



**Landlord Licence Application
Form**

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

**Tameside MBC
Housing Standards Team
Tame Street Depot
Tame Street
Stalybridge
SK15 1ST**

Lead Officer Lisa Lindsay
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Who can apply for a licence?

In determining a licence application Tameside MBC has a duty to award the licence to the most appropriate person. This will normally be the owner or a manager employed by the owner. At the very least, the council expects the licence holder to have the power to:

- Let and terminate tenancies;
- Access all parts of the premises to the same extent as the owner; and
- Authorise expenditure up to 25% of the yearly income of the house for
- Emergency repairs.

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

The proposed licence holder must complete:

- PART 1 Licence Holder Details
- PART 4 Property Details (one for every property that requires to be licenced)
- PART 5 Payment of Licence Fee(s)

If the licence holder intends to manage the properties he or she will also need to complete:

- PART 3 Management Arrangements

If the owner employs a manager or agent the manager or agent will need to complete:

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

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

Completing the form

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

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

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

Statutory requirements

You **must** let certain persons know in writing that you have made this application or give them a copy of it. The persons who need to know about it are: -

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

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)
- Whether this is an application for an HMO licence under Part 2 or for a house licence 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

You can provide the relevant information to the persons identified above by completing the Notification form enclosed within the application pack.

Part 1 – Licence Holder Details

PART 1 TO BE COMPLETED BY THE PROPOSED LICENCE HOLDER

1.1 Are you, as the proposed licence holder, the owner of the property for which you are applying for a landlord licence? (please tick):

Yes (go to 1.3)

No (go to 1.2)

1.2 Can you please provide the following information regarding the owner and ask the owner to authorise, by way of signature, that he/she delegates authority as licence holder to yourself:

Title		Owner's full name	
Owner's address			
Postcode		Owner's telephone number	

I _____ (insert owner's name) am the owner of the property or properties listed in Part 4 of this form and wish to delegate the responsibility of being the licence holder for these properties to the proposed licence holder as outlined in 1.3.

And I confirm that this person has my authority to:

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

Signed (Owner) _____

Date _____

1.3 Proposed licence holder details

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

1.4 Proposed licence holder residential status:

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

Yes No

1.5 Organisation type of proposed licence holder (please tick):

Company Private Individual Charity Other

If other, please state.....

1.6 If the proposed licence holder is part of a company, trust or partnership please provide the following information:

Companies House registration number	
--	--

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

Title	Name	Address

Please enter the name and address of the company secretary:

Title		Full name		
Address				
Postcode			Tel number	
Email address			Fax number	

Please confirm by signature, all directors, partners and trustees of the company, please continue on a separate sheet if necessary:

Name _____

Title _____

Signature _____ Date _____

Name _____

Title _____

Signature _____ Date _____

Name _____

Title _____

Signature _____ Date _____

Name _____

Title _____

Signature _____

Date _____

Name _____

Title _____

Signature _____

Date _____

Name _____

Title _____

Signature _____

Date _____

1.7 Connected Persons

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

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

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

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

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

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

Yes

No (go to 1.9)

If yes please list and provide the following details

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

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

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

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

1.9 Fit and Proper determination (Proposed Licence Holder)

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

Have you been convicted of any offence involving:

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

If yes please give details:

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

Have you been found by a tribunal or court to have: Practised unlawful discrimination on the grounds of sex, colour, race, ethnic or national origins or disability in or in connection with the carrying on of any business?

YES

NO

If you have answered yes please give details:

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

Have you any contravention of any enactment relating to housing, public health, environmental health or landlord and tenant law, which led to civil or criminal proceedings resulting in a judgement being made against you?

YES

NO

If you have answered yes please give details:

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

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

If you have answered yes please give details:

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Supporting Information

Training & qualifications:

Please give details of any training or qualifications relevant to your responsibilities as property owner or manager

Name	Date	Qualification/training	Name of training provider or awarding body

Membership of professional bodies or associations:

Please give details of any professional organisations of which you are currently a member and that are relevant to your responsibilities as property owner or manager:

Name of member	Date joined	Professional organisation	Type of membership (if appropriate)

Landlord Accreditation Membership:

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

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

Evidence requirement

You must enclose a Basic Criminal Disclosure Certificate obtained in the last 3 months prior to date of application. An application for a Basic Criminal Disclosure is enclosed within the licence application pack and can also be obtained directly from Disclosure Scotland.

(Your licence application cannot be processed without this document. All information provided will be treated in accordance with the UK Data Protection Act 2018. This includes data exchange and storage of personal, sensitive information. We reserve the right to approach other authorities such as the Police, Fire & Rescue Service, Office of Fair Trading etc. for information relating to this application.)

1.10 PROPOSED LICENCE HOLDER'S DECLARATION

I/we declare that the information contained in this application is correct to the best of my/our knowledge. I/we understand that I/we commit an offence if I/we supply any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or am/are reckless as to whether it is false or misleading.

I/we declare that I/we have served a notice of this application on the following persons known to me/us that are required to be informed that I/we have made this application:

Name	Address	Description of the persons interest in the property or application	Date of Service

Signed _____ **Date**

Signed _____ **Date**

Signed _____ **Date**

Signed _____ **Date**

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

Part 2. Managers Details

PART 2 TO BE COMPLETED BY PROPOSED MANAGER OR AGENT

One copy of this part 2 form can be provided for all licensable properties in the management portfolio, provided the details given remain the same for each property.

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

2.1 Are you, as manager, part of a company, trust or partnership?

Yes (go to 2.2) No (go to 2.4)

2.2 Company Details

Private Company Public Company Partnership Trust

Other.....

Please enter the registered address or principal trading address.

Full name of Company / Trust / Partnership			
Registered or principal trading address			
Post code		Tel Number	
Email address		Fax Number	

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

Companies House registration number	
--	--

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

Title	Name	Address

Please enter the name and address of the company secretary

Title		Full name	
Address			
Postcode		Telephone number	
Email address		Fax number	

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

Name _____

Title _____

Signature _____ Date _____

Name _____

Title _____

Signature _____ Date _____

Name _____

Title _____

Signature _____

Date _____

Name _____

Title _____

Signature _____

Date _____

Please proceed to question 2.5 Connected Persons

2.4 If you, as manager, are a sole trader or individual please provide the following information:

Title		Full name	
Address			
Postcode		Telephone number(s)	
Email address		Fax number	
Date of birth			
National Insurance number			

2.5 Connected Persons

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

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

Title		Full name	
Address			
Postcode		Telephone number(s)	
Email Address			
Date of birth			
N .I. number			

What is this person's involvement in the management of your property?

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

Please use additional sheets and label each sheet 2.5 if more than 3 persons are involved

2.6 Delegated Management Authority

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

- 1. Let and terminate tenancies? **Yes/No**
- 2. Access all parts of the premises to the same extent as the owner? **Yes/No**
- 3. Authorise expenditure up to 25% of the yearly income of the house for emergency repairs? **Yes/No**

2.7 Applications to other local authorities

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

Yes

No

If yes please list and provide the following details

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

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

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

2.8 Fit and Proper determination (Proposed Manager)

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

Have you been convicted of any offence involving:

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

If yes please give details:

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

Have you been found by a tribunal or court to have: Practised unlawful discrimination on the grounds of sex, colour, race, ethnic or national origins or disability in or in connection with the carrying on of any business?

YES NO

If you have answered yes please give details:

Name of offender	
Date of hearing	
Actual charge	

Penalty imposed	
Any information you wish the council to consider by way of mitigating circumstances	

Have you any contravention of any enactment relating to housing, public health, environmental health or landlord and tenant law, which led to civil or criminal proceedings resulting in a judgement being made against you?

YES

NO

If you have answered yes please give details:

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

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

Been subject to an Interim Management Order?		
Been subject to a Final Management Order?		

If you have answered yes please give details:

Supporting Information

Training & qualifications:

Please give details of any training or qualifications relevant to your responsibilities as property owner or manager

Name	Date	Qualification/training	Name of training provider or awarding body

Membership of professional bodies or associations:

Please give details of any professional organisations of which you are currently a member and that are relevant to your responsibilities as property owner or manager:

Name of member	Date joined	Professional organisation	Type of membership (if appropriate)

Landlord Accreditation Membership:

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

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

Evidence requirement

You must enclose a Basic Criminal Disclosure Certificate obtained in the three months prior to the date of application. An application for a Basic Criminal Disclosure is enclosed within the licence application pack and can also be obtained directly from Disclosure Scotland.

If you are part of a company, partnership or trust we require the Basic Criminal Disclosure Certificate from a nominated owner, director or partner from within the company that is providing the management arrangements for the licensable property.

A condition will then be placed within the licence that it is the responsibility of that nominated person to carry out a Basic Criminal Disclosure on all members of the company, trust or partnership who have an active involvement in the management of the licensable property. These Basic Criminal Disclosures must then be provided upon request.

(Your licence application cannot be processed without this document. All information provided will be treated in accordance with the UK Data Protection Act 2018. This includes data exchange and storage of personal, sensitive information. We reserve the right to approach other authorities such as the Police, Fire & Rescue Service, Office of Fair Trading etc. for information relating to this application.)

2.10 Manager's Declaration

I/we declare that the information contained in this application is correct to the best of my/our knowledge. I/we understand that I/we commit an offence if I/we supply any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or am/are reckless as to whether it is false or misleading.

Signed _____ **Date** _____

Signed _____ **Date** _____

Signed _____ **Date** _____

Signed _____ **Date** _____

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

Part 3 Property Management

PART 3 TO BE COMPLETED BY PROPOSED MANAGER OR AGENT

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

3.1 Property Address

Address	
Postcode	

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

3.2 Management standards

Question	Your Answer
What arrangements are in place to ensure the safety of tenants in the event of fire?	
What arrangements are in place to ensure the tenant(s) can contact the licence holder and/or manager in the event of an emergency?	
What arrangements do you have in place to ensure that new tenants provide adequate references as to their character, tenancy history and financial status?	

Has each tenant been provided with a true copy of his or her tenancy agreement?	
What procedures do you have in place for dealing with any complaints, which tenants may have concerning property condition?	
What procedures do you have in place to deal with disputes between tenants?	
What procedures will you adopt if you are satisfied that a particular tenant is guilty of anti social behaviour towards people sharing the same house or people living in the neighbourhood?	
Do you require a bond or deposit from tenants? Are the terms of the tenancy deposit clearly set out in writing?	
Are you a member (or do you intend to become a member) of any scheme, which protects tenants deposits?	
Is the tenant's rent payable weekly, monthly or over some other term? – Please state the term.	
How do you receipt moneys received from your tenants?	
Does the property have buildings insurance? If yes, please state who the provider is.	
Does the property have contents insurance? If yes, please state who the provider is.	
What arrangements do you have in place to review the general condition of the property regularly and to plan for maintenance work?	

What arrangements do you have in place to ensure that any garden, boundary wall or fence belonging to the property is maintained in good and safe repair?	
How are inventories of the furniture and appliances you supply agreed with each tenant? Are tenants given copies?	
Do you provide as part of the lettings in the property any furniture to which the Furniture and Furnishings (Fire Safety) Regulations apply?	
If yes, do the furniture and furnishings provided meet all the relevant fire safety criteria?	

3.3 Supporting Information

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

Evidence requirements

Please attach

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

3.4 Manager's Declaration

Declaration

I/we declare that the information contained in this application is correct to the best of my/our knowledge. I/we understand that I/we commit an offence if I/we supply any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or am/are reckless as to whether it is false or misleading.

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

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

Part 4 Property Information

PART 4 TO BE COMPLETED BY PROPOSED LICENCE HOLDER

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

4.1 Property Address

Address	
Postcode	

Name of Manager of property (as proposed in Part 2 of application)	
---	--

If owner is leaseholder of property please state lease details:

State length of lease	State length of lease remaining

4.2 Floor Plan & HMO Standards

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

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

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

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

Graph paper is provided with this form for the HMO floor plan to be drawn on.

4.3 Lettings

- How many persons live in the house at the date of application?
(include all children / infants)
- State the maximum number of persons the property could house if fully let
- State how many households¹ there are in the house at the date of application
- State the maximum number of households the property could house if fully let
- How many separate tenancy agreements are there?
- Are any tenants who are students in part time or full time education? Yes/No

¹ A household comprises persons who are all members of the same family (i.e. they are married or co-habiting, regardless of their sex or one of them is the parent, grandparent, child, stepchild, foster child (under the Fostering Services Regulations 2002), grandchild, brother, sister, uncle, aunt, nephew, niece or cousin of the other). An employee living in the same household as the employer may be considered part of a single household – refer to the Landlord Licensing Team for further advice

¹ A self contained unit is one which has inside it a kitchen (or cooking area), bathroom and toilet for the exclusive use of the household living in the unit. If the occupiers need to leave the unit to gain access to any one of these amenities that unit is not self contained.

4.4 Property layout

- How many storeys does the property have?
(including habitable basements, attics, mezzanine levels and any storeys used as commercial premises)
- Please state the levels on which the storeys are located (i.e. basement, 1st floor etc)
- How many self contained² and non-self contained dwellings are there in the property?
Self-contained Non-self contained

4.5 Building Age

What is the approximate date of construction of the property?

Before 1919 Between 1919-1945 Between 1945-1964
 Between 1964-1980 After 1980

4.6 Building type

Detached Semi detached Terraced End terraced
 Back to back Grouped design (Courtyard style) Residential Block

4.7 Facilities Matrix

	FLOOR LEVEL							TOTAL
	Basement	Ground	1st	2nd	3rd	4th	5th	
How many rooms on each floor?								
How many rooms providing living accommodation on each floor?								
How many rooms providing sleeping accommodation (bedrooms) on each floor?								
How many bathrooms and shower rooms on each floor?								
How many kitchens on each floor?								
How many sinks on each floor?								
How many toilets with wash hand basins on each floor?								
How many wash hand basins on each floor?								

How many of the following (as outlined in the matrix) are for shared / sole usage:

	Shared	Sole
Bathrooms / shower rooms	<input type="text"/>	<input type="text"/>
Toilets with wash hand basins	<input type="text"/>	<input type="text"/>
Sinks	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>

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

Yes No

If yes please describe the part(s) of the building and their use.

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

Yes No

If yes state the nature of the work and the date it was completed.

4.10 Fire Precautions

Yes No

Does the property have smoke alarms fitted?

If yes, how many smoke alarms are fitted in the property?

Please state the locations of the smoke alarms

Are these wired to the mains electricity supply or Battery operated?

If wired to the mains electricity supply please state whether they are interlinked or individual stand alone detectors

	Yes	No
Are all doors onto the fire escape route half hour fire doors?	<input type="checkbox"/>	<input type="checkbox"/>
Are they sealed against smoke penetration?	<input type="checkbox"/>	<input type="checkbox"/>
Does the fire escape route have emergency lights indicating the fire exits?	<input type="checkbox"/>	<input type="checkbox"/>
Is there emergency lighting on each landing?	<input type="checkbox"/>	<input type="checkbox"/>
Are the escape routes kept clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>
Are all doors opening onto the fire escape route (and including the front and rear doors of the property) able to be opened from inside without the aid of a key?	<input type="checkbox"/>	<input type="checkbox"/>
Are fire extinguishers provided?	<input type="checkbox"/>	<input type="checkbox"/>
Are they in working order and regularly maintained by a competent person?	<input type="checkbox"/>	<input type="checkbox"/>
Are fire blankets provided?	<input type="checkbox"/>	<input type="checkbox"/>
Is the fire detection and warning system inspected by a competent person at regular intervals?	<input type="checkbox"/>	<input type="checkbox"/>

If yes please state how often the fire detection and warning system is inspected:

Please give details of the fire escape routes in the property.

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

--

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

Name of inspector / company			
Address			
Postcode		Telephone number	
E-mail address		Fax number	

4.11 Does the property have a gas supply?

Yes No (go to 4.12)

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

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

Name of inspector / company			
CORGI number			
Address			
Postcode		Telephone number	
E-mail address		Fax number	

Are the gas appliances, fittings and flues provided for the use of the tenants in a safe condition?

Yes No

4.12 Electrical installations

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

Yes No

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

Yes No (go to 4.13)

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

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

Name of inspector / company			
Address			
Postcode		Telephone number	
E-mail address		Fax number	

4.13 Electrical appliances

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

Yes No

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

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

Name of inspector / company			
Address			
Postcode		Telephone number	
E-mail address		Fax number	

4.14 Space Heating

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

Gas central heating Electric central heating Fixed gas fires

Fixed electric fires Solid fuel fires

Are any Portable heating appliances used?

Yes No (go to 4.15)

If yes please state if they are:

Electric fires with radiants Propane gas fires Paraffin

Other.....

4.15 How is water heated in the property?

4.16 Cooking Facilities

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

4.17 Common Parts & Installations

What condition are the following in? (please tick):

	Good repair	Adequate repair	Poor
Handrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stair coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.18 Waste Disposal

How many dustbins are provided at the property?

How do you dispose of larger waste?

4.19 Energy Efficiency

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

Are hot water tanks lagged?

Are water supply pipes lagged?

4.20 Finance

Is there an outstanding mortgage/loan on the property?

Yes No

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

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

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

Evidence requirement

1. Fire safety inspection certificate
2. Electrical installations inspection certificate
3. PAT certificate for appliances
4. Gas safety inspection certificate (original)
5. Floor plan
6. Criminal Record Bureau CRB certificate for all relevant persons.
7. Completed application form.
8. Additional information / documentation must be presented when requested by an Officer from Tameside MBC or the Greater Manchester Fire and Rescue Service.

Declaration

I/we declare that the information contained in this application is correct to the best of my/our knowledge. I/we understand that I/we commit an offence if I/we supply any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or am/are reckless as to whether it is false or misleading.

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

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

Date Application Received:

Officer's initials:

Licence reference number: