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| **Housing Act 2004, Part 2**  **Licensing of Houses in Multiple Occupation (HMOs)**  **Application for renewal of Mandatory HMO Licensing** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use an “X” to indicate answers where appropriate. **All sections should be completed**, any sections which are not relevant should be marked N/A. Please refer to the guidance notes when completing this application. If further guidance is required please contact Private Housing Standards on 0114 2734680  **Please return the completed form to:** [HMO@sheffield.gov.uk](mailto:HMO@sheffield.gov.uk) or via post to:  Private Housing Standards  Moorfoot Building  Sheffield  S1 4PL  **This form is only suitable for HMO licence renewal – if your renewal licence application is late you must fill out the full HMO application and a full fee will be required.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Date of expiry of previous licence** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of occupants** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Address and postcode ofthe property | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 the form can be downloaded from [www.sheffield.gov.uk/HMOlicensing](http://www.sheffield.gov.uk/HMOlicensing) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| logo reduced | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Details of Interested Parties** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | **The Applicant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Telephone Number: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email Address: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the applicant is 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)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Telephone: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email Address: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the Proposed Licence Holder is 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 | | | |  | | | | | |
| **All information above is to be duplicated in section 7** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | **The Proposed Manager of the HMO (if not the Applicant or Licence Holder)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Email Address: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the manager also the person having control of the HMO:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | |  | | | | | | | No | | | |  | | | | | | |
| **All information above is to be duplicated in section 7** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Page 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4 | **Additional Licence Holder or Manager** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nature of interest: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **All information above is to be duplicated in section 7** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | **Person Bound By The Licence Conditions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Reason they are bound: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **All information above is to be duplicated in section 7** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | **Person In Control of the HMO (if not the Licence holder or Manager)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nature of controlling interest: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Page 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **This section must be completed for any person detailed in sections 2-5 above. Some of the information will be duplicated but this information is required by statute. This information is required to be signed and dated.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | **Persons to be informed of the 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 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 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:** | | | | | | | | | | **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 that are required to be informed that I have made this application:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant Signature:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | | | | | | |  | | | | | | | | | | | | |
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| **Sections 8, 9 and 10 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**  **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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 9 | | | | | 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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | **I declare that to the best of my knowledge and belief, all of the information in this application sections 8 and 9 is true** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence Holder** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Manager** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Print name | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Print name | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Signature | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11  Official  use | | | | **Enclosures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The following will need to be provided as part of the application, please indicate if supplied with this application 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 | | | | | | | | | | | | |  | | | | | | | | | | | | N/A | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Emergency lighting certificate** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | |  | | | | | | | | | | | | No | | | | | | | | | | | | | |  | | | | | | | | | | | | N/A | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Grade A (panel) alarm system certificate** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | |  | | | | | | | | | | | | No | | | | | | | | | | | | |  | | | | | | | | | | | | | N/A | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **A copy of the on-line payment receipt is required unless payment has been received over the phone** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | |  | | | | | | | | | | | | No | | | | | | | | | | | | | |  | | | | | | | | | | | | N/A | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Page 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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 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.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant Signature:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | **Details of changes:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Page 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Electronic Licencing Consent Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Sheffield City Council’s Private Housing Standards service is seeking to increase the number of licences it issues electronically. To issue documentation electronically we need the consent of the Licence Holder, the Manager and those with a relevant interest in the property.  By signing and returning this form, you confirm the following:   * That you agree for you/your organisation to receive HMO licences, both draft and final in .pdf format by email, along with associated notices and other documents relating to granting, renewal, variation and revocation of HMO licences under Part 2 of the Housing Act 2004. * That you are authorised by your organisation to give consent for the above documents to be delivered electronically in the format specified above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I / we agree for the documents as specified above to be issued to my e-mail address which is detailed below:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licensable Property Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **The Licence Holder** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nominated Email address for the service of documents under Part 2 of the Housing Act 2004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The Manager** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nominated Email address for the service of documents under Part 2 of the Housing Act 2004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Any Interested Parties as listed in parts 4 – 6 of the application form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nominated Email address for the service of documents under Part 2 of the Housing Act 2004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name / company: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nominated Email address for the service of documents under Part 2 of the Housing Act 2004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Additional Interested Parties can be added to the notes section at the rear of this application form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Page 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Notes:**  247 Licences and other documents in electronic form   1. A local housing authority may, subject to subsection (3), issue a licence to a person under Part 2 or 3 by transmitting the text of the licence to him by electronic means, provided the text – 2. is received by him in legible form, and 3. is capable of being used for subsequent reference 4. A local housing authority may, subject to subsection (3), serve a relevant document on a person by transmitting the text of the document on a person by transmitting the text of the document to him in the way mentioned in subsection (1) 5. The recipient, or the person on whose behalf the recipient receives the document, must have indicated to the local authority the recipient’s willingness to receive documents transmitted in the form and manner used. 6. An indication for the purposes of subsection (3) – 7. must be given to the local housing authority in such manner as they may require; 8. may be a general indication or one that is limited to documents of a particular description; 9. must state the address to be used and must be accompanied by such other information as the local housing authority require for the making of the transmission; and 10. may be modified or withdrawn at any time by a notice given to the local housing authority in such manner as they may require. 11. In this section any reference to serving includes a reference to similar expressions (such as giving or sending) 12. In this section –  * “document” includes anything in writing; and * “relevant document” means any document which a local housing authority are, by virtue of any provisions of Parts 1 to 4 or this Part, under a duty to serve on any person. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Page 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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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. | | |
| **To be completed by ALL parties named in section 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:** | | |
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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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|  | **Space for Additional Information:** | |
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