**House in Multiple Occupation (HMO)**

**Application Form**

**Housing (Scotland) Act 2006**

**You can use this form to apply for a licence for a House in Multiple Occupation (HMO). Before lodging your application please carefully read through all documents within the ‘HMO Application Pack’, which is available to download at** [**www.fifedirect.org.uk.**](http://www.fifedirect.org.uk/)

**If additional information is supplied on a separate sheet(s), make sure they are securely attached to the application.**

**If you require any further advice regarding the licensing scheme please contact HMO Licensing 01592 583162 or email** [**hmo.licensing@fife.gov.uk.**](mailto:hmo.licensing@fife.gov.uk)

**We recommend using “Recorded/Mailed signed for delivery” to ensure safe delivery, tracking and receipting of your application documentation to Fife Council**

**HMO Address**

Please Note: It is important that the **property address that you seek an HMO Licence** for is exactly the same address that appears on all of the appropriate supporting documents and certificates. In the event that your supporting documents do not have a matching address, your entire application and fee payment may be returned to you

|  |  |
| --- | --- |
| HMO House/Flat Number |  |
| HMO Address (including the name of the property and postcode) |  |

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| --- | --- |
| **Please list all names of owners of the property** |  |
| **Are all owners in agreement with the application?** | **Yes/No** |
| **When the property was purchased on which date did the missives conclude?** |  |

**Please note: It is a criminal offence to operate an HMO without a licence being granted. The maximum penalty is currently £50,000. In addition, Fife Council may impose a suspension of rent order.**

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| Section 1 – Application type  Please indicate the type of application you wish to make by ticking the appropriate box and providing any relevant information in the boxes below |

|  |  |  |  |
| --- | --- | --- | --- |
| First Application | The property has been used as an HMO in the past, however the licence has expired  (Please provide the previous licence no and date of expiry) | Application where there is an existing licence in place.  (Please provide the existing licence number and expiry date) | Are you seeking to vary the existing HMO licence?  (Please provide the existing licence number) |
|  |  |  |  |

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| --- | --- |
| In the event you have an existing licence –  Have you adhered to all the conditions on your current licence? | Yes/No |
| If no please provide details below | |

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| Please indicate the reason for varying an existing licence (if applicable) |
| For example – change of agent or change to the property |
|  |

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| **Please note:** Planning permission is required **for a house with 6 or more occupants or a flat with 3 or more occupants.** | |
| Please answer the following questions: | |
| \*1. Do you require planning permission for the **use** of the property as an HMO? (if no please go to question 4) | Yes/No |
| \*2. Do you have planning permission for change of use or a certificate of lawfulness, to operate the property as an HMO? | Yes/No |
| \*2a. If yes, please provide the reference number. |  |
| 3. Have you submitted an application to the Planning Authority but awaiting a determination? |  |
| 3a. If yes, please provide a reference number |  |
| \*4. Is there a condition attached to any planning permission relating to the property that prevents or limits the **use** of the property as an HMO? | Yes/No |
| 4a. Is there a condition attached to any planning permission relating to the property that restricts the number of occupants you are permitted for an HMO at your property | Yes/No |
| 4b. If the answer to 4 or 4a is **yes**, please provide details. |  |

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| --- | --- |
| 5. **Listed Buildings only**: Have you carried out any internal or external works? (or intending to carry out any such work) | Yes/No |
| 5a. If answer to 5 is **yes,** please provide details including planning reference number |  |
| 6. **Properties within any conservation area only**: Have you carried out any external work. | Yes/No |
| 6a. If answer to 6. is **yes** please provide details of work/alterations/planning reference numbers |  |

**Please note** if the property does not have the correct planning permission for use as an HMO your application may be refused.

\*If you are unsure if the property requires or has planning permission please contact Planning on 03451 551122 or [Development.central@fife.gov.uk](mailto:Development.central@fife.gov.uk) **before submitting the application**.

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| Section 2 – Applicants Details |

Please Note: An application to a local authority for an HMO licence may be made only by an owner of the living accommodation concerned

Please indicate as appropriate

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Private Landlord  If yes please go to page 5 | Company | Partnership | Charity | Trust |
|  |  |  |  |  |

|  |
| --- |
| Companies, Partnerships, Charities & Trusts |
| Full name of company/partnership/charity/trust |  |
| If a limited company/charity please provide your number: |  |
| Registered address |  |
| Is this the main correspondence address | Yes/No |
| Name of person responsible for the application |  |
| Contact phone number |  |
| Contact email address |  |
| Landlord registration number |  |

**For owners/companies/partnerships/charities and trusts**

Please provide details of all applicants, director(s), trustees and/or other persons concerned in the management of the body (if more than 3, please copy the following page and complete as necessary) **Please Note**: The name and address of each of the directors, partners and/or other persons concerned in the management of the body must be provided

|  |  |  |  |
| --- | --- | --- | --- |
| Title | |  | |
| Full name | |  | |
| Any name previously known by: | |  | |
| Sex | Date of Birth | Place of Birth | |
| M/F |  |  | |
| Home address | |  | |
| Is this the main correspondence address | Yes/No | Is this the main contact for access to the property | Yes/No |
| Contact Telephone number | |  | |
| Email address | |  | |
| Job Title: | |  | |
| Landlord Registration number | |  | |
| Will this individual carry out day to day management of the HMO? | | Yes/No | |
| Are you affiliated / or have you been / to any profession body. If yes please provide details | |  | |

**Please note any information provided will be disclosed to Police Scotland, the Scottish Fire and Rescue Service and any other party deemed appropriate by Fife Council in the determination of this application.**

|  |  |  |  |
| --- | --- | --- | --- |
| Title | |  | |
| Full name | |  | |
| Any name previously known by: | |  | |
| Sex | Date of Birth | Place of Birth | |
| M/F |  |  | |
| Home address | |  | |
| Is this the main correspondence address | Yes/No | Is this the main contact for access to the property | Yes/No |
| Contact Telephone number | |  | |
| Email address | |  | |
| Job Title | |  | |
| Landlord Registration number | |  | |
| Will this individual carry out day to day management of the HMO? | | Yes/No | |
| Are you affiliated / or have you been / to any profession body. If yes please provide details | |  | |

**Please note any information provided will be disclosed to Police Scotland, the Scottish Fire and Rescue Service and any other party deemed appropriate by Fife Council in the determination of this application.**

|  |  |  |  |
| --- | --- | --- | --- |
| Title | |  | |
| Full name | |  | |
| Any name previously known by: | |  | |
| Sex | Date of Birth | Place of Birth | |
| M/F |  |  | |
| Home address | |  | |
| Is this the main correspondence address | Yes/No | Is this the main contact for access to the property | Yes/No |
| Contact Telephone number | |  | |
| Email address | |  | |
| Job Title | |  | |
| Landlord Registration number | |  | |
| Will this individual carry out day to day management of the HMO? | | Yes/No | |
| Are you affiliated / or have you been / to any profession body. If yes please provide details | |  | |

**Please note any information provided will be disclosed to Police Scotland, the Scottish Fire and Rescue Service and any other party deemed appropriate by Fife Council in the determination of this application.**

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| --- | --- | --- | --- | --- |
| Section 3 – Agents details | | | | |
| Any person who acts on the owner’s behalf in relation to the letting is defined as an agent. Applicants must declare any agent. A letting agent may be one of the following – commercial letting agency/ property management agency/ estate agency/ solicitor/ charity or a family member (family agent) | | | | |
| Has an agent been appointed for the application process only | | | Yes/No | |
| Does an agent manage this property for you  (If yes please answer the questions below) | | | Yes/No | |
| Name of Person and/or organisation (if applicable) | | |  | |
| Agents Registration number | | |  | |
| Name of individual responsible for day to day management | | |  | |
| Sex | Date of Birth | | Place of Birth | |
| M/F |  | |  | |
| Contact address | | |  | |
| Is this the main correspondence address | | Yes/No | Is this the main contact for access to the property | Yes/No |
| Contact phone number | | |  | |
| Email address | | |  | |
| Will this individual carry out day to day management of the HMO? | | | Yes/No | |
| Is this person affiliated / or have been / to any profession body. If yes please provide details | | |  | |

**Please note any information provided will be disclosed to Police Scotland, the Scottish Fire and Rescue Service and any other party deemed appropriate by Fife Council in the determination of this application**

Please provide details of all agents. If the agent is a body please provide details of all director(s), trustees or other persons concerned in the management of the body (if more than 3, please copy the following page and complete as necessary) **Please Note**: The name and address of each of the directors, partners and/or other persons concerned in the management of the body must be provided

|  |  |  |  |
| --- | --- | --- | --- |
| Title | |  | |
| Full name | |  | |
| Any name previously known by: | |  | |
| Sex | Date of Birth | Place of Birth | |
| M/F |  |  | |
| Home address | |  | |
| Is this the main correspondence address | Yes/No | Is this the main contact for access to the property | Yes/No |
| Contact Telephone number | |  | |
| Email address | |  | |
| Landlord Registration number | |  | |
| Will this individual carry out day to day management of the HMO? | | Yes/No | |
| Is this person affiliated / or have been / to any profession body. If yes please provide details | |  | |

**Please note any information provided will be disclosed to Police Scotland, the Scottish Fire and Rescue Service and any other party deemed appropriate by Fife Council in the determination of this application**

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| Section 4 Day to Day Manager and any other person authorised to act on applicant’s behalf and/or to whom information can be shared by Fife Council (not already included above) |

|  |  |  |  |
| --- | --- | --- | --- |
| Title | |  | |
| Full name | |  | |
| Any name previously known by: | |  | |
| Title/relationship to applicant | |  | |
| Sex | Date of Birth | Place of Birth | |
| M/F |  |  | |
| Home address | |  | |
| Is this the main correspondence address | Yes/No | Is this the main contact for access to the property | Yes/No |
| Contact Telephone number | |  | |
| Email address | |  | |
| Job Title | |  | |
| Landlord Registration number if applicable | |  | |
| Will this individual carry out day to day management of the HMO? | | Yes/No | |
| Is this person affiliated / or have been / to any profession body. If yes please provide details | |  | |

**Please note any information provided will be disclosed to Police Scotland, the Scottish Fire and Rescue Service and any other party deemed appropriate by Fife Council in the determination of this application**

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| Section 5 – Property Details |

|  |  |  |  |
| --- | --- | --- | --- |
| Please specify the type of premises: | | | |
| Landlord with Lodgers |  | Bedsits, Flats or houses let as a whole |  |
| Nursing Home |  | Student hall of residence |  |
| Bed & Breakfast |  | Hostel (LA & Charity) |  |
| Sheltered Accommodation |  | NHS Hospital – Where employees reside |  |
| Supported Accommodation (Fife Council/Housing Association/Charity) |  | Other Employee residences (Please state below) |  |
| Other… | | | |

|  |  |
| --- | --- |
| Is the property a house or a flat |  |
| When approximately was the property constructed? |  |
| Floor(s) that comprise the premises |  |
| Is there any communal space associated with the property? e.g. garden/recreational area, drying green, common close, launderette etc.  If yes please provide details: - | Yes/No |
| How are common repairs and maintenance managed in the building? (e.g. property factor) |  |
| How many tenants are currently living in the property? |  |
| Number of persons for whom licence is applied for |  |
| Total number of bedrooms |  |
| Number of single occupancy rooms |  |
| Number of double or multi occupancy rooms (please give details of multiple occupancy rooms) |  |
| Please give details of all public/shared rooms, cooking and washing/sanitation facilities |  |
| Do you provide meals for the residents  If yes please provide details | Yes/No |
| Is the premises supplied with mains water or from a private supply |  |
| Does your property have any lead pipes and/ or lead tanks in the drinking water supply route | Yes/No |
| Is the roof space insulated (if applicable to your property) | Yes/No |
| What is the EPC banding for the property? |  |
| Was the property built as an HMO or converted to an HMO for seven or more occupants, | Yes/No |
| Do you have the building warrant and the certificate of completion? | Yes/No |
| If yes please provide details, dates and reference numbers of warrants and certificate of completion. If you do not have a building warrant or certificate of completion please contact Building Standards 03451 55 11 22 or [BSS.info@fife.gov.uk](mailto:BSS.info@fife.gov.uk) for further advice. |  |
| Have you carried out any works other than those detailed in the above question that required building warrant approval? (this question applies to all properties irrespective of occupant numbers) | Yes/No |
| If yes please provide details, dates and reference numbers of the warrant and certificate of completion. If you do not have a building warrant or certificate of completion please contact Building Standards 03451 55 11 22 or [BSS.info@fife.gov.uk](mailto:BSS.info@fife.gov.uk) for further advice |  |
| Please provide a 24hr emergency contact number (please note this will appear in future public registers and the HMO Licence) |  |

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| Section 6 – Fit and proper test, convictions, tribunal or court |

In determining a licence under the Housing (Scotland) Act 2006, part 5, Fife Council is required to determine if the applicant and any person involved with the management of the property or properties are “Fit & Proper Persons”. Section 85 of the Antisocial Behaviour etc. (Scotland) Act 2004 (as amended by the Private Rented Housing Scotland Act 2011) specifies material that the local authority shall consider, when deciding whether an applicant or applicants agent is a fit and proper person.

|  |  |
| --- | --- |
| Convictions –  Subject to the Rehabilitation of Offenders Act 1974  Have you, Director, Trustee or any person, who will be involved in the management of the property ever been convicted or charged with any offence or issued with a fixed penalty notice involving:  **Fraud or dishonesty, violence, drug misuse, discrimination, firearms or weapons, sexual offences, serious driving offence, contravention of housing law whether they are current or spent convictions** | Yes/No |

If Yes, Please give details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of offender | Conviction/charge | Date of hearing | Court where case heard | Penalty imposed |
|  |  |  |  |  |
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| --- | --- |
| Tribunal or court including any professional body hearing –  Have you, Director or Trustee or any person who will be involved in the management of the property been found to have: **Practised unlawful discrimination on the grounds of sex, colour, race or national origins or disability in connection with carrying out of any business**? | Yes/No |

If yes please give details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of offender | Conviction/charge/allegation | Date of hearing | Court where case heard | Outcome |
|  |  |  |  |  |
|  |  |  |  |  |
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| --- | --- |
| Cases Pending –  Do you, Directors, Trustees or any person who will be involved in the management of the property have any criminal charges, civil allegations Tribunal or court matters (including any professional body) hearings pending | Yes/No |
| If yes please provide details: | |

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| Section 7 – HMO Licence History |

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| --- | --- |
| Have you or any person involved in the management of the property ever been refused a licence for an HMO anywhere in the UK? | Yes/No |
| If yes, please give details | |

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| Have you or any person involved in the management of the property ever had an HMO Licence revoked anywhere in the UK? | Yes/No |
| If yes, please give details | |

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| Section 8 – Gas Supply Declaration |

Applicants with a property that, either has no mains gas supply or will not be connected to the mains gas supply, nor request connection by any utility company, during the life of this Licence, are required to make this property declaration. Please tick the appropriate box below. This declaration is required to appropriately excuse applicants from having to provide a Gas Safety Certificate.

a) I/we hereby declare that this property **does not** have a mains gas supply or any gas boiler or gas appliances, nor will any utility company be contracted by the landlord/agent/tenants or any day-to-day manager to supply the property with mains gas during the life of this HMO Licence.

b) I/we hereby declare that this property has a mains gas supply, however, the property has no gas boiler or appliances, nor will any utility company be contracted by the landlord/agent/tenants or any day to day manager to supply the property with main’s gas during the life of this HMO Licence.

I /we will notify HMO Licensing with immediate effect, should I/we decide to connect the mains gas supply, and will undertake a gas safety check (copy to be issued to HMO Licensing) of any gas boiler and gas appliances in this circumstance. Any gas safety checks will be completed by a Gas Safe registered engineer.

Delete as appropriate Applicant/on behalf of the applicant

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Section 9 – UK Residency |

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| Has Any person named in the application ever resided outside of the UK? | Yes/No |

If yes please provide as much accurate information as you can in the space provided below relating to the countries you have lived

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| --- | --- | --- | --- |
| Name | Full address | Date to | Date from |
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**TENANCY MANAGEMENT PACK**

TENANCY MANAGEMENT STANDARDS FOR SHARED ACCOMMODATION

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| --- |
| I/We\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Herby undertake to abide by all of the foregoing Tenancy Management Standards during the currency of the Lease and to maintain and update as appropriate in the Tenancy Management Pack and various pro forma therein contained. I understand maintenance of these standards is a condition of any HMO Licence granted and any failure will be a breach of the Licence conditions. |

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| --- |
| Signature of applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If applicant is unable to sign, please specify the reason: |
| Name of person or organisation signing on behalf of the landlord:  (Agent, Solicitor, Family Agent)  Name of person/organisation  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**TENANCY MANAGEMENT PACK**

TENANCY MANAGEMENT STANDARDS FOR SHARED ACCOMMODATION

**Appendix A:**

**PROPERTY TENANCY MANAGEMENT DECLARATION**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| APPLICANT NAME: | | | | | | | | | |
| HMO PROPERTY :  POSTCODE: | | | | HMO LICENCE NUMBER (If Known) | | | | | |
| LANDLORD REGISTRATION NO. (If known) | | | | | |
| **1** | **Does an agent manage this property for you?** | | | **Yes** |  | | **No** |  |  |
| If you have answered ‘**YES**’ to question **1**, please complete section **A - only** if your agent is employed to manage the tenancy management regarding the property you seek a licence for. | | | | | | | | | |
| If you have answered ‘**No**’ to question **1**, please complete section **B** to confirm which owner(s) will manage the tenancy management regarding the property you seek a licence for. | | | | | | | | | |
| Name of property agent | | |  | | | | | | |
| Agent contact details | | | **Phone Number** | | | **Email address** | | | |
| **SECTION**  **A** | | I/We declared that the above agent has been employed to manage the Tenancy Management of the HMO property that I/We seek an HMO Licence for. | | | | | | | |
| Applicant Name(s)  Applicant Signature(s) | | | | | | | |
| Name of Owner(s) | | |  | | | | | | |
| **SECTION**  **B** | | I/We declare that the above owner(s) will manage the Tenancy Management of the HMO property that I/We seek an HMO Licence for. | | | | | | | |
| Applicant Name(s)  Applicant Signature(s) | | | | | | | |

**TENANCY MANAGEMENT PACK**

**TENANT PROPERTY INFORMATION**

**Appendix B:**

**HMO PROPERTY CONTRACTS/INSURANCE**

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| --- | --- | --- |
| **There is a maintenance contract or insurance policy in place for the following circumstances. Please use the contact numbers listed and quote the contract/policy number.** | | |
| **What is**  **Covered?** | **Phone**  **Number** | **Contract**  **Policy No.** |
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| **Tenants should notify the Licensee, Day to Day Manager or Agent with regard to any contact with any maintenance contractor detailed above.** | | |

**TENANCY MANAGEMENT PACK**

**TENANT PROPERTY INFORMATION**

**Appendix C:**

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| In the event of any changes to the emergency contacts list the licence holder / agent must amend the list with immediate effect informing HMO Licensing and the current tenants of any alterations. |

**USEFUL PHONE NUMBERS**

|  |  |
| --- | --- |
| **EMERGENCY** | **Number** |
| **POLICE** | **999** |
| **FIRE** | **999** |
| **AMBULANCE** | **999** |
| **GAS (National Grid)** | **0800 111 999** |
| **ELECTRIC** | **105** |
| **WATER** | **0800 0778 778** |
| **NON EMERGENCY** | **Number** |
| Police Scotland **non-emergency** number | 101 |
| **NHS 24** | 111 |
| HMO Licensing (**Housing & Neighbourhood Services**) | 01592 583162 |
| HMO Technical Team  Protective Services | 03451 551122 |
| Safer Communities Team | 01592 583642 |
| Waste Management - | 03451 55 00 22 |
| Special uplifts -  Monday to Friday 8.00am to 8.00pm | 03451 55 00 22 |
| Landlord Registration  (**Housing & Neighbourhood Services**) | 01592 583397 |
| **TENANT EMERGENCY**  **LANDLORD / AGENT CONTACT** | **Number** |
| **MAIN** CONTACT NAME |  |
| DAYTIME PHONE NO |  |
| EVENING PHONE NO |  |
| **24 HOURS No** |  |
| **SECOND** CONTACT NAME |  |
| DAYTIME PHONE NO |  |
| EVENING PHONE NO |  |
| **24 HOURS** PHONE NO |  |
| **LANDLORD** PHONE NO |  |
| Agent/Day to day Manager PHONE NO |  |
| **24 HOURS** PHONE NO |  |
|  |  |

**TENANCY MANAGEMENT PACK**

**TENANT PROPERTY INFORMATION**

**Appendix D:**

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| --- | --- | --- |
| **GENERAL PROPERTY INFORMATION** | | |
| To find out who the electrical or gas supplier is for the property see below:  Foryour electrical supplier, simply call the **Meter Point Administration Service** line on **0330 10 10 444** (SP Energy Networks)**.**    Foryour gas supplier, simply call the **Meter Number Helpline** on **0870 608 1524.** | | |
| **The number of tenants this Property is Licensed for :** |  |  |
|  | | |
| **GENERAL INFORMATION** | **Utility** | **Location** |
| \*Location of **stopcock** | **Water** |  |
| \*Location of **stopcock** | **Gas** |  |
| \*Location of **fuse board** | **Electric** |  |
| **Current supplier** | **Company** | **Company Phone number** |
| **Electric** |  |  |
| **Gas** |  |  |
| **Oil** |  |  |
| **Other /** |  |  |

**\* In an emergency, tenants must contact the relevant utility company / supplier for advice and assistance e.g. Scottish Gas Network for gas emergencies.**

**FIRE SAFETY**

**Where a token or key meter is fitted, this must be kept in credit at all times to ensure the correct operation of the fire detection system.**

The property is liable to be inspected at any time by Officers from the Scottish Fire and Rescue Service. Should they find there is no credit in the meter the property will be served with a closure notice and you will not be able to enter the property until this is lifted. It is the landlord's responsibility to ensure this is being complied with during their inspection visits.

Liquid Petroleum Gas (LPG) is not permitted in the premises under any circumstances.

|  |  |  |
| --- | --- | --- |
| Application Checklist | | |
| Document Required |  | Attached |
| Title Deeds |  |  |
| Application Form |  |  |
| Annual Gas Safety Certificate and maintenance records | Expiry Date: |  |
| **If applicable:** Certification of the correct installation of any oil and solid fuel heating equipment by a competent person; annual certification that installed solid fuel and oil-fired appliances have been examined by a competent person, that they are functioning properly and safely that ventilation is adequate and evidence of maintenance /servicing of solid fuel appliances and oil appliances by a competent person. Certification of annual inspection, maintenance and sweeping of flues/chimneys stating that the system is functioning properly and safely | Expiry Date: |  |
| Certification that any central heating system including radiators, pipework, thermostats or other controls are being maintained and operating as designed. |  |  |
| Electrical Installation Condition Report | Expiry Date: |  |
| Visual check of electrical installation annually and at change of occupancy or use |  |  |
| Annual Portable Appliance Test | Expiry Date: |  |
| Certificate of design, installation and commissioning of Fire Detection and Fire Alarm systems |  |  |
| Emergency Lighting Completion Certificate. |  |  |
| Six monthly/annual service of fire warning and automatic detection systems. Halls of residence and larger HMOs (3 Storey or more) 6 monthly, all others annually. | Expiry Date: |  |
| Annual discharge test of the emergency lighting |  |  |
| Annual checks, inspection and test of suppression system (where fitted) |  |  |
| Annual certificate of service for portable fire extinguishers | Expiry Date: |  |
| Fire Risk Assessment (to have been carried out/reviewed within the last 12 months) |  |  |
| Annual Property Insurance | Expiry Date: |  |
| Annual Owners Public liability Insurance minimum cover of £5million | Expiry Date: |  |
| Energy Performance Certificate |  |  |
| A copy of the proposed/current Tenancy Agreement |  |  |
| If property is on a private water supply: An up to date certificate of the results of chemical and microbiological analysis of the wholesomeness of the private water supply from an accredited testing laboratory. |  |  |
| If property has lead pipes and/or lead tanks in the drinking water supply route: An up to date certificate of the results of chemical analysis for lead levels in the drinking water supply from an accredited testing laboratory |  |  |
| Legionella risk assessment including any control measures put in place that should be maintained |  |  |

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| First time applications only unless there have been internal property changes since the previous application or we have incomplete / illegible plans from a previous application. NOTE: Photocopies of plans are not acceptable  A set of measurable plans to an accurate scale of 1:50 or 1:100.  Plans shall be provided on either A4 or A3 paper indicating the following:   * The plans should be to a metric scale and have a scale bar on each drawing * Floor plans of each level including the layout of all rooms together with the location of sanitary ware, cooking facilities, power outlets, lighting points, and switches and storey height of each floor, measured from ground level. * All documents must be legible, accurate and measurable * The number of tenants occupying each bedroom   Room areas to be shown |  |  |

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| Application Fees |

The table below shows the fees for a licence. Please ensure the correct fee is enclosed when submitting your application.

|  |  |  |
| --- | --- | --- |
| **No. of Occupants** | **Fee** | **10% discount** |
| 3-5 | £1,480 | £1,332 |
| 6-10 | £1,730 | £1,557 |
| 11-20 | £2,080 | N/A |
| 21-50 | £2,330 | N/A |
| 51-100 | £2,580 | N/A |
| 101-200 | £3,220 | N/A |
| 201-300 | £4,440 | N/A |
| 301-400 | £5,680 | N/A |
| 401-500 | £6,320 | N/A |
| 500+ | £7,540 | N/A |

A 10% discount on the licence fee may be available for institutional, charitable or public sector where you have multiple HMOs with capacity for 3-10 persons of a similar design, due to economies of scale. If you wish to apply for a discount please email [hmo.licensing@fife.gov.uk](mailto:hmo.licensing@fife.gov.uk) or write to HMO Licensing, Housing Services, 3rd Floor, Rothesay House, Rothesay Place, Glenrothes, KY7 5PQ **before submitting your application**. Once agreed please complete the section below.

* Institutional
* Charitable
* Public Sector
* Other

Date agreed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Please note:** The granting of a discount is at the discretion of Fife Council.

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| Declaration |

I/We declare

* \*I/we enclose £…........…. in payment of the appropriate fee and hereby make application to Fife Council for the licence applied for:
* I/we understand that there is an overprovision policy in place in St Andrews and confirm that I/we are submitting this application at our own discretion
* that \* I/we shall, for a period of 21 days commencing with the date as advised by Fife Council, display the public notice (schedule 2) at or near the premises so that it can be conveniently read by the public, unless I/we are not required to do so as the application is in respect of premises to be used as a women’s refuge.
* that the particulars given on this form are correct to the best of \*my/our knowledge and belief.
* that \* I /we have read the HMO Licensing application pack and application guidance.
* \*I/we state that the property complies with the licensing conditions and requirements outlined in the Guidance Notes and Physical Standards issued by Fife Council.
* \*I/we further certify that I/we have complied with the continuing requirement to test and maintain the fire detection, alarm systems, emergency lighting, firefighting equipment, gas and electrical installations together with portable appliances. Furthermore, Tenancy Agreements will be maintained as will be required. \*I/we will ensure that Property and Owners liability insurances will be in place for the duration of the licence applied for and thereafter during periods when the licence is renewed.
* \*I/we hereby undertake to ensure that these premises will continue to comply with the Building Standards appropriate to those premises for the duration of the licence applied for and thereafter during periods when the licence is renewed
* \*I/we understand that I/we commit an offence if I/we supply any information to Fife Council in connection with this application that is false or misleading and which \*I/we know is false, misleading or reckless.
* \*I/we understand that it is a criminal offence to operate an HMO without a licence
* \*I/we confirm there have been no internal property changes since the previous application

Signature of applicant or signature of Organisation, Agent, Solicitor, Family member signing on behalf of the applicant

Signature ...............................................................................

Name (Block Capitals)…………………………………………………………………..

Designation (Applicant, Agent, Solicitor or Family member etc)……………………………………………………..

Date………………………………………

If the owner is not signing this statement, please give details of who is signing and why?

|  |
| --- |
| Reason for signing on owners behalf |
|  |

\*delete as appropriate

**False declarations**

Anyone who gives false information on this form, or fails to give information required by this form, is committing an offence which could lead to prosecution.

**Privacy Notice**

This Privacy Notice explains how we use the information that we collect about you.

The Private Sector Team collect, process and hold your personal information to deliver HMO Licensing effectively and to meet strategic and statutory responsibilities.

The Private Sector Team has a duty to provide these services under the:

* Housing (Scotland) Act of 2006
* Private Rented Housing (Scotland) Act 2011
* Anti-Social Behaviour etc (Scotland) Act 2004

The Private Sector Team uses personal information provided by you to assist with assessing your application.

We collect and process personal data for the purposes of:

* Considering applications for Houses in Multiple Occupation (HMO) Licenses
* Registering private sector landlords and enforcing the Private Landlord Registration scheme
* Customer engagement and customer and community participation activity including events, consultations, surveys and publications

The personal information we process includes names, addresses, contact details including email addresses and telephone numbers and dates of birth. Other categories may include, address history, gender, age and criminal convictions,

At times we will share your information with other council services e.g. Planning and Building Standards and Public Safety. We may also share with external partners and organisations e.g. Scottish Government, Police Scotland, Scottish Fire and Rescue Service and other local authorities.

We will at times access information about you from other sources these include; other local authorities, Police Scotland and the Scottish Fire and Rescue Service.

We also obtain information about you from publicly accessible sources these include the Registers of Scotland.

On occasion we will gather information about third parties relevant to you, these include household details and power of attorney.

### Further information on how your information is used and why can be found at <http://www.fifedirect.org.uk/privacy/housing>

The Council's Data Protection Officer can be contacted at:[**dataprotection@fife.gov.uk**](mailto:dataprotection@fife.gov.uk).

**Good practice information**

For information about the rules on private renting, and the rights and responsibilities for both landlordsand tenants, please access the following websites:

**Scottish Government**

www.scotland.gov.uk/Topics/Built-Environment/Housing/privaterent and or

**Renting Scotland**

www.rentingscotland.org.

Fife Council’s landlord registration team can be contacted on 01592 583397 or email landlords.registration@fife.gov.uk . Additional information regarding Private Landlord Registration and HMO Licensing is available at www.fifedirect.org.uk.

If in doubt about legal requirements you should consult a solicitor or professional letting agent.