



<i>For Official Use Only</i>	
Date Received:	
Application No.	
Date to Officers	
Last date for consideration:	

**HOUSING ACT 2004, PART 2 SECTION 55
LICENSING OF HOUSES IN MULTIPLE OCCUPATION (HMO) – APPLICATION**

Use this form if you want to apply for a Licence for a House in Multiple Occupation (HMO).

Please return the completed form to:

Private Sector Housing
Guildford Borough Council
Millmead House
Millmead
Guildford
Surrey GU2 4BB

If you are uncertain how to answer any of the questions or have any queries about the process or HMO's in general we would encourage you to seek advice and guidance by contacting the Private Sector Housing team on 01483 444319 or 01483 444843
e:mail privatesectorhousing@guildford.gov.uk

Please tick the appropriate box

- Application for Licence
- Application for a variation of existing Licence or Registration
- Renewal of Licence or Registration

If you have more than one property in multiple occupation you will need to fill in a separate application for each property. You will only need to complete part 2 on one form

IMPORTANT

Please answer all questions unless directed. Please read the notes, (set out at the end of the form), before answering the questions to which they relate.

IT IS A CRIMINAL OFFENCE TO MAKE A FALSE STATEMENT IN AN APPLICATION FOR AN HMO LICENCE OR FAIL TO COMPLY WITH ANY CONDITION OF THE LICENCE.

- Part 1 - Licence – holder details. Part
- 2 - "Fit and proper person" test.
- Part 3 - Information about your interest in the property.
- Part 4 - Property information
- Part 5 - Heating and Insulation
- Part 6 - Arrangements for fire safety.
- Part 7 - Arrangements for gas and electrical safety.
- Part 8 - Information about tenants/occupiers

Please attach all relevant certificates of installation, inspection or maintenance. The declaration at the end of the application must be signed and dated before submitting. Please call customer services on 01483 505050 to provide the appropriate fee (see notes).

Part 1: Licence-holder details (Please use the additional information sheet where necessary)

1.1 To be completed if applicant is an individual (and then move on to 1.3)

Name _____	Date of Birth _____
Address _____ _____ _____	Home Telephone Number _____ Work/Mobile Number _____ e:mail _____
Postcode _____	

1.2 If the applicant is a company, partnership, or trust, please indicate which and complete the following:

Company/partnership/trust information: including Registered address or principal trading address where appropriate (see note 1.2)

tel: _____ e-mail: _____

Names & Addresses of all Directors/Partners/Trustees (*please use separate sheet if necessary*)

Please confirm by signature of all partners/trustees an address for service:

Address _____

Signed _____ Name _____
(Director/Partner/Trustee)

Signed _____ Name _____
(Director/Partner/Trustee)

Part 1: Licence- holder details continued

1.3

Are you the Proposed licence holder?

Yes No

* If no, please provide the following details for the proposed licence holder:

Name _____ Date of Birth _____
Address _____ Telephone number _____
_____ Mobile/work number _____
Postcode _____ e-mail _____

1.4

Will the proposed licence holder be responsible for managing the HMO?

Yes No

* If no, please provide the following details for the person managing the HMO.

Name _____ Date of Birth _____
Address _____ Telephone number _____
_____ Mobile/work number _____
Postcode _____ e-mail _____

1.5

Please give the following details for any person who has agreed to be bound by a condition contained in the licence

Name _____ Date of Birth _____
Address _____ Telephone number _____
_____ Mobile/work number _____
Postcode _____ e-mail _____

Part 2: “Fit and Proper Person Test” – to be completed by ALL Persons involved in the management of the HMO

We may require your co-operation in obtaining Criminal Records Bureau information in confirmation of the above. We may also approach other authorities such as the police authority, Fire & Rescue Service, Office of Fair Trading, etc. for information and confirmation. Signing of this application will be taken as your agreement to any such action.

Please use additional information sheet where necessary

2.1	<p>Fit and proper person</p> <p>The local authority “must have regard (among other things) to” evidence which shows that a person or any person associated or formerly associated whether personally or on a work basis with the property provided it is relevant to whether the person is fit and proper, has</p> <p>(a) Committed an offence involving</p> <ul style="list-style-type: none"> • fraud • dishonesty • violence • drugs • Sexual Offences Act Schedule 3 <p>(b) Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in connection with a business</p> <p>(c) Contravened any provision of housing or landlord & tenant law. In particular, within the last 5 years been in control of any property:</p> <ul style="list-style-type: none"> • subject to a control order • subject to proceedings by a local authority under any Housing legislation see note 2.1 • where the local authority has had to carry out works in default see note 2.2 • subject to a management order under the Housing Act 2004. • Subject to charges of illegal eviction and/or harassment. <p>(d) Acted in contravention of any Approved Code of Practice (ACoP).</p> <p>Have you been convicted of any of the above offences? (Spent convictions are not, in this context, taken into account) Refer to note 2.3 If Yes please provide details.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.2	<p>Do any of the above apply to anyone involved in the management of the property? If yes, please indicate which.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.3	<p>Have you been convicted of any offence or subject to any other proceedings brought by a local authority or other Regulatory Body (for example breaches of the Environmental Protection Act, planning control or compulsory purchase proceedings or fire safety requirements)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.4	<p>Are you on the lists for any academic or other organisation/institution? If yes please state which organisation.</p> <p>.....</p>
2.5	<p>Please list any training courses you have undertaken or conferences attended in the last 3 years, which you feel make you a better landlord.</p> <p>.....</p>
2.6	<p>Are you a member of any landlords association or other professional body? If yes please indicate which and provide a membership number.</p>

Part 2 (Continued)

“Fit and Proper Person Test” - to be completed by ALL Persons involved in Management of HMO

If you answer yes to any of the following questions in this section, please give details including dates below. Continue on a separate sheet where necessary.

Please Note: The Council will carry out the necessary legal checks on all applicants

2.7	<p>Have you been subject to a management order under the Housing Act 2004 or been refused a licence or breached conditions of a licence?</p> <p>If “yes” please provide details and dates (use the additional information sheet where necessary) Yes <input type="checkbox"/> No <input type="checkbox"/></p>								
2.8	<p>Please confirm whether you provide the following in relation to tenancy management (refer to note 2.8)</p> <p>(a) A written tenancy agreement with details of terms of tenancy including sanctions for anti-social behaviour. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(b) An inventory of furniture and fittings and the conditions at the start date of the tenancy. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(c) A rent book or receipts for rent deposits and rent payment. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(d) Procedures on how to report repairs and maintenance matters. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(e) Policy/procedures for dealing with complaints. Yes <input type="checkbox"/> No <input type="checkbox"/></p>								
2.9	<p>Please provide details of other HMO’s or houses for which you or the proposed licence holder have made an application for a licence under part 2 or 3 of the Act</p> <p style="text-align: right;">Continue on a separate sheet if necessary</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 5px;">Property Address</th> <th style="width: 50%; padding: 5px;">Local Authority</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </tbody> </table>	Property Address	Local Authority						
Property Address	Local Authority								
2.10	<p>Declaration</p> <p>I/We declare that the above information is true to the best of my/our knowledge. I/We understand that it is an offence to supply any information to the Council which I/We know is false or misleading. I/We understand and agree to the Council undertaking checks to verify the above information through the Criminal Records Bureau and other authorities such as the Police, etc.</p> <p>Name _____ Signed _____ Position _____ Date _____</p> <p>Name _____ Signed _____ Position _____ Date _____</p>								

Part 3: Information about your interest in the property Please answer each question in turn unless otherwise directed. (Please use the additional information sheet where necessary)

3.1 Full address of the property which the licence application applies to:

.....

 Postcode

3.2 Please specify the type of HMO or house the application is being made (refer to note 3.2)

House in single occupation House in multiple occupation

Flat in single occupation Flat in multiple occupation

A house converted into and comprising only of self contained flats State date converted _____

A purpose built block of flats Other (please specify) _____

3.3 Are you the owner? Refer to note 3.3

Yes No

If No are you an agent acting on behalf of an owner

Yes No
 If yes go to Part 4

3.3 Do you jointly/singly own the Freehold, Lease/Tenancy of the property with at least 5 years still to run? If 'No', go to 4.1.

Yes No

If Yes, please indicate which interest you own:

Freehold Lease/Tenancy with at least 5 years still to run

3.4 If you own the interest jointly with other people, please give the names and addresses of all your co-owners:

Name:.....
 Address:.....

 Postcode:.....

Name:.....
 Address:.....

 Postcode:.....

Part 4: Property Information (Please answer each question unless otherwise directed. (Please use the additional information sheet where necessary))

4.1	<p>Is the property occupied by the owner or freeholder (including their family)? Refer to note 4.1</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Total number of owner(s) family normally resident Total <i>(Enter total number in box)</i> </p>
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Property details
(Please use the additional information sheet where necessary)

4.2	<p>Please tick all the floors the premises has:</p> <p>Basement <input type="checkbox"/> Ground Floor <input type="checkbox"/> First Floor <input type="checkbox"/> Second Floor <input type="checkbox"/></p> <p>Third Floor <input type="checkbox"/> Fourth Floor <input type="checkbox"/> Fifth Floor <input type="checkbox"/> Sixth Floor and above <input type="checkbox"/></p>
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4.3	<p>Type of Property</p> <p>Detached House <input type="checkbox"/> Semi-detached <input type="checkbox"/> Terraced <input type="checkbox"/> End of Terrace <input type="checkbox"/> Converted Flat <input type="checkbox"/></p>
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4.4	<p>Approximate date of construction:</p> <p>Pre-1919 <input type="checkbox"/> 1919-1945 <input type="checkbox"/> 1945- 1964 <input type="checkbox"/> 1965 - 1980 <input type="checkbox"/> Post 1980 <input type="checkbox"/></p>
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4.5	<p>Does the property have any self contained flats? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes please state the number <input style="width: 30px;" type="text"/></p>
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Amenities	Total
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4.6	How many separate letting units does the property have?	<input style="width: 30px; height: 20px;" type="text"/>
4.7	How many habitable rooms are available? (Excludes kitchens & bathrooms)	<input style="width: 30px; height: 20px;" type="text"/>
4.8	How many shared kitchens or cooking facilities are in the property? How many cooking facilities are for the exclusive use of each occupant? (refer to note 4.8)	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
4.9	How many shared sinks are in the property? How many sinks are for the exclusive use of each occupant? (refer to note 4.8)	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
4.10	How many shared baths/shower rooms are in the property? How many baths/shower rooms are for the excusive use of each occupant? (refer to note 4.8)	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
4.11	How many shared WC's are in the property? How many of these are contained in a bathroom? How many WC's are for the exclusive use of each occupant? (refer to note 4.8)	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
4.12	How many wash hand basins are in the property	<input style="width: 30px; height: 20px;" type="text"/>

Part 5: Heating and Insulation

5.1 What type of heating does the property have?

Gas central heating

Wall mounted gas heaters

Electric storage heating

Individual wall mounted electric heaters

5.2 Is the loft insulated? Yes No Don't know

If yes please state date of installation

5.3 If the walls are cavity are they insulated? Yes No Don't know

5.4 Does the property have double glazed windows? Yes No Don't know

Part 6: Fire safety Please use additional information sheet if necessary

6.1 Does the property have an automatic fire detection system? Yes No

If yes, please provide details on the type of system:

Number of detectors/smoke alarms

Location of detectors/smoke alarms

Date installed:

Date of check by competent contractor:

(Please submit test certification with application please refer to notes 6 and 6.1)

6.2 Has the house been fitted with an emergency lighting system? Refer to note 6.2 Yes No

If yes, please provide the following details:

Date installed:

Date of check by competent contractor:

6.3 Do doors to all rooms and stairwells have: Refer to note 6.3

Self-closers? Yes No Not Sure

30 minutes fire resistance? Yes No Not Sure

PART 6 Fire Safety

Continued (Please use additional sheet if necessary)

6.4	Is the stairwell and escape route protected in the event of a fire? Refer to note 6.4 Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.5	Do you have the following fire safety equipment? (a) Fire Blankets Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many location (b) Fire extinguishers Yes <input type="checkbox"/> No <input type="checkbox"/> If yes how many?.....type.....size..... Location.....	
6.6	Are there any notices displayed in the property instructing the occupants what to do in the event of a fire? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes how many?..... and location
6.7	Has a fire risk assessment been carried out? Date of risk assessment:	Yes <input type="checkbox"/> No <input type="checkbox"/> Please submit copy of fire risk assessment report with application if available
6.8	Do you provide upholstered furniture? (Refer to note 6.8) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, does it all comply with the Furnishings (Fire Safety) Amendment Regulations 1993? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<h3>Part 7: Gas and Electrical equipment</h3>		
7.1	Do all gas appliances and installations at the property have an annual gas safety certificate? Refer to note 7.1 Yes <input type="checkbox"/> No <input type="checkbox"/> (A copy of annual safety certificates must be provided with your application.)	
7.2	Has the electrical installation been inspected in the last 5 years? Refer to note 7.2 <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give date and provide a copy of the certificate:	
7.3	Do you provide any electrical appliances in the property? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes are the appliances safe for use and in good working order? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Part 8: Information about occupants (Please use the additional information sheet where necessary)

8.1	<p>How many people currently live in the property? (Enter total number in box)</p> <p>(a) Adults <input style="width: 50px; height: 20px; margin-left: 10px;" type="text"/> (b) Children aged 11-17 <input style="width: 50px; height: 20px; margin-left: 10px;" type="text"/> (c) Children under 10 <input style="width: 50px; height: 20px; margin-left: 10px;" type="text"/></p>
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8.2	<p>How many Individuals? (Enter total number in box) <input style="width: 50px; height: 25px; float: right;" type="text"/></p> <p>How many households? Refer to note 8.2 <input style="width: 50px; height: 25px; float: right;" type="text"/></p>
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Tenant Information
 Please write the rooms making up each separate letting and list the number of occupiers in each of those rooms. Indicate any vacant rooms.
 Details to be supplied on the additional information sheet where necessary.

8.3	Location of room (e.g. basement rear, first floor middle, second floor front, etc.)	Number occupiers

DECLARATION - TO BE SIGNED BY ALL APPLICANTS

WARNING: IF YOU KNOWINGLY MAKE A FALSE STATEMENT OR FAIL TO COMPLY WITH ANY CONDITION OF THE LICENCE YOU MAY BE LIABLE TO PROSECUTION

An officer may visit the property to check the details provided in relation to the application. Where a visit needs to be made we will contact you to arrange a suitable time.

Note: Your application will NOT be valid until 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 supply any information to a local 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.

Signature:Date:

Print Full Name:

Position (if acting on behalf of a company):

Signature:Date:

Print Full Name:

Position (if acting on behalf of a company):

Signature:Date:

Print Full Name:

Position (if acting on behalf of a company):

Enclosures:

You must submit these documents with your application in any event. We may require you to submit, or you may wish to submit, other documents (for example, copies of planning permissions, building regulations approvals, tenancy/licence agreements, certified accounts (or summaries) in support of your application. The questions and notes draw your attention to points on which supporting documentation may be required or helpful. If you are in any doubt, we will be pleased to guide you.

Enclosures (Please read guidance notes)		Tick items
A	Annual maintenance record for automatic fire detection system.	<input type="checkbox"/>
B	Annual Gas Safety certificate.	<input type="checkbox"/>
C	Electrical Installation Inspection certificate.	<input type="checkbox"/>
D	Fire Risk Assessment Report (if available).	<input type="checkbox"/>
E	Plan of the floor layout (showing the room sizes)	<input type="checkbox"/>
F	Confirm you have called customer services to make payment over the phone by ticking this box.	<input type="checkbox"/>

NOTIFICATION OF APPLICATION TO INTERESTED PARTIES

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 about it are -:

- ◆ Any mortgagee of the property to be licensed
- ◆ Any owner of the property to which the application relates (if that is not you) i.e. 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 will be bound by any 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

DECLARATION OF NOTIFICATION

I/ we declare that I/we have served a notice of this application on the following persons who are the only persons known to me/us that are required to be informed that I/we have made this application: (continue on separate sheet if necessary)

Name	Address	Description of the person's interest in the property or the application	Date of service

To be signed by all applicants

Print Full Name. Signature:.....Date:

Print Full Name. Signature:.....Date:

Print Full Name.....Signature:.....Date:

ADDITIONAL INFORMATION

Please use this sheet to provide us with any additional information.

The information you provide on this form will be used by Guildford Borough Council for licensing purposes. We may share your information and make any other necessary enquiries regarding your application with other departments and statutory organisations in relation to the application. Your personal information will be processed in line with Data Protection legislation and we will not disclose information about you to anyone outside the Council unless the law permits or requires us to.

We will retain your data for as long as it is required for our administrative use, after which it will be securely disposed of.

If you believe the data we process on you is incorrect you may request to see this information and, if necessary have it corrected or deleted. If you wish to raise a complaint you can contact our Data Protection Officer at the address below. If you believe we are not processing your data lawfully you can complain to the Information Commissioner's Office (<https://ico.org.uk>). Further details are available on our website - <https://www.guildford.gov.uk/dataprotection>, or from the Information Rights Officer, Guildford Borough Council, Millmead House, Millmead, Guildford, GU2 4BB (email: foi@guildford.gov.uk).

GUIDANCE NOTES

Before lodging an application for a licence for a House in Multiple Occupation (HMO), please ensure that you have read the following guidance notes. If you require any further advice regarding the Licensing Scheme or the relevant standards, please contact the Private Sector Housing team on 01483 444319 or 01483 444843

In these notes, "the Act" means the Housing Act 2004, unless otherwise stated, all references to sections etc are to sections in the Act. Part 2 of the Act introduces a mandatory scheme to licence HMOs of a description contained in regulations. It is intended initially to apply to larger higher risk HMOs of 3 or more storeys occupied by 5 or more people who constitute more than one household.

Meaning of "HMO"

"HMO" means a house in multiple occupation as defined by sections 254 to 259, Housing Act 2004 and it applies to a wide range of housing types and includes:

- *A building or a part of a building, which consists of one or more units of living accommodation not consisting of a self-contained flat or flats;*
- *The living accommodation is occupied by persons who do not form a single household;*
- *Where two or more of the households who occupy the living accommodation share one or more basic amenities or the living accommodation is lacking in one or more basic amenities;*
- *Buildings converted into self-contained flats if more than one third of the flats are tenanted and the conversion does not comply with Building Regulations 1991 or subsequent Building Regulations.*

Part 1. Licence – holder details

1.2 *If the applicant is a company or similar body, give the official (registered) address.*

Part 2. Licence holder – "Fit and Proper Person Test"

2.1 *A notice under section 189 of the Housing Act 1985 is a repair notice for premises which are unfit for human habitation. A notice under section 190 of the 1985 Act is a repair notice for premises which, although fit for human habitation, require substantial repair. Part 1 of the Housing Act 2004 replaces the existing housing fitness standard contained in section 604 of the housing Act 1985 with the Housing Health and Safety Rating System a new system of assessing housing conditions and enforcing standard.*

2.2 *"Works in default" - provisions of housing legislation which enables enforcement action in respect of a repair or improvement notice to be taken by local housing authorities either with or without agreement and which provides for the recovery of related expenses.*

2.3 *If you do have any convictions you are required to declare, these should not be sent with the application form but should be sent under separate confidential cover. Unspent convictions may be convictions for which the rehabilitation period has not been completed, or convictions, which are excluded from the Act (i.e. never spent). Not all convictions would be relevant to a person's prospective role as an operator of an HMO, for example motoring offences would not be relevant but a conviction for fraud or theft could be since the operator would be in a position of trust. If you are unsure about any matter, please contact us.*

2.8 *Tenancy management refers to the owner's responsibilities in respect of the legal rights of his or her tenants and with due regard for the welfare of the tenants and the interests of neighbours.*

- (a) *As part of a landlord's tenancy management duties he or she must ensure that tenants comply with their lease and conduct themselves in a way that does not interfere with the rights of neighbouring residents to enjoy peaceful occupation of their homes*

Part 3. Information about the interest in the property

- 3.2 *A flat is a dwelling, which is a separate set of premises, whether or not on the same floor, divided horizontally from some other part of the building.*
- 3.3 *"Owner" means person having a heritable interest in the house has, or proposes to acquire, an owner's interest in the dwelling or building, which is capable of being recorded in the Land Registry*

Part 4. Property Information

- 4.1 *A person is a member of the same family as another person if, those persons are married to each other or live together as husband and wife (or in an equivalent relationship in the case of persons of the same sex); one of them is a relative of the other; relative" means parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew, niece or cousin.*
- 4.8 *For the "exclusive use of each occupant" refers to the facilities available within an individual letting for the sole use of that occupant.*

Part 6. Arrangements for fire safety

Every HMO must have adequate fire precautions including provisions for

- a) Detection and giving warning in case of fire;*
- b) Escape from the building;*
- c) Fighting fire.*

- 6.1 *If your house has been fitted with a mains interlinked smoke alarm system, single point smoke detectors or battery operated smoke detectors, the system should be checked and serviced at least once every year. Either a specialist contractor or NICEIC/ECA electrician should carry out the check..*
- 6.2 *If your house has been fitted with an emergency lighting system, the system should be checked and serviced at least once every year.*
- 6.3 *Fire doors provide a vital part of a properties protected escape route in the event of fire. Doors should be fully self-closing and all latches should connect without resistance. Each door should close squarely and lie flush against the rebates of the frame. Smoke seals must be undamaged and form a good seal between the edges of the door and the frame*
- 6.4 *Half hour fire resisting materials enclosing meters, pipes etc. in the common exit route should be undamaged
Walls, ceilings and partitions should be undamaged and capable of providing the appropriate fire resistance.*
- 6.8 *All upholstered furniture provided with rented accommodation must comply with the Furniture and Furnishings (Fire Safety) (Amendment) Regulations 1993. This means that all materials must have passed cigarette and match ignition tests and the filling materials must have passed flammability test.. If your furniture complies it should have a label attached permanently with the lining giving details as appropriate*

Part 7. Arrangements for gas and electrical safety

- 7.1 *Under the Gas Safety (Installation and Use) Regulations 1998 the landlord must have an annual gas safety check on all gas appliances by a CORGI registered gas installer.*
- 7.2 *A regular and appropriate inspection of the electrical wiring installation is recommended to ensure to that the health and safety of your tenants is not compromised.*

Part 8. Information about tenants/occupants

8.2 *Persons are regarded as forming a single household if:*

- a) *they are all members of the same family;*
- b) *a person (A) carries out work or performs a service of an exclusively domestic nature for another person (B) (or his family) living in the same property and person A does not pay rent or other consideration in respect of his living accommodation; any member of person A's family is regarded as forming a single household with person A, person B and person B's family. The types of work or service are as follows:*
 - i) *au pair*
 - ii) *nanny*
 - iii) *nurse*
 - iv) *carer*
 - v) *governess*
 - vi) *servant including maid, butler, cook or cleaner*
 - vii) *chauffeur*
 - viii) *gardener*
 - ix) *secretary*
 - x) *personal assistant;*
- c) *a person receiving care and his carer occupying living accommodation in the same building provided that the carer is an adult placement carer approved under the Adult Placement Schemes (England) Regulations 2004 and the carer provides care in that living accommodation for not more than 3 service users under the terms of a scheme permitted by those regulations;*
- d) *a person and his foster parent occupying living accommodation in the same building provided that the person is placed with the foster parent under the provisions of the Fostering Services Regulations 2002.*