

	Further details		
3.10	Date of birth		
3.11	Place of birth		

	PROPOSED LICENCE HOLDER – BUSINESSES AND ORGANISATIONS		
4.1	Legal status of the proposed licence holder: <input type="checkbox"/> Individual or sole trader <input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Charity or trust <input type="checkbox"/> Other		
4.2	Provide details		
	Company, Partnership, Charity or Trust		
4.3	Business/organisation name		If registered, use the registered name
4.4	Registration number		If applicable
	Business or Organisation Address		
4.5	Address		Provide the registered office address or other official address
	Contact details		
4.6	Email address		Email address should be provided if possible
4.7	Main telephone number		
4.8	Other telephone number		
	Provide details about all COMPANY DIRECTORS and the SECRETARY (if the proposed licence holder is a company), all PARTNERS (if it is a partnership), and all TRUSTEES (if it is a charity or trust). Check for local guidance notes and conditions which may clarify exact requirements.		
	Provide the following details about each one		
4.9	Position		e.g. director, partner, trustee
	Name		
4.10	First name(s)		
4.11	Family name		
4.12	Former name(s)		If currently or previously known by any other name(s), you must record them here.
	Address		

4.13	Address		
	Contact details		
4.14	Email address		
4.15	Main telephone number		
4.16	Other telephone number		
	Further details		
4.17	Date of birth		
4.18	Place of birth		

	Provide the following details about each one		
4.19	Position		
	Name		
4.20	First name(s)		
4.21	Family name		
4.22	Former name(s)		
	Address		
4.23	Address		
	Contact details		
4.24	Email address		
4.25	Main telephone number		
4.26	Other telephone number		
	Further details		
4.27	Date of birth		
4.28	Place of birth		

	Provide the following details about each one		
4.29	Position		e.g. director, partner, trustee
	Name		
4.30	First name(s)		
4.31	Family name		

4.32	Former name(s)		
	Address		
4.33	Address		
	Contact details		
4.34	Email address		
4.35	Main telephone number		
4.36	Other telephone number		
	Further details		
4.37	Date of birth		
4.38	Place of birth		

	Section 5 of 20		
	OWNERSHIP AND CONTROL OF THE PROPERTY (HMO OR HOUSE) TO BE LICENSED		
5.1	Is the proposed licence holder the owner of the property? Yes / No	If yes, go to 5.5 If no, go to 5.2	
5.2	Does the proposed licence holder have control of the property? Yes / No	i.e. is legally entitled to receive the rental income from the property	
5.3	Does the proposed licence holder have the powers necessary to manage the property? Including: - Let to and evict tenants - Access all parts of the premises - Authorise any necessary expenditure Yes / No		
5.4	Explain why you think the proposed licence holder should be the licence holder (e.g. the owner is ill or living abroad, or the proposed licence holder has a long lease on the property), including evidence that they have the necessary powers		
5.5	Does anybody else have a legal interest in the property (e.g. as freeholder, leaseholder, mortgage provider)? Yes / No	If no to both 5.5 and 5.6, go to 6.1	
5.6	Has anybody else agreed to be bound by the conditions of the licence, if it is granted? Yes / No	Details of the manager are requested in Section 6 If no to both 5.5 and 5.6, go to 6.1	
	Provide details about the owner(s) of the property, anybody else who has a legal interest in the property and/or anybody who has agreed to be bound by the conditions of the licence (if it is granted)		
	Provide the following details about each one		

5.7	Interest in the property			
	Name			
5.8	First name(s)			
5.9	Family name			
5.10	Organisation (if applicable)			
	Address			
5.11	Address			
	Contact details			
5.12	Email address			
5.13	Main telephone number			
5.14	Other telephone number			
	Further details			
5.15	Date of birth			
5.16	Place of birth			

	Provide the following details about each one			
5.17	Interest in the property			
	Name			
5.18	First name(s)			
5.19	Family name			
5.20	Organisation (if applicable)			
	Address			
5.21	Address		If an organisation, give the registered office or other official address	
	Contact details			
5.22	Email address		Email address should be provided if possible	
5.23	Main telephone number			
5.24	Other telephone number			
	Further details			
5.25	Date of birth		Not required for organisations	
5.26	Place of birth		Not required for organisations	

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	Provide the following details about each one			
5.27	Interest in the property			
	Name			
5.28	First name(s)			
5.29	Family name			
5.30	Organisation (if applicable)			
	Address			
5.31	Address			
	Contact details			
5.32	Email address			
5.33	Main telephone number			
5.34	Other telephone number			
	Further details			
5.35	Date of birth			
5.36	Place of birth			
	You may be required to submit proof of address with this application.			

	Section 6 of 20			
	PROPOSED MANAGER OF THE PROPERTY (HMO OR HOUSE)			
6.1	Will the proposed licence holder be the manager of the property (HMO or house)? Yes / No		If yes, go to 7.1	
	Provide details about the manager			
6.2	First name(s)			
6.3	Family name			
6.4	Organisation (if applicable)			
	Address			
6.5	Address			
	Contact details			
6.6	Email address		Email address should be provided if possible	

6.7	Main telephone number		
6.8	Other telephone number		
	Further details		
6.9	Date of birth		
6.10	Place of birth		

	DETAILS OF THE PROPERTY (HMO OR HOUSE) TO BE LICENSED		
7.1	Type of property (HMO or house) <input type="checkbox"/> House in single occupation <input type="checkbox"/> House in multiple occupation <input type="checkbox"/> House converted into and comprising only self contained flats <input type="checkbox"/> Flat in single occupation <input type="checkbox"/> Flat in multiple occupation <input type="checkbox"/> A purpose built block of flats <input type="checkbox"/> Other		
7.2	Provide details		
7.3	How many storeys does the HMO or house have?		
7.4	Which levels are these storeys located on?		
7.5	How many storeys does the whole building have?		
7.6	What type of building is it? <input type="checkbox"/> Detached house <input type="checkbox"/> Semi-detached house <input type="checkbox"/> Terraced house <input type="checkbox"/> End-terrace house <input type="checkbox"/> Back-to-back house <input type="checkbox"/> Residential block <input type="checkbox"/> Mixed use block <input type="checkbox"/> Grouped structure <input type="checkbox"/> Other		
7.7	Provide details		

7.8	Are any parts of the building used for non-residential purposes? Yes / No		
7.9	Describe which part(s) and how they are used		
7.10	When was the building originally built? <input type="checkbox"/> Before 1919 <input type="checkbox"/> 1919 – 1945 <input type="checkbox"/> 1946 – 1964 <input type="checkbox"/> 1965 - 1980 <input type="checkbox"/> After 1980		
7.11	Was the property (HMO or house) to be licensed: <input type="checkbox"/> Purpose built with its present design <input type="checkbox"/> Converted from a previous residential dwelling <input type="checkbox"/> Converted from a non-residential structure		
7.12	Approx date of conversion		
7.13	Do you have documents which give evidence of planning permission and/or building regulation approval of the conversion? Yes / No		
You may be required to submit these documents with your application			

Section 8 of 20			
OCCUPATION OF THE PROPERTY (HMO OR HOUSE) TO BE LICENSED			
	Give the number of households and occupants in the property	At the time of application	Proposed maximum
8.1	Separate households		A household consists of family members or a cohabiting couple. A group of 4 friends counts as 4 separate households
8.2	Total occupants		Include any children, and the landlord and family, if applicable
Details about the occupants at time of application			
8.3	Adults		Check any local guidance for details required e.g. number, ages, gender and relationships to other occupants
8.4	Children		
Resident landlord			
8.5	Is there a resident landlord?	Yes / No	If no, go to 8.8
8.6	People in landlord's household		

8.7	Which parts of the property does the landlord's household occupy?			
Catering arrangements				
8.8	Catering arrangements for occupants of the property		e.g. B&B, full board, self-catering	

Section 9 of 20				
ACCOMMODATION DETAILS				
9.1	Number of separate letting units in the property			Rooms or units let on separate tenancy contracts or to separate households
Of these, the number which are:				
9.2	Self contained letting units (flats or bedsits)			Occupants have exclusive use of kitchen, bath/shower and toilet facilities
9.3	Non-self-contained units (flats or bedsits)			Occupants share use of kitchen, bath/shower and/or toilet facilities
9.4	Units with dormitories			Occupants share use of facilities including sleeping space
	Number of rooms and facilities in the property	Total in property	Use exclusive to one letting unit	Use shared between letting units
9.5	Bedrooms			Exclude bedsits
9.6	Bedsits			i.e. combined living/bedrooms
9.7	Living/dining rooms			Exclude kitchen-dining rooms and bedsits
9.8	Kitchens			Include kitchen-dining rooms
9.9	Sinks			Exclude wash hand basins
9.10	Shower/bathrooms			
9.11	Toilets in shower/bathrooms			
9.12	Separate toilets with wash hand basins			Exclude external toilets
9.13	Separate toilets without wash hand basins			Exclude external toilets
9.14	Wash hand basins			Include all wash hand basins

9.15	Do all baths, showers, sinks and wash hand basins supply cold and constant hot water? Yes / No		
9.16	Are all kitchens equipped with the following: - a sink with draining board - a means of cooking food - electrical sockets - worktops for food preparation - storage cupboards - refrigerator and freezer (or freezer compartment) - refuse storage facilities Yes / No		

HEATING AND ENERGY EFFICIENCY			
10.1	What type of heating does the property have? (Tick all that apply) <input type="checkbox"/> Gas central heating <input type="checkbox"/> Electrical central heating / night storage heaters <input type="checkbox"/> Fixed gas heaters/fires <input type="checkbox"/> Fixed electrical heaters/fires <input type="checkbox"/> Solid fuel fires <input type="checkbox"/> Other		
10.2	Provide details		
10.3	Do all the rooms in the property have a source of heating (e.g. radiator or fire)? Yes / No		
10.4	Provide details		
10.5	Do all bathrooms and kitchens have a means of natural or mechanical ventilation? Yes / No		
10.6	Provide details		
Energy efficiency			
10.7	Are windows double glazed?	All / Some / None	

10.8	Is the roof space insulated?	All / Some / None / n/a		
10.9	Provide details			
10.10	Are cavity walls insulated?	All / Some / None / n/a		
10.11	Are hot water tanks lagged?	All / Some / None / n/a		
10.12	Is there an Energy Performance Certificate for the property?	Yes / No		
You may be required to submit an Energy Performance Certificate with this application				

GAS AND ELECTRICITY				
Gas installation and appliances				
11.1	Does the property have a gas supply? Yes / No			
Provide the following details about the last inspection of the gas installation and appliances. The inspection should have been completed within the last 12 months by a Gas Safe Registered Engineer. You may be required to submit the Gas Safe Certificate with this application				
11.2	Name of inspector/company			
11.3	Engineer registration number			
11.4	Date of last inspection			
11.5	Certificate number			
Electrical installation and fixed appliances				
11.6	Have the electrical installation and fixed electrical appliances been tested by a competent electrician within the last 5 years? Yes / No		If yes, omit 11.10 If no, go to 11.10	
Provide the following details about the last inspection of the electrical installation and fixed appliances. You may be required to submit the Periodic Inspection Report and certificate with this application				
11.7	Name of inspector/company			
11.8	Date of last inspection			
11.9	Certificate number			
11.10	What steps are being taken to arrange an inspection?			
Portable electrical appliances				
11.11	Are any portable electrical appliances provided for use by the occupants (e.g. kettle, refrigerator, vacuum cleaner)? Yes / No		If no, go to 12.1	
11.12	Are any of these appliances more than 12 months old? Yes / No		If no, go to 12.1	

	Provide the following details about the last inspection of the portable electrical appliances. The inspection should have been completed within the last 12 months by a competent person. You may be required to submit a current Portable Appliance Test (PAT) Certificate, covering all the appliances, with this application. PAT Test not required by Torfaen Council but please provide if you have one		
11.13	Name of inspector/company		
11.14	Date of last inspection		
11.15	Certificate number		

	FIRE PRECAUTIONS		
	Fire risk assessment		
12.1	Has a fire safety risk assessment been undertaken? Yes / No		
	You may be required to submit a copy of the fire risk assessment with this application		
	Smoke and heat alarms		
12.2	Are smoke and/or heat alarms (or detectors) provided in the property? Yes / No		
12.3	Type of alarms or detectors <input type="checkbox"/> Battery operated <input type="checkbox"/> Mains electricity – standalone <input type="checkbox"/> Mains electricity – interlinked <input type="checkbox"/> Mains electricity – panel controlled		
12.4	How many?		
12.5	Give the location of each smoke alarm e.g. ground floor hall, first floor kitchen		
	Other fire equipment and precautions		
12.6	Is the following equipment provided in the property? <input type="checkbox"/> Fire extinguishers <input type="checkbox"/> Fire blankets in each kitchen <input type="checkbox"/> Emergency lighting in common areas <input type="checkbox"/> Fire doors <input type="checkbox"/> None of the above		
12.7	Do all the fire doors have the following? <input type="checkbox"/> Self closing devices <input type="checkbox"/> Intumescent strips <input type="checkbox"/> Cold smoke seals <input type="checkbox"/> None of the above		
12.8	Provide details of the fire escape routes from the property and how you ensure they are kept clear		

12.9	Provide details of any fire safety information or training provided to the occupiers of the property		
12.10	Do all furniture and soft furnishings provided at the property comply with The Furniture and Furnishings (Fire) (Safety) Regulations 1988 (as amended)? Yes / No / Don't know / None provided		
	Maintenance and inspections		
12.11	Is the fire precautions equipment serviced and inspected by a competent person at regular intervals? Yes / No		
	Provide the following details about inspections. You may be required to submit inspection certificates with this application		
12.12	Type of equipment		
12.13	Name of inspector/company		
12.14	Date of last inspection		
12.15	Certificate number		

	Section 13 of 20		
	MANAGEMENT OF THE PROPERTY (HMO OR HOUSE) TO BE LICENSED		
	Written statement of terms of occupancy (tenancy agreement)		
13.1	Are occupants given a tenancy agreement (or other written statement of terms of occupancy)? Yes / No	If no, go to 14.4	
	You may be required to submit a copy of this document with your application (If required, Torfaen Council will request this individually)		
13.2	Does the written statement of terms include any clauses relating to antisocial behaviour? Yes / No		
13.3	Does the written statement of terms include guidelines on procedures for tenants to report necessary repairs and make complaints about the property? Yes / No		
	Deposit		
13.4	Is a deposit required at the start of a new tenancy? Yes / No	If no, go to 14.8	
13.5	Are the terms of the tenancy deposit clearly set out in writing? Yes / No		
13.6	Is the proposed licence holder or manager a member of any government authorised scheme that protects tenants' deposits? Yes / No		
13.7	Scheme provider and landlord reference number		

	Rent and receipts	
13.8	Are tenants given a rent book? Yes / No	
13.9	Are tenants given receipts for rent payments? Yes / No	
	Outline any procedures/arrangements you have to:	
13.10	Vet prospective tenants (e.g. use of a vetting service or accreditation scheme, take up references, etc)	
13.11	Ensure the property is clean, safe and fit to live in, before each new tenancy	
13.12	Agree an inventory with each tenant, detailing the furniture and appliances supplied, including the condition of individual items	
13.13	Review the general condition of the property (internal, external, garden etc) sufficiently regularly to ensure it is maintained in good and safe repair	
13.14	Deal with repairs and complaints which have been reported within a reasonable time period	
13.15	Cover the cost of major emergency repair work or improvements to the property	
13.16	Receive and respond to complaints of antisocial behaviour involving or affecting the tenants and/or their children or visitors. (Local guidance notes may detail appropriate steps for tackling antisocial behaviour)	

	Section 14 of 20	
	FIT AND PROPER PERSON TEST	
	Has the proposed licence holder, the manager and/or any person associated with either of them:	
14.1	Committed any offence involving fraud or other dishonesty (including benefit fraud), violence, drugs, or any offence listed in Schedule 3 to the Sexual Offences Act 2003 (subject to the Rehabilitation of Offenders Act 1974)? Yes / No	
14.2	Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with, any business? Yes / No	
14.3	Contravened any legislation relating to housing, public health, environmental health or landlord and tenant law? Yes / No	
14.4	Been refused a licence under Part 2 or 3 of the Housing Act 2004? Yes / No	

14.5	Had a licence revoked for breach of any conditions under Parts 2 or 3 of the Housing Act 2004? Yes / No		
14.6	Contravened any Code of Practice relating to the management of HMOs? Yes / No		
14.7	Been subject to a Control Order under the Housing Act 1985 (in the past 5 years)? Yes / No		
14.8	Been subject to a Management Order under the Housing Act 2004? Yes / No		
14.9	Failed to comply with a Housing Notice (requiring works etc.) served by a local authority? Yes / No		
14.10	Been subject to complaints from tenants or other sources, regarding serious or repeated breaches of the conditions of a licence under the Housing Act 2004? Yes / No		
14.11	Been declared bankrupt? Yes / No		
	Provide the Name of the Person Involved and Full Details		
14.12	Name of person		
14.13	Role or association		
14.14	Date of event		
14.15	Type of event		
14.16	Court (if applicable)		
14.17	Local authority area		
14.18	Provide full details (including the address of the property concerned, if applicable)		

	Provide the Name of the Person Involved and Full Details		
14.19	Name of person		
14.20	Role or association		
14.21	Date of event		
14.22	Type of event		
14.23	Court (if applicable)		
14.24	Local authority area		

14.25	Provide full details (including the address of the property concerned, if applicable)	
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	ACCREDITATION AND QUALIFICATIONS		
15.1	Is the proposed licence holder and/or the manager a member of a landlord or property accreditation scheme? Yes / No		
	Provide details		
15.2	Name of person involved		
15.3	Organisation/scheme		
15.4	Membership number		
15.5	Is the proposed licence holder and/or the manager a member of a landlords' association? Yes / No		
	Provide details		
15.6	Name of person involved		
15.7	Organisation/scheme		
15.8	Membership number		
15.9	Is the proposed licence holder and/or the manager a member of a professional body relevant to the ownership and management of residential property? Yes / No		
	Provide full details		
15.10	Name of person involved		
15.11	Organisation/scheme		
15.12	Membership number		
15.13	Have the proposed licence holder and/or the manager any relevant qualifications or undertaken any training courses relevant to the ownership and management of residential property? Yes / No		
	Provide full details		
15.14	Name of person involved		
15.15	Provider/awarding body		
15.16	Course/qualification		
15.17	Date of course/awarded		

	OTHER PROPERTIES LICENSABLE UNDER THE HOUSING ACT 2004		
16.1	Does the proposed licence holder and/or manager own or manage other properties which require a licence under the Housing Act 2004? Yes / No		
	Total number of properties		
16.2	Number in this authority area		
16.3	Number in other areas		
16.4	Have details about these properties been provided in a previous licence application? Yes / No		
16.5	Reference number		
16.6	Do you need to provide details about any additional properties? Yes / No		
	Provide details about each property		
16.7	Address		
	Licence details		
16.8	Local authority area		
16.9	Reference number(s)		
16.10	Type of licence		
16.11	Date granted		
	Provide details about each property		
16.12	Address		
	Licence details		
16.13	Local authority area		
16.14	Reference number(s)		
16.15	Type of licence		
16.16	Date granted		
	Provide details about each property		
16.17	Address		
	Licence details		
16.18	Local authority area		

16.19	Reference number(s)		
16.20	Type of licence		
16.21	Date granted		
PROVIDE FURTHER DETAIL ON ADDITIONAL SHEET IF REQUIRED			

Section 17 of 20			
NOTIFYING PEOPLE ABOUT THE LICENCE APPLICATION			
<p>You must let certain people know in writing that you have made this application or give them a copy of it.</p> <p>The people who need to know about it are:</p> <ul style="list-style-type: none"> • Any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessors who are known to you • Any mortgage provider for the property to be licensed • Any other person who is a tenant or long leaseholder of the property or any part of it (including any flat) who is known to you other than a statutory tenant or other tenant whose lease or tenancy is for less than three years (including a periodic tenancy) • The proposed licence holder (if that is not you) • The proposed managing agent (if any) (if that is not you) • Any person who has agreed that he will be bound by any conditions in a licence if it is granted 			
17.1	Does anybody (other than you) own the property (e.g. as freeholder, head lessor, joint owner)? Yes / No		
17.2	Is there a mortgage on the property? Yes / No		
17.3	Does the property have any tenant or leaseholder with more than three years remaining on the tenancy or lease? Yes / No		
17.4	Is the proposed licence holder somebody other than you? Yes / No		
17.5	Is the proposed manager somebody other than you?		
17.6	Has anybody else agreed to be bound by the conditions of the licence, if it is granted? Yes / No		

	<p>You must tell each of these people (or organisations):</p> <ul style="list-style-type: none"> • Your name, address, telephone number and email address or fax number (if any) • The name, address, telephone number and email 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 		
	Provide details of notifying these people about the licence application		
17.7	Name of person notified		
17.8	Address		
17.9	Interest in the property or application		
17.10	Date notified		

	Provide details of notifying these people about the licence application		
17.11	Name of person notified		
17.12	Address		
17.13	Interest in the property or application		
17.14	Date notified		
	Provide details of notifying these people about the licence application		
17.15	Name of person notified		
17.16	Address		
17.17	Interest in the property or application		
17.18	Date notified		

	Provide details of notifying these people about the licence application			
17.19	Name of person notified			
17.20	Address			
17.21	Interest in the property or application			
17.22	Date notified			
	Provide details of notifying these people about the licence application			
17.23	Name of person notified			
17.24	Address			
17.25	Interest in the property or application			
17.26	Date notified			

	Section 18 of 20			
	ADDITIONAL DETAILS			
18.1	Please provide any additional information which is required or relevant to your application (check for local guidance notes and conditions which may provide details of specific requirements in your area)			

	DECLARATIONS	
19.1	DECLARATION	
	<p>I declare that the information contained in this application is correct to the best of my/our knowledge. I understand that I commit an offence if I 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 know is false or misleading or am/are are reckless as to whether it is false or misleading.</p> <p>I declare that I have served a notice of the application on the people listed in Section 17 above and that these are the only people known to me/us that are required to be informed that I have made this application.</p> <p>I declare that any gas appliances, electrical appliances and furniture provided for the use of tenants in the property are in good safe working order and comply with all relevant safety legislation.</p> <p>I declare that the smoke and heat detectors/alarms installed in the house as described in this form and/or shown on the attached floor plan, are in good safe working order and comply with all the relevant safety information.</p> <p>I declare that adequate financial resources are available to maintain the property ensuring the health and safety of the tenants and fulfil all other statutory obligations.</p> <p>I understand that the Council may need to carry out investigations to assess whether I am a “fit and proper” person for the purposes of Part 2 of the Housing Act 2004. I hereby authorise the Council to make such enquiries and share information as it sees fit. Such enquiries may include Criminal Records Bureau checks, liaison with the Police, Fire Service and other Local Authorities.</p>	
	Applicant	
19.2	Full name	
19.3	Capacity	
19.4	Date	
	Signature	
	Proposed Licence Holder	
19.5	Full name	
19.6	Capacity	
19.7	Date	
	Signature	
	Proposed Manager	
19.8	Full name	
19.9	Capacity	
19.20	Date	
	Signature	

Section 20 of 20

Ethnic Monitoring

We are continuously trying to update and improve the nature and quality of services to meet the changing needs of our customers, and to ensure that it can be accessed equally by all residents and communities in Torfaen.

Please would you help us by taking a few moments to complete the following information.

Any information you give us will be used in the strictest confidence and solely for compiling statistics.

Please if you would prefer not to answer the following questions

Are you? Male Female

Do you consider yourself to be Welsh? Yes No

a) White

British
European
Irish

Any additional White background (please specify)

b) Black

British
African
Caribbean

Any additional Black background (please specify)

c) Asian

British
Pakistani
Indian
Bangladeshi

Any additional Asian background (please specify)

d) Mixed Race

White & Black Caribbean
White & Black African
White & Asian

Any additional mixed race background (please specify)

e) Chinese or Other Far Eastern

British

Chinese

Vietnamese

Japanese

Korean

Any additional Chinese or Far Eastern background (please specify)

Any additional ethnic background not already listed?