shops and associated with other lettings**  |
| **Is the property located above a shop**  | Yes |  | No |  |
| **If yes, please provide information about the location of electric, gas and water cut offs:**  |
|  | **Do the tenants have access to the****Cut-offs out of hours?** | Yes |  | No |  |
| **23**Officialuse | **Property Information and Floor Plan** |
| As part of the application a floor plan should be provided. The plan should be an accurate representation of the property and include all rooms and floors. The plan should indicate the location of all: |
| **Detail** | **Key** |
| Fire blanket | FB |
| Smoke/heat detector | SD or HD |
| Break glass call point | G |
| Alarm sounders | As |
| Electric lighting | El |
| Fire alarm control panel | Fp |
| Room and space types | Living room, bathroom etc |
| Location of fittings | Baths, sinks, cookers etc |
| Floor area in metre2  | M2 |
| Carbon monoxide detector | CO |
|  | An example plan is available to download from [www.sheffield.gov.uk/laclicence](http://www.sheffield.gov.uk/laclicence) and is included in the guidance notes. |
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| **24**Officialuse | **About the tenancy:** |
| Do you provide the tenants with a written statement / tenancy agreement, which states the terms of their occupancy? |
|  |  Yes  |  | No |  |
|  |
| **Of the above total number of people** **living in the property please state:** |
| Total number of households occupying the property: |  | Total number of peopleliving in the property: |  |
|  | The total number of Adults (18+) |  | The number of children (ages 0-17) |  |
|  |
| **25**Officialuse | **Documents**  |
| The following should be provided as part of the application, please indicate if supplied with this application with an “X” |
| **Gas Safe registered commissioning and** **annual gas safety inspection certificates** | Yes |  | No |  | N/A |  |
| **Grade A fire alarm system certificate** | Yes |  | No |  | N/A |  |
| **Emergency lighting completion/test certificate** | Yes |  | No |  | N/A |  |
| **Floor Plan** | Yes |  | No |  |  |
| **A copy of the online payment receipt is required unless payment has been received over the phone** | Yes |  | No |  |
| **A copy of the written tenancy agreement** | Yes |  | No |  |
|  | **Photographic Identification of the licence holder – please do not provide original copies of these documents** | Yes |  | No |  |
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| **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 unless you complete all the relevant parts of this form, provide all necessary documents and pay 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. By signing this application form both the Licence Holder(s) and Manager(s) agree to be bound by the conditions in the licence. |
| **To be completed by ALL parties named in sections 1-4 of this application** |
| **Full Name:** |
| **Signature:** |
| **Position (if acting on behalf of a company):** |
| **Date:** |
| **Full Name:** |
| **Signature:** |
| **Position (if acting on behalf of a company):** |
| **Date:** |
| **Full Name:** |
| **Signature:** |
| **Position (if acting on behalf of a company):** |
| **Date:** |
| **Full Name:** |
| **Signature:** |
| **Position (if acting on behalf of a company):** |
| **Date:** Official use |  |
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|  | **Privacy Policy** |
| We will use the information provided by you for the processing of licence applications and compliance of such licences whilst they remain in force. The basis under which the Council uses personal data for this purpose is under Parts 1 to 4 of the Housing Act 2004. This is necessary for the performance of a task carried out in the public interest by the Council or in the exercise of official authority vested in the Council by the Housing Act 2004 and other associated legislation.As part of our duty under the Housing Act 2004 we may have to share and/or check your information with other agencies: for example, the Police, Fire and Rescue Service, Office of Fair Trading, other local authorities and other relevant departments within the Council, such as Planning, Council Tax, Revenues and Benefits and Debtors. For more detailed information regarding our privacy notice please go to: <https://www.sheffield.gov.uk/content/sheffield/utilities/footer-links/privacy-notice.html>. The information provided by you includes the usual personal data needed for an application: name, address, contact details, date of birth, etc., as well as the following special categories of personal data: racial or ethnic origin, criminal convictions and DBS. Information in these categories is used by the Council on the basis that such use is necessary for reasons of substantial public interest, and in accordance with the provisions of General Data Protection Regulation and the Data Protection Act 2018.The information that you have provided will be kept for the duration of the licence and 7 years after the expiry date of the licence. If the licence is refused it will be kept for 7 years after the date of the licence refusal.The information provided by you may also be used for the purpose of any other function carried out by the Council. The Data Controller is Sheffield City Council, 1 Pinstone Street, Sheffield S1 2HH. The Council’s Data Protection Officer can be contacted at dataprotectionofficer@sheffield.gov.uk. The new data protection law known as the General Data Protection Regulation provides for the following rights as prescribed by the legislation:* A right to request a copy of your information
* A right to request rectification of inaccurate personal data
* A right to request erasure of your data known as ‘the right to be forgotten’
* A right to in certain circumstances to request restriction of processing
* A right in certain circumstances to request portability of your data to another provider
* A right to object to processing of data in certain circumstances
* A right regarding automated decision making including profiling

Please note that if you are unhappy with a decision regarding the handling of your data you can contact the Council’s Data Protection Officer or you can contact the Information Commissioner’s Office, the regulator responsible for information rights, at Wycliffe House Water Lane Wilmslow, Cheshire SK95AF and also see the Information Commissioner’s website at [www.ico.org.uk](http://www.ico.org.uk) For more information about these rights please refer to our detailed privacy statement at <https://www.sheffield.gov.uk/content/sheffield/utilities/footer-links/privacy-notice.html>. |
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|  | **Space for additional information** |
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