

IMPORTANT

Application for HMO Licence

Notes Relating to Misrepresentation and Data Protection

Misrepresentation

An application for an **HMO** licence is a serious matter and should be regarded in the same manner as applications for other licences such as those required for the sale of alcohol, provision of entertainment or to operate a hackney carriage.

Please note that it is a criminal offence to knowingly supply information which is false or misleading for the purpose of obtaining an HMO Licence. Evidence to support any statements or information made in the HMO Licence application may be required at a later date. If the Council subsequently discovers something which is relevant and which you should have disclosed or which is incorrectly or imprecisely stated or described, the licence may be cancelled or other action taken. This may affect other HMO licences with which you have any connection

Data Protection

All of the information provided in the application forms will be handled in accordance with the provisions of the Data Protection Act 1998

To fulfil the Council's obligations under Part 2 of the Housing Act 2004, the Council requires you to provide the information asked for in this form for the following purposes:

- 1) To identify the persons involved in the management of the **HMO** and to facilitate legal proceedings in the event of any offence connected with the licensing of the **HMO**
- 2) To obtain information needed to assess the fitness and competence of persons involved in the management of the **HMO**
- 3) To link properties and persons involved in the management, control and ownership of the **HMO** and any other relevant **HMOs**
- 4) To obtain information concerning the suitability of the property involved to be licensed as an **HMO**

The information you provide may be shared to the extent that it may need to be verified with other agencies such as the Police, other local authorities and other departments within the Council

Some of the information you provide will be entered into a public register but only to the extent required by law. A list of the information required to be published is given overleaf.

The Council may be required to disclose to government agencies certain information you provide

The information may also be used for research, analysis and statistical purposes
The Council may also wish to contact you regarding issues relevant to **HMOs**

Public Register Information

The information the Council is obliged to publish in respect of each **HMO** licence granted under Part 2 of The Housing Act 2004 is as follows:

- a) the name and address of the licence holder
- b) the name and address of the person managing the house
- c) the address of the licensed **HMO**
- d) a short description of the licensed **HMO**
- e) a summary of the conditions of the licence
- f) the commencement date and duration of the licence
- g) summary information of any matter concerning the licensing of the **HMO** that has been referred to; and
- h) summary information of any decision of the a residential property tribunal or the Lands Tribunal that relate to the licensed **HMO** together with the reference number allocated to the case by the tribunal
- i) the number of storeys comprising the licensed **HMO**
- j) the number of rooms in the licensed **HMO** providing -
 - (i) sleeping accommodation
 - (ii) living accommodation
- k) in the case of a licensed **HMO** consisting of flats -
 - (i) the number of flats that are self-contained
 - (ii) the number of flats that are not self-contained
- l) a description of shared amenities including the numbers of each amenity; and
- m) the maximum number of persons or households permitted to occupy the licensed **HMO** under the conditions of the licence.

West of England

Application form for a licence to operate a House in Multiple Occupation (HMO)* under Part 2 of the Housing Act 2004

This application form may be used for properties falling within the following areas:

South Gloucestershire Council

Tel: 01454 868126

Email: psechousing@southglos.gov.uk

North Somerset Council

Tel: 01275 884110

Email: hmo.licensing@n-somerset.gov.uk

Bristol City Council

Tel: 0117 3333871 / 0117 3533871

Email: private.landlords@bristol.gov.uk

Bath and North East Somerset Council

Tel: 01225 396269

Email: hmo_licensing@bathnes.gov.uk

To be completed by the proposed licence holder who should normally be the landlord.

A Licence Application Guide is enclosed to assist you.

Please complete one form for each property and attach additional sheets of paper if you do not have enough space on the form.

To enquire about accessible formats for this form please contact your Local Authority

*HMO is a House in Multiple Occupation as defined by the Housing Act 2004. It is an offence to operate a licensable HMO without a licence after the 6th July 2006. There is a £20,000 maximum fine for this offence on conviction in the Magistrates' court.

Application for HMO licence supporting documents

Are the following documents enclosed?	Yes	No	If no give reasons
Fit and proper person declaration (Unless already supplied with a previous application)			
Landlord gas safety certificates			
A satisfactory periodic inspection report for the fixed electrical wiring installation (Provide with your licence application or within 2 months from application date)			
A certificate of inspection and testing for the fire alarm system (A LD2 automatic fire detection system to BS5839 must be installed at the property within a specified time as a condition of the licence. If this is already present please provide certificate at time of application or within 2 months from application date)			

Include with application now	Within 2 months provide
Application fee	Electrical installation report (if not provided with application)
Fit and proper person declaration	Fire alarm inspection certificate (if not provided with application)
Landlord gas safety certificates	
Total fee enclosed:	

House and Licence Holder Information

1. Please state full address of House in Multiple Occupation (property to be licensed with postcode)

Address of property to be licensed:

Postcode: _____

Council tax reference number: _____

2. Please state the number of people and households living in the property at the date of this application (includes adults, children and babies). A single person unrelated to other tenants would be a separate household, please see Licence Application Guide paragraph 1 for the definition of household.

Number of people living currently at the property:

Number of households living currently at the property:

The number of people that you would like the licence to be for:

The number of households that you would like the licence to be for:

3. **Applicant details:**

Full name: _____

Address: _____

Telephone Number: _____

E-mail address: _____

4. Proposed licence holder

Please state name and address and telephone number of the proposed licence holder. The licence holder should normally be the person in control of the property, in most cases the owner (please see Licence Application Guide for information on who should hold the licence). Companies, Partnerships, Trusts etc. must nominate an appropriate person to be the licence holder.

If the same as applicant tick here .

Full name: _____

Address: _____

Telephone Number: _____

E-mail address:

Please state the proposed licence holder's interest in the property:
E.g. owner, landlord, manager in control of property etc.

Does the proposed licence holder make management decisions or arrangements in respect of the HMO?

Yes No

5. Persons with a legal interest in the property

Please state the full name and address and phone number of all other persons with a legal interest in the property that is the subject of this application, including any mortgagee (e.g. bank or building society), freeholder, or leaseholder with term greater than 3 years. Please give details on a separate sheet (provided at the end of the form) if necessary. (When giving bank or building society details in respect of a mortgage please give the mortgage account number).

Full name: _____

Nature of interest: _____

Address: _____

Telephone No: _____ E-mail address: _____

Full name: _____

Nature of interest: _____

Address: _____

Telephone No: _____ E-mail address: _____

Full name: _____

Nature of interest: _____

Address: _____

Telephone No: _____ E-mail address: _____

6. **Manager details**

Please give details of any other person including business partner, husband or wife, co-owner or managing agent involved in the management of the property (continue on separate sheet if required).

Full name: _____

Address: _____

Telephone No: _____ E-mail address: _____

Management information

7. Has the property been accredited?

Yes / No

8. Having regard to your experience, relevant qualifications or membership of a landlords association do you consider yourself competent to manage a House in Multiple Occupation?

Yes / No

9. Having regard to the West of England Code of Good Management Practice (see Licence Application Guide), are there satisfactory management arrangements in place for the house including funding arrangements?

Yes / No

9.a. If neither the Licence holder or the Manager of the HMO live within 25 miles of property, what arrangements are there in place for regular management visits and emergency repairs etc.

10. I confirm that I have provided a written statement of terms and conditions to tenants (e.g. a tenancy agreement).

Yes / No

11. The **name** and **telephone number** of emergency contact in the event of urgent repairs is:

11.a. Does this emergency contact person hold keys to the property?

Yes / No

12. **Additional information about the applicant**

12.a. Are you resident in the UK? Yes / No

12.b. Please give the birth date of the proposed licence holder:

13. **Fit and Proper Person**

I confirm that a completed and signed fit and proper person declaration for the proposed licence holder and any person involved in the management **(including any key holders)** of the property is enclosed with this application:

Licence holder Key Holder(s) Manager(s) (if different from licence holder)

Yes / No Yes / No Yes / No

The local housing authority reserves the right to carry out further checks on the proposed licence holder, the manager, any other person involved in managing the property and keyholders; this includes associates. This information will be shared with other local housing authorities. In some circumstances persons may be asked to provide supporting evidence.

A fit and proper person declaration form is attached, if you need more copies please photocopy or download from www.landlordinfo.co.uk

NOTE FOR PERSONS OWNING OR MANAGING MORE THAN ONE PROPERTY

If you have already completed a fit and proper person declaration for another property in any of the following Local Authority areas; - Bath and North East Somerset, Bristol, North Somerset or South Gloucestershire, then you do not have to complete this declaration again, as we will check with the Council involved. Please give the address of a property for which you have completed a previous declaration and your fit and proper person reference number if you have one.

Property address:

Name of the Local Authority involved:

Fit and Proper Person Number:

14. The proposed licence holder **must** list the name, address and local authority of all licensed properties for which they are the licence holder.
Property addresses (continue on an additional sheet if required):

14.a. **Optional.** Please indicate the approximate number of other properties (HMOs or not) that are owned by the proposed licence holder:

15. **West of England Code of Good Management Practice**

Agreement to West of England Code of Good Management Practice
(Please refer to the Licence Application Guide).

Commitment to this Code will be considered to be supporting evidence that satisfactory management arrangements are in place. Compliance with the code will also be taken into account as part of the local housing authority decision on whether the licence holder or manager is a fit and proper person.

I agree to follow the West of England Code of Good Management Practice

Proposed licence holder

Signed: _____

Name: _____

Date: _____

Manager (Manager to sign here if different from the proposed licence holder)

Signed: _____

Name: _____

Date: _____

16. **Property information**

16.a. Does the property have planning permission for its current use?

Yes / No / Don't know

○

16.b. Type of house, please tick

House in multiple occupation;

Flat in multiple occupation;

A house converted into and comprising only self contained flats;

Hostel (i.e. where one or more meals are provided for tenants);

Other;

16.c. Structure of the property in which the HMO is located, please tick:

Detached (a single structure which is free standing from any other structure except its own outbuildings);

Semi detached (a structure which shares a structural party wall with one other residential property forming a pair which are freestanding from any other structure);

Terraced (a structure forming part of a group of three or more residential properties linked by party walls. Includes Crescent and other non linear layouts);

End Terraced (a property at the end of a terrace of residential properties);

Back to back (a dwelling forming part of a group of three or more dwellings linked by side and rear party walls in a linear layout);

Residential block (a block other than the above categories which is entirely designated for residential or related use. Normally a block of flats, maisonettes);

Mixed use block (a block which contains a mix of units designated for both residential and non-residential use.);

Grouped (a dwelling which shares a party wall with one or more other dwellings set out in a non linear layout such as a cluster or around a courtyard. Entrances will normally be private.);

Other (please indicate);

16.d. If the house is a hostel:

i) How many meals are provided? _____

ii) Which meals are provided? (i.e. breakfast, lunch, dinner etc)

iii) If the house is a hostel how many people live there with the house being their only and main residence? _____.

How many people are visitors whose main residence is elsewhere? _____

16.e. Age of house, please tick

- Pre – 1919
- 1919 – 1944
- 1945 – 1964
- 1965 – 1980
- Post 1980

16.f. Approximate date of conversion where applicable: _____

17. **Information on storeys**

17.a. Please indicate with a tick the use of each storey forming all or part of the HMO (including attic rooms and basements) in the building. Describe other storeys where use is not included below, these may be partial storeys or storeys attached to the main building (see Licence Application Guide).

Storey	Living accomm - whole or part.	Commercial - whole or part	Used in connection with living accommodation* - please describe
Basement			
Ground			
First			
Second			
Third			

* For example exclusive internal stairway, boiler room, storage, utility room etc. If there are 2 storeys of residential accommodation please also answer (b) and (c) below:

17.b. If the basement has commercial use, is it the main entrance into the building?

17.c. Are there mezzanine floors (see Licence Application Guide) other than half landings?
If so, is the floor of any habitable room greater than 4.5 m above ground level?

18. How many separate letting units (shared flats/houses count as one letting) are there in the property?

18a List the location of any rooms or flats used by a single person, couple or family who live independently of others i.e. they do not form a socially interactive group with others. If all rooms are used in this way, write "All".

19. For any room in the house, is it necessary to travel through another room to access the staircase, hall or landings?

Yes / No

If yes please give details:

21. **Fire precautions**

21.a. **Is the HMO provided with a smoke/heat detector system that is connected to a mains electrical circuit?** Yes / No

If "Yes", please provide further information about the system:

When was the system installed?

Does the system have:

Control panel	Yes / No
Call points (break glass points)	Yes / No
Sounders	Yes / No

Where are the detectors located?:

Hallways	Yes / No
Kitchen	Yes / No
Living room.....	Yes / No
Bedrooms	Yes / No
Bedsits	Yes / No
Other (please list)	

If "No" to question in bold above does the property have battery operated detectors Yes /.. No

21.b. **Is the HMO provided with an emergency lighting system:** Yes / No

If "Yes", please provide further information about the specification:

When was the system installed?

Where are the emergency lights located?

21.c. A certificate of inspection and testing under BS5839 carried out within the last 6 months is included with this application.

Yes / No

Or

21.d. A certificate of inspection and testing under BS5839 will be provided within 2 months from the date on the application form.

Yes / No

21.e. Have details of fire exit routes and other fire safety training been provided to the occupiers:

Yes / No

If you have replied “No” to any of the above the Council will require you to install the missing components by listing works required on the conditions attached to the HMO licence. You will be given a period of time in which to complete the works and will not generally be required to do them before a licence is issued.

If the property is without any fire detection, prior to the installation of the above system, it is strongly recommended that an interlinked system of battery smoke/heat detectors is provided (see the Licence Application Guide).

22. **Electrical Safety**

22.a. I declare that all portable electrical appliances supplied as part of the letting are compliant with current electrical safety regulations.

Yes / No

22.b. Has the electrical installation had a periodic inspection report in the last 5 years?

Yes / No

22.c. If yes, have all the recommendations for urgent attention and improvements (codes 1 and 2) been carried out?

Yes / No

23. **Gas Safety**

I declare that all gas appliances in the property are safe in accordance with the Gas Safety (Installation and Use) Regulations 1998.

Yes / No / No Gas in property

Please enclose a copy of the landlord gas safety certificate with your application.

24. **Furniture Safety**

I declare that all supplied furniture and furnishings complies with the Furniture and Furnishings (Fire)(Safety) Regulations 1988?

Yes / No

25. Notification of certain persons

You must also let certain persons know in writing that you have made this application or give them a copy of it.

The persons who need to know about it are:

Any mortgagee of the property (e.g Bank or Building Society);

Any owner of the property to which the application relates if that is not you
i.e. the freeholder and any head lessors who are known to you;

Any other person who is a tenant or long leaseholder of the property or any part of it (including any flat) who is known to you

(NB it is not necessary to inform 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 to be bound by any conditions in a licence if it is granted.

You must tell each person:

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 not you);

That this is an application for an HMO licence under Part 2 of the Housing Act 2004 (Licensing of Houses in Multiple Occupation)

The address of the property to which it relates.

The name and address of the local housing authority to which the application will be made.

The date the application will be submitted.

26. 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 the application:

NB this include any partner, husband or wife, co-owner etc. with a legal interest.

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

27. **Please note that it is a criminal offence to knowingly supply information which is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application with regard to the property concerned may be required at a later date. If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be revoked or other action taken.**

28. **DECLARATION**

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

Signed: _____ Date: _____
(Applicant)

Signed: _____ Date: _____
(proposed licence holder)

Separate sheet for additional information for questions 5 and 6.

Full name:.....

Nature of interest:

Address:

E mail.....Telephone number:.....

Full name:.....

Nature of interest:

Address:

E mail.....Telephone number:.....

Full name:.....

Nature of interest:

Address:

E mail.....Telephone number:.....

Full name:.....

Nature of interest:

Address:

E mail.....Telephone number:.....

Full name:.....

Nature of interest:

Address:

Email:..... Telephone number:.....

Fit and Proper Person Ref Number:

HOUSING ACT 2004 PART 2

Declaration in respect of a fit and proper person (To accompany an application for an HMO Licence)

Name (in full):.....

Address:

1. In connection with the application dated for an HMO Licence
in respect of:

.....(Address)

I hereby declare that I am

(i) the proposed licence holder, (ii) the manager of the property to whom rent is paid (if different from (i) above),

(iii) someone who is otherwise engaged in the management of the property (delete as appropriate)

and that I am a fit and proper person to be engaged in that capacity.

2. In support of the above declaration I confirm that I :-
 - (i) do not have any unspent convictions particularly in respect of any offence involving fraud or other dishonesty, or violence or drugs, or any offence listed in Schedule 3 to the Sexual Offences Act 2003 (offences attracting notification requirements);
 - (ii) have not been found guilty by any court or tribunal of practising unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with, the carrying on of any business;
 - (iii) have not had any judgements (whether civil or criminal) made against me under housing, environmental health, public health or landlord and tenant law;
 - (iv) have not acted otherwise than in accordance with any applicable code of practice approved under section 233 of the Housing Act 2004.

And to the best of my knowledge (i) to (iv) above do not apply to anyone who is associated with me and is also involved in the management of the property (associate includes husband, wife, colleague and business partner).

3. Also please indicate and give details if you have:
 - i) Been in control of any property subject to a control order under S379 of the Housing Act 1985 or demolition order in the last 5 years;

- ii) Been in control of a property that has been subject to the service of an improvement notice, a prohibition order, a hazard awareness notice, or emergency remedial action under the Housing Act 2004.
- iii) Been refused a licence or had a licence revoked for any property in relation to HMO, additional or selective licensing under the Housing Act 2004;
- iv) Been found to have breached a condition on a licence for any property in relation to HMO, additional or selective licensing under the Housing Act 2004;
- v) Been in control of any property which has been the subject of an Interim or Final Management Order or a Special Interim Management Order under the Housing Act 2004.

Details of above:

.....

I/We accept that in connection with the checking of the accuracy of this declaration that the local authority will share this information with other statutory bodies, particularly other local authorities and the Police.

Please note that it is a criminal offence to knowingly supply information which is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application with regard to the property concerned may be required at a later date. If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be revoked or other action taken.

Signed:

Date:

Name:

IF YOU ARE UNABLE TO SIGN THE ABOVE DECLARATION YOU SHOULD GIVE BRIEF DETAILS HERE.

.....

Fit and Proper Person Ref Number:

HOUSING ACT 2004 PART 2

Declaration in respect of a fit and proper person (To accompany an application for an HMO Licence)

Name (in full):.....

Address:

- 1. In connection with the application dated for an HMO Licence
in respect of:
.....(Address)

I hereby declare that I am
 (i) the proposed licence holder, (ii) the manager of the property to whom rent is paid (if different from (i) above),
 (iii) someone who is otherwise engaged in the management of the property (delete as appropriate)
 and that I am a fit and proper person to be engaged in that capacity.

- 2. In support of the above declaration I confirm that I :-
 - (i) do not have any unspent convictions particularly in respect of any offence involving fraud or other dishonesty, or violence or drugs, or any offence listed in Schedule 3 to the Sexual Offences Act 2003 (offences attracting notification requirements);
 - (ii) have not been found guilty by any court or tribunal of practising unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with, the carrying on of any business;
 - (iii) have not had any judgements (whether civil or criminal) made against me under housing, environmental health, public health or landlord and tenant law;
 - (iv) have not acted otherwise than in accordance with any applicable code of practice approved under section 233 of the Housing Act 2004.

And to the best of my knowledge (i) to (iv) above do not apply to anyone who is associated with me and is also involved in the management of the property (associate includes husband, wife, colleague and business partner).

- 3. Also please indicate and give details if you have:
 - i) Been in control of any property subject to a control order under S379 of the Housing Act 1985 or demolition order in the last 5 years;

- ii) Been in control of a property that has been subject to the service of an improvement notice, a prohibition order, a hazard awareness notice, or emergency remedial action under the Housing Act 2004.
- iii) Been refused a licence or had a licence revoked for any property in relation to HMO, additional or selective licensing under the Housing Act 2004;
- iv) Been found to have breached a condition on a licence for any property in relation to HMO, additional or selective licensing under the Housing Act 2004;
- v) Been in control of any property which has been the subject of an Interim or Final Management Order or a Special Interim Management Order under the Housing Act 2004.

Details of above:

.....

I/We accept that in connection with the checking of the accuracy of this declaration that the local authority will share this information with other statutory bodies, particularly other local authorities and the Police.

Please note that it is a criminal offence to knowingly supply information which is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application with regard to the property concerned may be required at a later date. If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be revoked or other action taken.

Signed:

Date:

Name:

IF YOU ARE UNABLE TO SIGN THE ABOVE DECLARATION YOU SHOULD GIVE BRIEF DETAILS HERE.

.....

The West of England (WoE) local authorities' standards for licensed Houses in Multiple Occupation (HMOs) under Part 2 Housing Act 2004 (1 Sep 2010)

Contents:

1. Amenity standards for HMOs or parts of HMOs either occupied by a socially interactive group (shared houses or shared flats normally subject to a joint tenancy) or by individual households living independently who either share facilities (bedsits) or have exclusive use of facilities (self contained flats).
2. Room size standards for properties occupied as above and including specific standards for HMOs where some board is provided, these properties are referred to as 'hostels'.

Notes:

3. The amenity standards include those prescribed by The Licensing and Management of Houses in Multiple Occupation and Other (Miscellaneous Provisions) (England) Regulations 2006 (SI 2006 No. 373).
4. The additional amenity standards indicate how the WoE local authorities will regard how the 'Tests as to suitability for multiple occupation' can be met under Section 65 Housing Act 2004.
5. The room size standards indicate how the WoE local authorities will decide on the maximum occupation of the property under Section 64 Housing Act 2004; this is known as the 'permitted number'.
6. The above standards need not necessarily be met on the date a licence becomes operative. Where this is not the case the licence will be issued with conditions requiring compliance with the standards within a required time period.
7. The standards do not apply to non licensable HMOs. Instead, the housing health and safety rating system under Part 1 Housing Act 2004 will be used to assess the suitability of amenity standards and living space.
8. All licensed HMOs will be subject to an assessment using the the housing health and safety rating system under Part 1 Housing Act 2004. As result, it is possible that there will be additional requirements to be met.

Application:

9. Where reasonably practicable all HMO licensing standards must be complied with. However, every case must be considered on its own merits as Councils cannot apply a blanket set of standards for all HMOs in its district taking no account of the individual circumstances of the HMO in question. This will particularly be in respect of those standards that are not prescribed by legislation.

**HMO LICENSING STANDARDS
FOR FACILITIES PROVIDED FOR SHARED AND EXCLUSIVE USE**

Personal washing and toilet facilities

Location, size and condition	General	<p>All facilities should be located in rooms of an adequate size and layout within 2 floors of any bedroom and accessible from communal areas unless provided as en-suite facilities for the exclusive use of that occupant. Facilities should be inside the building.</p> <p>All baths or showers, toilets and wash hand basins should be of an adequate size and be provided with an adequate water supply, necessary fittings, drainage and be in a satisfactory condition to enable thorough cleaning. Constant hot water at a suitable temperature to be provided to baths / showers and wash basins. Baths or showers and wash hand basins should be properly sealed into wall surfaces and have 300mm of tiled splashback (or equivalent). Bathrooms and toilet compartments should be of an adequate size and layout.</p>
Wash hand basins	Shared use	<p>On a case by case basis, unless it is not reasonable to do so, all individual units of accommodation should be provided with a wash hand basin. In determining what is reasonable consideration will be given to the following matters:</p> <ul style="list-style-type: none"> a) the mode of occupation b) the age of the building c) the character of the building d) the cost e) the practical implications f) existing legal definition, RPT decisions and current case law g) any other matter identified by the case officer <p>Within each room and compartment containing a toilet.</p>
	Exclusive use	<p>Within each room and compartment containing a toilet.</p>

Baths or showers and toilets	Shared use	<p>Where there are four or fewer occupiers sharing there must be at least one fixed bath or shower and a toilet (which may be situated in the bathroom). Where there are five or more occupiers sharing there must be at least a fixed bath or shower for every 5 occupants (or part of) and at least one toilet separate to the bathroom for every 5 occupants (or part of), a further full bathroom would be acceptable in place of a separate toilet. See table below as to how this standard can be met.</p> <p>In hostels where children are accommodated at least one bath should be provided.</p>
	Exclusive use	A fixed bath or shower and a toilet.
Ventilation	General	<p>Bathrooms to have mechanical ventilation to the outside air at a minimum extraction rate of 15 litres/second in addition to any window(s).</p> <p>Each toilet in a separate compartment is required to have a window equivalent to 1/20th of the floor area or mechanical ventilation extracting at a minimum extraction rate of 6 litres/second.</p> <p>Ventilation should not be obstructed externally.</p>
Heating	General	A fixed heating appliance in each bath or shower room sufficient to minimise condensation and provide thermal comfort.
Kitchens		
Location, size and condition	General	<p>If kitchens do not have a suitable dining area this facility must be provided within one floor distant (this may be a living room, bedsit or bedroom of suitable size - see standards for room sizes).</p> <p>If hostels provide all main meals the kitchen facilities below are to be provided for every 10 occupiers and the cooker can be replaced with a microwave. If hostels have a commercial kitchen where access is not available at all times a separate kitchen must be provided to the standards below.</p> <p>Kitchens must have a safe and efficient layout and be of a suitable size - see standards for room sizes.</p> <p>All facilities and equipment must be fit for purpose.</p>
Sinks	Shared use	A sink with constant hot and cold water, a draining board and tiled splash back per 5 occupiers (a dishwasher will be acceptable as a second sink) or within an individual unit of accommodation.
	Exclusive use	A sink with constant hot and cold water, tiled splash back and a draining board.

Cookers	Shared use	A cooker with a 4 ring hob, oven and a grill per 5 occupiers or within an individual unit of accommodation (a 27litre microwave with oven and grill will be acceptable as a second cooker).
	Exclusive use	A cooker with a 4 ring hob, oven and grill. A cooker with a 4 ring hob, oven and grill or a 2 ring hob, oven and grill together (positioned so that hobs are at worktop level) with a microwave will be acceptable in accommodation occupied by a single person.
Electrical Sockets	General	Four suitably positioned electric sockets are required plus one per major appliance (ie a cooker microwave, refrigerator/freezer, washing machine etc.).
Worktop	Shared use	Fixed worktop(s) with a smooth impervious surface for food preparation, minimum size 500mm x 1000mm per 5 occupants or within an individual unit of accommodation.
	Exclusive use	Fixed worktop(s) with a smooth impervious surface for food preparation, minimum size 500mm x 1000mm.
Storage	Shared use	A 0.3m ³ dry goods storage cupboard other than a sink base unit per occupier either in each occupant's room or in a shared kitchen.
	Exclusive use	A 0.6m ³ dry goods storage cupboard other than a sink base unit.
Refrigerators	Shared use	Two worktop height refrigerators with freezer compartments or 1 worktop height fridge and 1 worktop height freezer per 5 occupiers or a worktop height refrigerator with a freezer compartment within each individual unit of accommodation.
	Exclusive use	A worktop height refrigerator with a freezer compartment.
Refuse	General	Suitable and sufficient provision for refuse disposal both within the unit of accommodation and outside.
Ventilation	Shared use	Mechanical ventilation to the outside air at a minimum extraction rate of 60 litres/second or 30 litres/second if the fan is sited within 300mm of the centre of the hob. This is in addition to any windows.

Fire precautions (other than large hostels)

Provide fire precaution facilities and equipment to reduce fire risk and to ensure the safety of people in the premises as far as is practicable in accordance with the LACoRS (Local Authorities Coordinators of Regulatory Services) publication “Housing - Fire Safety. Guidance on fire safety provisions for certain types of existing housing.”

This provision must include:

A fire blanket conforming to BSEN 1869, 1967 in each shared kitchen.

A fire door conforming to BS 476; Part 22; 1987 to be provided to each shared kitchen.

All locks on doors onto the means of escape and final exit doors to be capable of being opened from the inside without the use of a key.

Alternatively, provide the following:

(NB the fire detection and emergency lighting requirement below may be in excess of what is needed following a fire risk assessment and, in some cases, additional fire provisions may be needed; for example fire doors on bedsit accommodation)

Fire detection	A Category LD2 Grade A or D fire detection system to BS5839: Part 6 (a Grade D system will be acceptable for 3 storey properties occupied by up to 6 people). A Grade A system will normally include a control panel and, in addition to detectors in the circulation areas at each floor level and callpoints, detection in kitchens, living rooms, dining rooms, bedsitting rooms and bedrooms. A sound level of 75dBA should be reached at bedheads.
Emergency lighting	An emergency lighting system to BS5266
Fire blanket	A fire blanket conforming to BS EN 1869 in each shared kitchen.
Fire doors	A fire door conforming to BS 476-22 to be provided to each shared kitchen.
Security locks	All locks on doors onto the means of escape and final exit doors to be capable of being opened from the inside without the use of a key.

Fire precautions (large hostels)

Requirements determined jointly with Avon Fire and Rescue on application.

Heating		
Fixed heating	General	A fixed heating appliance(s) capable of maintaining a temperature of 21C with an outside temp of -1C in each unit of living accommodation (electrical appliances must have a dedicated socket). Heating should be available at all times and be under the control of the occupier.
Access		
All facilities are to be available at all times.		
Application of standards		
These minimum standards are relevant only to the licensing of an HMO; however, on any subsequent inspection, a risk assessment may determine that it is necessary to take other additional measures to ensure that the housing standards are satisfactory for each individual unit of living accommodation.		
Definitions		
Shared use	Where one or more basic amenities (personal washing, toilet or kitchen) are shared by two or more households.	
Exclusive use	Where a basic amenity is provided for the use of a single household.	
Single household	Person(s) of the same family group, this includes an individual living on their own, an individual living in a group is also regarded as a single household.	
Family	Includes husband, wife, partner, child, stepchild, step parent, grandchild, grandparent, brother, sister, half-brother, half-sister, aunt, uncle, niece, cousin, foster child.	
Unit of living accommodation	Part of the HMO occupied by a single household, this includes bedrooms in shared houses or flats, bedsitting rooms, self contained flats (all basic amenities provided for exclusive use of that household).	
Hostel	Where board is provided as part of the occupation and it constitutes a persons only or main place of residence. Hostel includes bed and breakfast and hotel accommodation used by persons as their only and main residence which is a house in multiple occupation.	

Table to explain how the standards for baths/showers and toilets can be met

No. of persons sharing	Total no. of baths/showers and toilets* required	No. of toilets* that need to be separate	Or, no. of complete bathrooms accepted (bath/shwr toilet and whb)
1	1	0	-
2	1	0	-
3	1	0	-
4	1	0	-
5	1	1**	2
6	2	1**	3
7	2	1**	3
8	2	1	3
9	2	1	3
10	2	1	3
11	3	1	4
12	3	1	4
13	3	1	4
14	3	1	4
15	3	1	4
20	4	2	6 or (5 + 1 sep toilet)

* excluding outside toilets, a wash hand basin (whb) is to be provided within each room or compartment containing a toilet.

**only if reasonably practicable to provide ie there must be a suitable room (includes creating an en suite facility within a suitably sized bedroom) or space to install a toilet (with whb) from which a connection can be made into the foul drainage system without the need for a pumped system; alternatively, a bathroom could be partitioned off without the need to make an opening in a structural wall, the resultant layout should leave reasonable space for changing, drying etc.

04/03/08

HMO MINIMUM ROOM SIZES

ACCOMMODATION WITH FACILITIES SHARED BY OCCUPIERS

These standards apply where there is sharing of some or all facilities ie HMOs where:

- occupiers live independently of others eg single room lettings or bedsit accommodation (kitchen facilities within own room);
- occupiers forming a group eg students, professional persons and others who interact socially.

Where the room is for the sole use of occupier(s)	Number of persons				
	1	2			
Kitchen	4m ²	5m ²			
Bedroom	6.5m ²	10m ²			
Combined kitchen and living room	11m ²	15m ²			
Combined bedroom and living room*	9m ²	14m ²			
Combined bedroom, living room & kitchen	13m ²	19m ²			
Where the room is shared by occupiers	Number of persons				
	1-3	4	5	6	7-10
Kitchen	5m ²	6m ²	7m ²	9m ²	11m ²
Total communal living space**	13.5m ²	17m ²	18m ²	20m ²	27.5m ²

* independent living only

** occupiers forming a group (includes kitchens, dining rooms and living rooms - the kitchen must be at least the minimum size specified above)

ACCOMMODATION WITH FACILITIES FOR THE EXCLUSIVE USE OF OCCUPIERS

These standards apply where all facilities are for the exclusive use of occupiers forming a single household ie an individual or family (husband, wife, partner, child, stepchild, step parent, grandchild, grandparent, brother, sister, half-brother, half-sister, aunt, uncle, niece, cousin, foster child) ie

- self contained flats within HMOs.

	Number of persons				
	1	2	3	4	5
Bedroom	6.5m ²	10m ²			
Combined bedroom and living room	9m ²	14m ²			
Combined bedroom, living room & kitchen	13m ²	19m ²			
Kitchen	4m ²	5m ²	5m ²	6m ²	7m ²
Living Room	8m ²	11m ²	11m ²	11m ²	11m ²

HOSTELS

These standards apply to HMOs where board is provided as part of the occupancy.

	Number of persons				
	1	2			
For exclusive use of occupants					
Bedroom	6.5m ²	10m ²			
Combined bedroom and living room where no separate living room is provided.	9m ²	14m ²			
Family bedroom (2 adults and 1 child under 10 years old)	14.5m ² or 18.5 m ² where no separate living room is provided.				
	Number of persons				
	1-3	4	5	6	7-10
For shared use of occupants					
Kitchen (all main meals* not provided)	5m ²	6m ²	7m ²	9m ²	11m ²
Kitchen (all main meals provided)	5m ²	5m ²	5m ²	5m ²	7m ²
Communal living room (not required if individual bedroom and living room meet the standard above)	8.5m ²	11m ²	11m ²	11m ²	16.5m ²
	11-15	16 or more			
	21.5m ²	At discretion of Local Authority			

* three meals a day (to be provided each day of the week)