**Sheffield City Council**

**Renewal Application for Mandatory HMO Licensing – How to complete this form**

This form is to be completed for **renewal HMO applications for licences expiring from**

**1st February 2024**. If you wish to apply for a new application for a previously unlicensed property, please use the form available at

<https://www.sheffield.gov.uk/housing/licensing-houses-in-multiple-occupation>

The form is designed to be completed in Microsoft Word but can also be printed out and completed by hand. You can use the TAB button on your keyboard or your mouse pointer to navigate through the fillable form fields. Make sure to **SAVE the document with a new name** before submitting as an email attachment. We can only accept saved Word format (**.doc** or **.docx**) forms, or forms completed in black ink and scanned into **.pdf** format – please do not send multiple .jpg or other image files. Send the completed application as an email attachment to [hmo@sheffield.gov.uk](mailto:hmo@sheffield.gov.uk) along with all required enclosures detailed in Section 11 of the form. Please ensure that payment is also made on the same day as the application – see **How to Pay** below.

The form contains guidance notes throughout in shaded boxes. Further guidance is available at

<https://www.sheffield.gov.uk/housing/licensing-houses-in-multiple-occupation>

Applicants unable to submit an application by email should contact us on 0114 273 4680

A new licensing IT portal will shortly be introduced which allows licence holders to access and manage HMO licences, upload and manage all related documentation such as gas certificates, and apply for licence renewals online. Licence holders and managers will be invited to register for this service as soon as it is available.

The fees for renewal applications are given on the table below. Following a judgement in the Supreme Court on the charging of fees for local licensing schemes, **HMO licence fees must now be charged in two parts.** The relevant Part 1 Fee is payable with the application – please see table below. The Part 2 Fee will be charged once a draft licence has been issued. Fees are set in seven bands based on the number of bedrooms within the property:

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| **HMO renewal application fees** | | | |
| **Bedrooms** | **Part 1 Fee** | **Part 2 Fee** | **Total** |
| **5** | £675 | £460 | £1,135 |
| **6-9** | £800 | £540 | £1,340 |
| **10-14** | £980 | £660 | £1,640 |
| **15-19** | £1,225 | £815 | £2,040 |
| **20-24** | £1,530 | £1010 | £2,540 |
| **25-49** | £1,895 | £1,245 | £3,140 |
| **50+** | £2,325 | £1,515 | £3,840 |

A discretionary discount of £50 is offered for properties which have an Energy Performance Certificate (EPC) rating of C or above. This is to encourage HMO landlords to prioritise energy efficiency improvements as part of efforts to provide warmer homes and combat climate change. If applicable, the discount will be deducted from the Part 2 fee which is payable once a draft licence is issued.

**How to Pay**

1. You must make a payment of the Part 1 Fee on the same day as submitting this application.
2. Please select the correct Part 1 Fee using the table above based on the number of bedrooms for the property to be licensed.
3. Go to <https://www.sheffield.gov.uk/housing/renew-change-hmo-licence> and click on the black **Pay your licence fees** box to make payment by debit or credit card. Enter all the property and card payment details requested.
4. Following successful card payment you will receive an email receipt which you should forward by email to [hmo@sheffield.gov.uk](mailto:hmo@sheffield.gov.uk) with the first line of the property address in the subject header. This will help us to verify that payment has been made.

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| **Housing Act 2004, Part 2**  **Licensing of Houses in Multiple Occupation (HMOs)**  **Application for renewal of**  **Mandatory HMO Licensing** | | To be used for renewal applications for licenses expiring from 1st Feb 2024 | **Guidance Notes** Please note – in order to qualify as a renewal you will need to make this application before the expiry of the existing licence. Applications made after this time will require a new application form and a higher fee.Please include the full address of the property, including the postcode of the property. |
| Use an “**X**” to indicate answers in the check boxes and enter text as required in text fields  **All sections should be completed**, any sections which are not relevant should be marked N/A. **You should refer to the Guidance Notes on right hand side when completing this application.** | | |
| **Address and postcode of the property** |  | |
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| **Date of expiry of previous licence** | |  | You should provide the date that the existing licence expires. If an application is received after this date legislation dictates that a renewal licence cannot be applied for and a new licence application and fee will be required. |
| **Number of persons the property is to be licensed for** | |  | This will usually be the same as the occupancy level of the existing licence, changes can be made where space standards and amenities are sufficient. |
| **Number of bedrooms in the property** | |  | Number of bedrooms in the property – on your licence this will be defined as the number of rooms providing sleeping accommodation |
| The form has been designed to gather information required by statute to aid identification of licence holders and managers of HMOs under Part 2 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 an application for an HMO licence.**  Additional copies of this form can be downloaded from  logo reduced<https://www.sheffield.gov.uk/housing/renew-change-hmo-licence> | | | |
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| **Part 1 - Details of Interested Parties** | | | | | | | | | |
| 1 | **The Applicant** | | | | | | | | **Guidance Notes**  The **Applicant** is the person applying for the licence. This does not have to be the Proposed Licence Holder or Manager. The Applicant needs to have access to the relevant documents that will need to be provided as part of the application.  If the Applicant is also the existing and Proposed Licence Holder or Manager they should confirm this.  If the Applicant is also the person in control of the HMO they should confirm this. The person in control is usually the person receiving and in control of the rack rent.  If the Applicant is also the freeholder or leaseholder they should confirm this. |
| Name: |  | | | | | | |
| Company: |  | | | | | | |
| Address: |  | | | | | | |
| Telephone: |  | | | | | | |
| Email Address: |  | | | | | | |
| Date of birth: |  | | | | | | |
| **Is the Applicant also:** | | | | | | | |
| The existing and Proposed Licence Holder: | | | Yes | |  | No |  |
| The person managing the HMO: | | | Yes | |  | No |  |
| The person having control of the HMO: | | | Yes | |  | No |  |
| The Freeholder: | | | Yes | |  | No |  |
| The Leaseholder: | | | Yes | |  | No |  |
| 2 | **The Proposed Licence Holder (if not the Applicant)** | | | | | | | | If the **Proposed Licence Holder** is not the Applicant, the details should be entered in this section. ***To qualify as a renewal the Licence Holder must be the same person / company as on the existing licence***  If the Proposed Licence Holder is a limited company, it is preferential for the licence to be held in the company name rather than in the name of an individual within the company. This allows for staff changes to be made within the company without the need for changes to be made to the licence. If the licence holder changes during the term of a licence (including a named individual) a new licence will be required and this will incur costs. |
| Name: |  | | | | | | |
| Company: |  | | | | | | |
| Address: |  | | | | | | |
| Telephone: |  | | | | | | |
| Email Address: |  | | | | | | |
| Date of birth: |  | | | | | | |
| **Is the Proposed Licence Holder also:** | | | | | | | |
| The person managing the HMO: | | | Yes | |  | No |  |
| The person having control of the HMO: | | | Yes | |  | No |  |
| The Freeholder: | | | Yes | |  | No |  |
| The Leaseholder: | | | Yes | |  | No |  |
| 3 | **The Proposed Manager of the HMO (if not the Applicant or Proposed Licence Holder)** | | | | | | | | If the **Proposed Manager** is not the Applicant or Proposed Licence Holder the details should be entered in this section.  If the Proposed Manager is a limited company, it is better for the company name to be used on the licence rather than an individual within the company. This allows for staff changes to be made within the company without the need for changes to be made to the licence. In the event of a change of manager, the licence will need to be varied. |
| Name: |  | | | | | | |
| Company: |  | | | | | | |
| Address: |  | | | | | | |
| Telephone: |  | | | | | | |
| Email Address: |  | | | | | | |
| Date of birth: |  | | | | | | |
| **Is the manager also the person having control of the HMO:** | | Yes | |  | | No |  |
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| 4 | **Additional Licence Holder or Manager** | | | | | **Guidance Notes**  If there are additional Proposed Licence Holders or Managers, this section should be completed to provide their information. Mark the correct box to show their involvement. |
| Name: |  | | | |
| Company: |  | | | |
| Address: |  | | | |
| Telephone: |  | | | |
| Email: |  | | | |
| Date of birth: |  | | | |
| Nature of interest: | Additional Licence Holder |  | Additional Manager |  |
| 5 | **Person Bound by the Licence Conditions** | | | | | You are only required to complete this section if you have previously been informed to do so by Private Housing Standards. It is only relevant if specific conditions apply to licensing of which the applicant will already be aware. If this doesn’t apply, then leave this section blank. |
| Name: |  | | | |
| Company: |  | | | |
| Address: |  | | | |
| Telephone: |  | | | |
| Email: |  | | | |
| Date of birth: |  | | | |
| Reason they are bound: |  | | | |
| 6 | **Person in Control of the HMO (if not the Licence Holder or Manager)** | | | | | This is usually the person who receives the rack rent and who is in control of matters such as allowing funds to be used for repairs. If this is not the licence holder or manager you should provide this information.  ***Please note*** – It may be that the person in control is the person who is most appropriate to be the licence holder and changes to the application may be required. |
| Name: |  | | | |
| Company: |  | | | |
| Address: |  | | | |
| Telephone: |  | | | |
| Date of birth: |  | | | |
| Email: |  | | | |
| Nature of controlling interest: |  | | | |
| **Note: all information above is to be duplicated in Section 7** | | | | | | |
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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.** | | | | | | | | | |
| 7 | **Persons to be informed of the application** | | | | | | | **Guidance Notes**  The Applicant should complete this section and declaration.  All parties named in sections 2 to 6 of the application should be made aware of the application.  Information about how interested parties should be notified can be found within this section.  **Nature of interest** below should describe the relationship between the person or company and the property – e.g. mortagee, leaseholder, freeholder.  **Date of service** – is the date you gave them written notice about this application. | |
| 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 Manager (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 * The name, address, telephone number and e-mail address of the Proposed Licence Holder (if it will not be you) * That this is an application made under Part 2 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 | | | | | | |
| **Persons to be informed** | | | | | | | | |
| **Name/Company** | | | **Address** | | | **Nature of interest** | | **Date of service** |
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| **I declare that I have served a notice of the application on the above persons who are the only persons known to me/us that are required to be informed that I have made this application:** | | | | | | | | |
| **Applicant:** |  | **Date** | |  |  | | | |
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| **Sections 8, 9 and 10 will need to be completed by all Proposed Licence Holders and all Managers. Mark with “X” as appropriate. If further sheets are required they can be photocopied or downloaded – look for “Additional fit and proper form” on**  [https://www.sheffield.gov.uk/housing/](https://www.sheffield.gov.uk/housing/licensing-houses-in-multiple-occupation)renew-change-hmo-licence  **Please note: The Council may carry out the necessary legal checks on applicants.** | | | | | | | | | | | | | | | | |
| 8 | **Proposed Licence Holder and Manager Declarations.**  **To be completed by Licence Holder and Manager:** | | | | | | | | | | | | | | | **Guidance Notes**  Before issuing the HMO licence the Council have an obligation to carry out tests to ensure that the Proposed Licence Holder and Proposed Manager are Fit and Proper.  Sections 8 – 10 are designed to capture information relating to the test.  It is a requirement that the sections are completed by the Proposed Licence Holder and Manager (if either or both not also the Applicant).  In the case of a limited company these sections should be completed at director level. |
| 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 |  |
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| 9 | **Further Detail** | | | | | | | | | | | | | | | | | | | | | | |
| If you have answered yes to any of questions above (8a-f) please provide details below or on the additional page at the rear of this application form. | | | | | | | | | | | | | | | | | | | | | | |
| 10 | **I declare that to the best of my knowledge and belief, all of the information in this application sections 8 to 9 is true:** | | | | | | | | | | | | | | | | | | | | | | |
| **Proposed Licence Holder** | | | | | | | | | | | | | | | | | **Manager** | | | | | |
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| Name: | | | |  | | | | | | | | | | | | | Name: | | | |  | |
| Date: | | | |  | | | | | | | | | | | | | Date: | | | |  | |
| 11 | **Enclosures** | | | | | | | | | | | | | | | | | **Guidance Notes**  To constitute a valid application, it is a requirement that you provide up to date scanned copies (where applicable) of the certificates listed below. If the certificates are not provided, and the council has to request them, you may become liable for additional charges. If it is not possible to supply a certificate with the application you should contact Private Housing Standards on 0114 273 4680 or [hmo@sheffield.gov.uk](mailto:hmo@sheffield.gov.uk) to discuss the matter.  **Gas Safety Certificate –** If the property has a gas supply, an up-to-date gas safety certificate should be supplied. The assessment needs to have been made by a registered Gas Safe engineer. The certificate should show each gas appliance and needs to have passed inspection.  **Electrical Safety Certificate** – Required for all HMO properties. The assessment needs to be the full condition report, be in date and have been made by a qualified electrician. Where there are C1 and C2 faults, or the assessment is unsatisfactory, we will require evidence that the faults have since been rectified.  **Emergency Lighting Certificate** – Required for all HMO properties.  **Grade A Alarm System** – If a grade A alarm system (Panel System) is in operation, an up-to-date certificate is required.  **Payment Receipt** – After payment has been made over via the Council website, a copy of the email receipt should be forwarded to [hmo@sheffield.gov.uk](mailto:hmo@sheffield.gov.uk) -see **How to Pay** section at the front of this application form  **Energy Performance Certificate** – This is not required to renew your licence but proof of a C or higher rating is needed to qualify for a discretionary £50 discount. The EPC certificate must be dated within the last 10 years. Refer to [www.epcregister.com](http://www.epcregister.com) to find an assessor or retrieve an existing certificate. Energy ratings must be tested and certified by accredited assessors to be accepted. | | | | | |
| The following need to be provided as part of the application, please indicate if these will be supplied as attachments with an “X” | | | | | | | | | | | | | | | | |
| **Gas safe registered commissioning and / or annual gas safety inspection certificates** | | | | | | | | | | | | | | | | |
| Yes | | | | |  | | | No | |  | N/A | |  | |  | |
| **Electrical safety certificate (full EICR certificate required)** | | | | | | | | | | | | | | | | |
| Yes | | | | |  | | | No | |  |  | | | | | |
| **Emergency lighting certificate** | | | | | | | | | | | | | | | | |
| Yes | | | | |  | | | No | |  |  | | | | | |
| **Grade A (panel) alarm system certificate** | | | | | | | | | | | | | | | | |
| Yes | | | | | |  | | No | |  | N/A | |  | |  | |
| **Copy of the payment receipt for Part 1 Fee** | | | | | | | | | | | | | | | | |
| Yes | | | | | | |  | No | |  |  | | | | | |
| **Energy Performance Certificate** | | | | | | | | | | | | | | | | |
| Yes | | | | | | |  | No | |  | N/A | | |  | |  |
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| 12 | | **HMO Renewal Declaration** | | | | | | | | | | | | | | | | | | | | | |
| I/We declare that the house in respect of which a licence is sought under Part 2 of the Housing Act 2004 is subject to a licence under Part 2 at the time this application is made. I/We further declare that to the best of my/our knowledge either: (a) none of the information described in paragraph 2(c) to (g) of that Act and previously submitted to the authority has materially changed since that licence was granted; or (b) the only material changes to that information are described as follows**:**  If there is any information that has changed in the licence application from the previous licence application you must document the changes here or your application could be considered invalid. *An example of a relevant change may be a change in the number of smoke alarms or smoke alarm locations.* | | | | | | | | | | | | | | | | | | | | | **Guidance Note**  In this section you must notify the council of any material changes that have been made to the property since the issue of the existing licence. A material change could be a change to the number of smoke alarms, but could also be the addition of a room.  ***Please note* –** failure to disclose any changes may result in the application being invalid and could result in you having to apply as a new application at full cost. |
| **Applicant:** | | | | | | | |  | **Date:** | |  | | | | | | |  | | |
|  | | **Details of changes:** | | | | | | | | | | | | | | | | | | | | |
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| **Electronic Licencing Consent** | | |
|  | Sheffield City Council’s Private Housing Standards is in the process of moving to an all-electronic licensing portal. All future licensing correspondence will be sent by email.  By providing an email address, Sheffield City Council will understand this to mean that the owner of the email address has agreed to the service by email of legal notices and documents relating to HMO licensing under Part 2 of the Housing Act 2004, in accordance with Section 247 of the Act. | |
| **The Licence Holder** | |
| Name / company: |  |
| Nominated Email address: |  |
|  | |
| **The Manager** | |
| Name / company: |  |
| Nominated Email address: |  |
|  | |
| **Any Interested Parties as listed in parts 4 – 8 of the application form** | |
| Name / company: |  |
| Nominated Email address: |  |
|  | |
| Name / company: |  |
| Nominated Email address: |  |
|  | |
| Name / company:  Nominated Email address for the service of documents under Part 2 of the Housing Act 2004: | Nominated Email address for the service of documents under Part 2 of the Housing Act 2004: |
| Nominated Email address: |  |
|  | |
| Name / company:  Nominated Email address for the service of documents under Part 2 of the Housing Act 2004: |  |
| Nominated Email address: |  |
|  | |
| **Additional Interested Parties can be added to the notes section at the rear of this application form** | |
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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 Council 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 Part 1 Fee. | | | | |
| **To be completed by ALL parties named in Sections 1-4 of this application** | | | | |
| Full Name: |  | | | |
| Position (if acting on behalf of a company): |  | | | |
| Date: |  | | | |
| 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 a criminal 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. | |  | | |
|  |  |  |
|  | | |
| Full Name: |  | | | |
| Position (if acting on behalf of a company): |  | | | |
| Date: |  | | | |
| 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 a criminal 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. | |  | | |
|  |  |  |
|  | | |
| Full Name: |  | | | |
| Position (if acting on behalf of a company): |  | | | |
| Date: |  | | | |
| 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 a criminal 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. | |  | | |
|  |  |  |
|  | | |
| Full Name: |  | | | |
| Position (if acting on behalf of a company): |  | | | |
| Date: |  | | | |
| 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 a criminal 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. | |  | | |
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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.  You are not obliged by contract or statute to provide the information; however, if you wish to apply for a licence you will need to provide this information.  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](mailto: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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**The HMO Licensing Process**

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| **Submit application**  **Pay Part 1 Fee**  **Verification starts**  **Fit & Proper checks**  **“Valid” application**  **Property assessment**  **Property inspection**  **Final licence issued**  **Draft licence issued**  **Pay Part 2 Fee**  **21 days representations** | 1. After you submit the application and all relevant certificates along with payment of your **Part 1 Fee**, Private Housing Standards will carry out checks to verify the application. This may include land registry searches to ascertain that no interested parties have been omitted from the application. If information is missing, we will contact the applicant for further information. 2. Once everything is received the application will go through the Fit and Proper test which usually takes 14 days. Once complete the application is deemed to be valid and can move on to the assessment stage. 3. Once an application is considered valid, we will assess the property to ensure it is suitable for the number of people you wish to rent it to. For most applications, properties will be assessed following a physical inspection, during which access to all parts of the property will be necessary. A Housing Officer will contact you to arrange a mutually convenient time for the inspection to take place. 4. The inspection will assess the suitability of the property for the intended number of occupants, and licence conditions will be drawn up based on the findings. In some circumstances, issues may be encountered that require action outside of the licensing process. 5. Following the assessment all interested parties will receive a draft copy of the licence. You will also be invoiced for the **Part 2 Fee**. A 21-day consultation period will then commence allowing representations to be made to the issuing of the licence. If no representations are received the licence will come in to force on day 21 and you will receive a copy if the final licence. Please note that you will not receive your licence until the Part 2 Fee has been paid in full. The licence will normally run for 5 years from the date that the property became licensable, however in certain circumstances a reduced term licence will be issued. 6. We aim to issue a new licence within 16 weeks from the date of application. This timeframe may vary depending on the number of applications received in the same period. |

Please submit your application as a Word (.doc) or portable document format (.pdf) file attached by email to [hmo@sheffield.gov.uk](mailto:hmo@sheffield.gov.uk) . Any questions about this application should be directed by email to [hmo@sheffield.gov.uk](mailto:hmo@sheffield.gov.uk) or by telephone to 0114 273 4680.

Note - We are no longer accepting paper applications by post and are in the process of moving to a new online licensing portal system which will allow licence holders and HMO managers to view and manage all their property licences and associated certificates in one online location. We will invite you to register for this service once it becomes available.