

Application for a HMO Licence

Houses in Multiple Occupation Act (Northern Ireland) 2016

- The applicant must be the owner of the property.
- All joint owners must be included (if applicable).
- Please read the guidance notes in Section 14 before completing this application form.
- See Section 14, Note 5 regarding the requirement to have planning consent before completing the application form.
- The appropriate fee must accompany the application form.

<i>For Official Use</i>	
HMO Licence Number:	
Date Received:	
Date Paid:	
Fee Paid:	
Receipt No:	

Section 1 – Property details

Notes 1, 2, 3, 4, 5, 7 & 9

This section refers to the property which the HMO licence application is being made for.

Premises address (Including flat number if applicable)			
Postcode			
No of storeys (floors) within this dwelling (flat or house)			
Proposed occupancy level (Note 9)		Number of bedrooms	
Number of living rooms		Number of bathrooms	
Number of separate toilets		Number of kitchens	
Other rooms (specify)			
Are any of the occupants or proposed occupants vulnerable?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please give details			
Do you have planning approval to operate the property as a HMO? (Note 5)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please enter your planning reference number.			

Section 2 – Owner’s details

Notes 3, 4 & 8

Is the property owned by an individual(s)? If yes, please complete Section 3.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the property owned by a body (whether incorporated or not)? If yes, please complete Section 4.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 3 – Owner’s details (Individual person)

Notes 3, 4, 7 &

Title	Surname	First name	Middle name(s)
Contact address		Postcode	
Telephone number	Mobile telephone number	Email address	
Landlord registration scheme number <i>(if applicable)</i>			
Will you be involved in the management of the HMO?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If you will be involved in the management of the HMO, please tell us how you consider yourself to be competent to do so? (Continue on a separate sheet if necessary.)			
Satisfactory management arrangements (Note 7)			Comments
Are you currently listed on the insolvency register? (If yes, provide details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you been a partner or director of any business declared bankrupt within the last two years? (If yes, provide details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you sufficient funds to undertake any remedial or improvement works necessary to bring the property up to a licensable standard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you sufficient funds to maintain the property to the licensable standard if the licence is granted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

3a. Joint owner(s) (to be completed if an individual person)

Please provide details for all joint owners, other than the main applicant above (all those listed on the title deeds). If more than one additional owner, please use the separate sheet at Section 10.

Number of joint owners (including main applicant)	
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Joint owner 1

Title	Surname	First name	Middle name(s)
Contact address		Postcode	
Telephone number	Mobile telephone number	Email address	
Landlord registration scheme number (if applicable)			
Will you be involved in the management of the HMO?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you will be involved in the management of the HMO, please tell us how you consider yourself to be competent to do so? (Continue on a separate sheet if necessary.)			
Satisfactory management arrangements (Note 7)			Comments
Are you currently listed on the insolvency register? (If yes, provide details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you been a partner or director of any business declared bankrupt within the last two years? (If yes, provide details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you sufficient funds to undertake any remedial or improvement works necessary to bring the property up to a licensable standard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you sufficient funds to maintain the property to the licensable standard if the licence is granted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Please complete Section 9 (fit and proper person) for each individual owner.

Section 4 – Owner’s details (Limited Company, Partnership or some other unincorporated body)

Type of body			
Private Limited Company <input type="checkbox"/>	Private Unlimited Company <input type="checkbox"/>	Public Limited Company (PLC) <input type="checkbox"/>	Charity <input type="checkbox"/>
Ordinary Partnership <input type="checkbox"/>	Limited Partnership <input type="checkbox"/>	Limited Liability Partnership (LLP) <input type="checkbox"/>	Trust <input type="checkbox"/>
Full name of the body			
Name of secretary or responsible person			
Address of the main office or place of business		Postcode	
Telephone number (1)	Telephone number (2)	Email address	
Landlord registration scheme number (if applicable)			

4.a Management of the body (Please provide details of all directors, partners or persons involved in the management of the body.) If more than two people, please complete section 11 for each additional person.

Person 1

Title	Surname	First name	Middle name(s)
Contact address		Postcode	
Telephone number	Mobile telephone number	Email address	
Landlord registration scheme number (if applicable)			
Will you be involved in the management of the HMO?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you will be involved in the management of the HMO, please tell us how you consider yourself to be competent to do so? (Continue on a separate sheet if necessary.)			
Satisfactory management arrangements (Note 7)			Comments
Are you currently listed on the insolvency register? (If yes, provide details.)	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Have you been a partner or director of any business declared bankrupt within the last two years? (If yes, provide details.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you sufficient funds to undertake any remedial or improvement works necessary to bring the property up to a licensable standard?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you sufficient funds to maintain the property to the licensable standard if the licence is granted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Person 2

Title	Surname	First name	Middle name(s)
Contact address		Postcode	
Telephone number	Mobile telephone number	Email address	
Landlord Registration Scheme Number <i>(if applicable)</i>			
Will you be involved in the management of the HMO?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you will be involved in the management of the HMO please tell us how you consider yourself to be competent to do so? (Continue on a separate sheet if necessary.)			
Satisfactory management arrangements (Note 7)			Comments
Are you currently listed on the insolvency register? (If yes, provide details.)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you been a partner or director of any business declared bankrupt within the last two years? (If yes, provide details.)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you sufficient funds to undertake any remedial or improvement works necessary to bring the property up to a licensable standard?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you sufficient funds to maintain the property to the licensable standard if the licence is granted?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please complete Section 9 (fit and proper person) for each individual directors, partner or other persons concerned with the management of the body.

Section 5 – Manager’s details

Have you appointed a managing agent? (If no, proceed to Section 8)	Yes <input type="checkbox"/> No <input type="checkbox"/>
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5.a Type of Manager

Is the property managed by an individual – If yes, complete Section 6	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the property managed by a body (whether incorporated or not)? - If yes, complete Section 7	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 6 – Manager’s details (Individual person)

Title	Surname	First name	Middle name(s)
Contact address		Postcode	
Telephone number	Mobile telephone number	Email address	
Landlord Registration Scheme Number <i>(if applicable)</i>			
Please tell us how you consider yourself to be competent to manage the HMO? (Continue on a separate sheet if necessary.) (Note 7)			
Satisfactory management arrangements (Note 7)			Comments
Are you currently listed on the insolvency register? (If yes, provide details)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you been a partner or director of any business declared bankrupt within the last two years? (If yes, provide details)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you authority (including funding arrangements) to undertake any remedial or improvement works necessary to bring the property up to a licensable standard?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you authority (including funding arrangements) to maintain the property to the licensable standard if the licence is granted?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Please complete Section 9 (fit and proper person).

Section 7 – Manager’s details (Body, whether incorporated or not)

Type of Body			
Private Limited Company <input type="checkbox"/>	Private Unlimited Company <input type="checkbox"/>	Public Limited Company (PLC) <input type="checkbox"/>	Charity <input type="checkbox"/>
Ordinary Partnership <input type="checkbox"/>	Limited Partnership <input type="checkbox"/>	Limited Liability Partnership (LLP) <input type="checkbox"/>	Trust <input type="checkbox"/>
Full name of the body			
Name of secretary or responsible person			
Address of the main office or place of business		Postcode	
Telephone number (1)	Telephone number (2)	Email address	
Have you authority (including funding arrangements) to undertake any remedial or improvement works necessary to bring the property up to a licensable standard? (Note 7)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you authority (including funding arrangements) to maintain the property to the licensable standard if the licence is granted? (Note 7)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

7.a Management of the body (Please provide details of all directors, partners or persons involved in the management of the body) – If more than two people, please complete section 9 for each additional person

Person 1

Title	Surname	First name	Middle name(s)
Contact address		Postcode	
Telephone number	Mobile telephone number	Email address	
Landlord Registration Scheme Number (if applicable)			
Will you be involved in the management of the HMO?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you will be involved in the management of the HMO please tell us how you consider yourself to be competent to do so? (Continue on a separate sheet if necessary.) (Note 7)			
Satisfactory management arrangements (Note 7)			Comments
Are you currently listed on the insolvency register? (If yes, provide details)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been a partner or director of any business declared bankrupted within the last two years? (If yes, provide details)		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Person 2

Title	Surname	First name	Middle name(s)
Contact address		Postcode	
Telephone number	Mobile telephone number	Email address	
Landlord Registration Scheme Number <i>(if applicable)</i>			
Will you be involved in the management of the HMO?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you will be involved in the management of the HMO please tell us how you consider yourself to be competent to do so? (Continue on a separate sheet if necessary.) (Note 7)			
Satisfactory management arrangements (Note 7)			Comments
Are you currently listed on the insolvency register? (If yes, provide details)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been a partner or director of any business declared bankrupted within the last two years? (If yes, provide details)		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please complete Section 9 (fit and proper person) for each company director, partner or any other person concerned in the management of the body.

Section 8 – Relevant interest in the property (other than the owner) Note 8.1

Individual or body 1

Individual	Title	Surname	First name	Middle name(s)

or

Body	Full name of the body		Name of secretary or responsible person	
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Type of interest	Freehold/Leasehold/Mortgage/charge/Lien			
Contact address		Postcode		
Telephone number (1)	Telephone number (2)	Email address		

Individual or body 2

Individual	Title	Surname	First name	Middle name(s)

or

Body	Full name of the body		Name of secretary or responsible person	
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Type of interest	Freehold/Leasehold/Mortgage/Charge/Lien			
Contact address		Postcode		
Telephone number (1)	Telephone number (2)	Email address		

Individual body 3

Individual	Title	Surname	First name	Middle name(s)

or

Body	Full name of the body		Name of secretary or responsible person	
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Type of interest	Freehold/Leasehold/Mortgage/Charge/Lien			
Contact address		Postcode		
Telephone number (1)	Telephone number (2)	Email address		

Section 9 – Fit and proper person

Notes 6 & 6.1

Title	Surname	First name	Middle name(s)
Full name of body, whether incorporated or not (if applicable).			
Contact address		Postcode	
Telephone number	Mobile telephone number	Email address	
Landlord Registration Scheme Number (if applicable)			
Mandatory requirements			
Have you been subject to a disqualification order? (Section 38 of the 2016 Act)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you committed any offences involving -		If yes, provide details	
Fraud or other dishonesty		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Violence		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Drugs		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Human trafficking		Yes <input type="checkbox"/> No <input type="checkbox"/>	
A firearm (within the meaning of Article 2(2) of the Firearms (Northern Ireland) Order 2004)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Committed an offence listed in Schedule 3 to the Sexual Offences Act 2013 (offences attracting notification requirements)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Practised unlawful discrimination in, or in connection with the carrying on of any business		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contravened any provision of the law relating to housing or of landlord and tenant law		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Acted otherwise than in accordance with a code of practice approved under section 63 of the 2016 Act		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you engaged in any antisocial behaviour (for definition see note 6.1)		Yes <input type="checkbox"/> No <input type="checkbox"/>	

As any associate or former associate of yours engaged in any of the conduct mentioned above? (If yes, provide details of the conduct and your association with the individual.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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Section 10 – Checklist of required documents Note 12

We will only accept applications which include all necessary information listed below along with the relevant fee.

Document	Guidance note	Date	Comment	Enclosed <input checked="" type="checkbox"/>
Application fee	11			<input type="checkbox"/>
Electrical installation condition report	12.1			<input type="checkbox"/>
Fire Alarm & Detection System Installation or Servicing Certificate	12.2			<input type="checkbox"/>
Emergency lighting System Installation or Servicing Certificate (if applicable)	12.3			<input type="checkbox"/>
Current Portable Appliance Test (PAT) Certificate	12.4			<input type="checkbox"/>
Energy Performance Certificate with a minimum E rating for energy efficiency.	12.5			<input type="checkbox"/>
Gas Safety Certificate (if applicable)	12.6			<input type="checkbox"/>
Date of CO detector installation (if applicable)	12.7			<input type="checkbox"/>
A declaration as to the condition of any chimneys/flues and date they were last cleaned. (If Applicable)	12.8		Number of Chimneys/Flues	<input type="checkbox"/>
Fire Risk Assessment	12.9			<input type="checkbox"/>
Personal Emergency Evacuation Plans (Peeps) for any disabled or vulnerable occupants	12.10		Number of Peeps	<input type="checkbox"/>
Proof of sufficient funding arrangements	12.11			<input type="checkbox"/>
Antisocial Behaviour Plan	12.12			<input type="checkbox"/>
Publication of Notice of Application	13			<input type="checkbox"/>

Section 11 – Application declaration

I confirm that:

1. The particulars given by me on this form are correct to the best of my knowledge and belief.
2. I have read the guidance notes referred to and understand it is a criminal offence to operate a HMO prior to a licence being granted.
3. Should a licence be granted, I undertake to maintain the premises in accordance with the anti-social behaviour plan attached to this application unless otherwise agreed with the council. I also undertake to manage the premises in accordance with the requirements of the Northern Ireland HMO Fire Safety Guide.
4. I understand that if it appears to the council that I have knowingly or recklessly provided false information, or that I have failed to comply with the above undertaking, the council will reassess whether I am a fit and proper person and that may result in the HMO licence being at risk.

Signature of Applicant	
Date	

The individual signing this application must be the owner of the proposed HMO property.

Section 12 – Additional joint owners details (Individual person)

Title	Surname	First Name	Middle Name(s)
Contact Address		Postcode	
Telephone Number	Mobile Telephone Number	Email Address	
Landlord Registration Scheme Number <i>(if applicable)</i>			
Will you be involved in the management of the HMO?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you will be involved in the management of the HMO please provide details of how you consider yourself to be competent to do so? (continue on a separate sheet if necessary) (Note 7)			

Satisfactory Management Arrangements (Note 7)		Comments
Are you currently listed on the insolvency register? (If Yes provide details)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you been a partner or director of any business declared bankrupt within the last 2 years? (If Yes, provide details.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you sufficient funds to undertake any remedial or improvement works necessary to bring the property up to a licensable standard?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you sufficient funds to maintain the property to the licensable standard if the licence is granted?	YES <input type="checkbox"/> NO <input type="checkbox"/>	

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Section 13 – Additional Details of those involved in the management of a body (whether incorporated or not)

Title	Surname	First Name	Middle Name(s)
Full name of body, whether incorporated or not. (if applicable)			
Contact Address		Postcode	
Telephone Number	Mobile Telephone Number	Email Address	
Landlord Registration Scheme Number (if applicable)			
Will you be involved in the management of the HMO?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you will be involved in the management of the HMO please provide details of how you consider yourself to be competent to do so? (continue on a separate sheet if necessary) (Note 7)			
Satisfactory Management Arrangements (Note 7)			Comments
Are you currently listed on the insolvency register? (If yes, provide details)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you been a partner or director of any business declared bankrupt within the last 2 years? (If yes, provide details)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Section 14 – Notes

All references are to the Houses in Multiple Occupation Act (Northern Ireland) 2016 unless otherwise stated.

1.0 Meaning of “house in multiple occupation”

A House in Multiple Occupation (HMO) is defined in [Section 1](#) of the Act as a building or part of a building (for example, a flat) that is classed as living accommodation and is occupied by three or more people, who are members of more than two households. Additionally, accommodation is not an HMO unless rents are payable or other consideration is provided in respect of the accommodation. The section also introduces [Schedule 1](#) (exceptions) to the definition of “house in multiple occupation”.

2.0 Definition of living accommodation

[Section 2](#) defines “living accommodation” for the purposes of [Section 1](#). A building, or part of a building, is living accommodation (i) if it is capable of being occupied as a separate dwelling **or** (ii) if it forms part of any building or group of buildings in single ownership and its occupants share a toilet, personal washing facilities or facilities for the preparation or provision of cooked food. “Single ownership” is defined in subsections (2) and (3) in a way which prevents avoidance of the legislation by artificially dividing ownership of a property between members of a family or connected companies.

3.0 Requirement for HMOs to be licensed

[Section 7](#) of the Act requires every house in multiple occupation that is not exempted to be licensed. A licence for an HMO authorises the use of a property as a HMO subject to the licence conditions.

4.0 Applications for HMO licence

An application for a HMO licence must be made by the owner of the HMO. While the application can be in the name of one owner, the council must assess whether all the owners of the property and a fit and proper person. [Section 8](#) of the Act sets out the matters which must be taken into account when a council is considering an application for an HMO licence. In addition to the listed matters, the council may take into account any matter which it considers to be relevant. The details of the procedural requirements, in relation to an application for an HMO licence, are contained within [Schedule 2](#) of the Act.

5.0 Breach of planning control

[Section 8\(2\)\(a\)](#) of the Act, as read with the definition in [Section 9](#), provides that a new application will be refused if use of the property as a HMO would be a breach of planning control. Carrying out development without planning permission, or failing to comply with any condition or limitation

subject to which planning permission has been granted, constitutes a breach of planning control. Refusals on this ground are treated slightly differently from refusals on other grounds. In particular, the refusal must be made within 28 days of the application and there is no appeal to the county court. In relation to renewal applications, failure to have planning permission for use of the property as a HMO will be considered when assessing whether the applicant is a fit and proper person. While this does not mean that an application will automatically be refused, applicants are advised to ensure they have the necessary permission or certificate of lawful use in place before applying for renewal of a licence.

6.0 Fit and proper persons

6.1 [Section 10](#) of the Act specifies matters to which the council must have regard (in addition to other things it may consider) when deciding whether an applicant, an owner, or a managing agent, is a fit and proper person. A person who is disqualified under [Section 38](#) of the Act cannot be regarded as a fit and proper person. In any other case, the council must consider specified matters: whether the person has committed certain types of offence, practiced unlawful discrimination or contravened housing law or landlord and tenant law; actions or failures to act in relation to antisocial behaviour; affecting a house let by the applicant or for which the applicant was an agent. The council may also take into account any other matter which it considers to be relevant.

If an owner or managing agent is a body (whether incorporated or not), the body is not a fit and proper person if any of the following is not a fit and proper person:

- (a) a director of the body,
- (b) a partner of it, or
- (c) any other person concerned in the management of the body.

For the purposes of assessing whether the applicant is a fit of proper person, the council will require the applicant to produce a current suitable and sufficient Fire Risk Assessment (FRA). In completing the application form the applicant must declare that the premises will be maintained in accordance with the FRA. The application must also declare that the property will be managed in accordance with the requirements of the Northern Ireland HMO Fire Safety Guide. If it appears that an applicant fails to comply with that declaration, the council will reassess whether that person continues to be a fit and proper person to hold a licence.

6.1 Antisocial behaviour

In subsection [Section 10\(6\)](#) of the Act antisocial behaviour is defined as:

- (i) acting or threatening to act in a manner causing or likely to cause a nuisance or annoyance to a person residing in, visiting or otherwise engaging in a lawful activity in residential premises or in the locality of such premises, or
- (ii) using or threatening to use residential premises for illegal purposes.

7.0 Satisfactory management arrangements

[Section 11](#) of the Act outlines the considerations that a council must take into account when deciding whether suitable management arrangements are in place at application stage. An applicant must be able to demonstrate that any person proposed to be involved in managing the property has a sufficient level of competence, that those persons are fit and proper and that the proposed management structures are suitable. The applicant must also demonstrate that the funding arrangements for maintaining and managing the HMO are suitable. A letter from an accountant, bank or some other person with professional knowledge of the funding arrangements will be considered acceptable to meet this requirement.

The council may also take into account other considerations which it considers relevant.

8.0 Applications for HMO licences: requirements and procedure

[Schedule 2](#) of the Act sets out the procedure for processing an application for an HMO licence.

8.1 Relevant interest in the HMO

[Schedule 2](#)(2).(e) of the Act requires the application to contain the name and address of any person (other than the owner) who has a relevant interest in the HMO. This is defined as a freehold estate, a leasehold estate (unless the unexpired term is three years or less), a mortgage, charge or lien.

9.0 Occupancy Levels

[Schedule 2](#)(2)(f) of the Act requires the owner to specify the maximum number of persons, who it is proposed will occupy the accommodation as their only or main residence at any one time. The permitted numbers are calculated by the room standard and room standards which are set out in [Section 42](#) and [Section 43](#). Additional fire safety measures may be required where vulnerable occupants are occupying the HMO. Northern Ireland HMO Fire Safety Guide defines vulnerable persons as, an elderly person (over 65), children under 10, mentally or physically impaired persons, ill or depressed persons and persons on medication and known substance abusers (alcohol or drugs).

10.0 Determining the application

The council must process a licence application within a reasonable time. The council will aim to determine applications before the end of the period of three months beginning with the date on which the council received a valid application. The application is only valid if the form is completed correctly, full payment is made and the required supporting documents are included.

11.0 Application fee

You need to submit a fee of £185 per person with the application. The licence application will not be considered without the full fee. The licence period is for 5 years.

3 persons = £555

4 persons = £740

5 persons = £925

6 persons = £1110

7 Persons = £1295

8 persons = £1480

9 persons = £1665

10 persons = £1850

Each additional person £185

12.0 Supporting documentation

The following supporting documentation (as necessary) is required before an application is considered valid:

12.1 Electrical Installation Condition Report

Valid, current certificates for the electrical installation, confirming compliance with the applicable edition of the I.E.E. Regulations. Certificates with either C1 or C2 faults indicated on the certificate will be deemed as non-compliant.

12.2 Fire detection and alarm systems

For a system installed to BS 5839-1:2017 Fire detection and fire alarm systems for buildings.

Code of practice for design, installation, commissioning and maintenance of systems in non-domestic premises. One of the following valid certificates is required:

- Installation Certificate
- Commissioning Certificate
- Inspection and Servicing Certificate

For a system installed to BS 5839-6:2013 Fire detection and fire alarm systems for buildings.

Code of practice for the design, installation, commissioning and maintenance of fire detection and fire alarm systems in domestic premises

For Grade A, B or C systems, one of the following valid certificates is required –

- Installation Certificate
- Commissioning Certificate
- Inspection and Servicing Certificate

For Grade D Systems certification is not required.

12.3 Emergency lighting (if applicable)

In accordance with the recommendation of BS5566. Part 1, Code of Practice for the Emergency Escape Lighting in Premises. One of the following valid certificates is required:

- Completion certificate – Installation – Declaration of conformity
- Completion certificate – Verification – Declaration of conformity
- Emergency lighting inspection and test certificate

12.4 Current Portable Appliance Test (PAT) certificate

Portable appliance testing (PAT) is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.

12.5 Energy Performance Certificate (EPC)

Energy Performance Certificate with a minimum E rating for energy efficiency.

12.6 Gas safety certificate (if applicable)

Valid, current certificate(s) issued within the last year by a Gas Safe registered installer.

12.7 Expiry or useful date on CO detector (if applicable)

A carbon monoxide alarm is installed which meets the requirements of BS EN 50291:2001 in the same room as any gas appliance.

Additionally a carbon monoxide alarm is installed which meets the requirements of BS EN 50291:2001 in any room in the house which is used wholly or partly as living accommodation and contains a solid fuel burning combustion appliance.

As a minimum, alarms should be powered by a battery designed to operate for the working life of the alarm. Such alarms must be kept in proper working order and should incorporate a warning device to alert users when the working life is due to pass.

While carbon monoxide alarms may provide an extra measure of warning, remember these are no substitute for regular inspection and maintenance of appliances, vents, flues and chimneys.

12.8 Chimneys and flues

A declaration as to the condition of any chimneys and flues and date they were last cleaned.

12.9 Current fire risk assessment

The Fire and Rescue Services (NI) Order 2006 and the Fire Safety Regulations (NI) 2010 places responsibilities on person(s) with control of premises to assess the risk of harm from fire and to put in place suitable fire safety measures.

The appropriate person **must** record the significant findings of their fire risk assessment (including fire safety measures that have been, or will be, taken to ensure the safety of persons from fire) and any persons identified as being especially at risk from fire on the premises.

The aim of the fire risk assessment is:

- to identify hazards and to reduce the risk of those hazards causing harm to as low as is reasonably practicable; and
- to determine what fire safety measures and management policies are necessary to ensure the safety of people in the building should fire occur.

The completed fire risk assessment will be evaluated using the Northern Ireland HMO Fire Safety Guide as a benchmark. If the property is not deemed compliant, the applicant will be afforded an opportunity to remedy the issues. If they are not remedied to the satisfaction of officers, the council will take that into account when assessing whether the applicant is a fit and proper person.

12.10 Personal Emergency Evacuation Plans

A PEEP is a **P**ersonal **E**mergency **E**vacuation **P**lan. It is a bespoke 'escape plan' for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of any emergency.

Who needs a PEEP?

PEEPs may be required for occupants with:

- mobility impairments
- sight impairments
- hearing impairments
- cognitive impairments
- other circumstances

A temporary PEEP may be required for:

- short-term injuries (i.e. broken leg)
- temporary medical conditions
- those in the later stages of pregnancy

The underlying question in deciding whether a PEEP is necessary is "can you evacuate the building unaided, in a prompt manner, during an emergency situation?" If the answer is "no", then it is likely that a PEEP is needed.

12.11 Proof of suitable funding arrangements

An applicant must be able to demonstrate that they have sufficient funds to undertake any remedial or improvement works necessary to bring the property up to a licensable standard and maintain it in such a standard.

The applicant is therefore required to provide a letter from an accountant, bank or some other person with professional knowledge of the funding arrangements to demonstrate that the funding arrangements for maintaining and managing the HMO are suitable.

12.12 An antisocial behaviour plan

In assessing whether an applicant is a fit and proper person, the council must have regard to whether the applicant, their associate or former associate has engaged in any antisocial behaviour and their conduct as regards any antisocial behaviour engaged in by occupants of premises which they owned or managed.

An applicant will be required to provide an antisocial behaviour plan to support an application for a licence. The plan must have regard to the council's Antisocial Behaviour Guide and the standard licence conditions in relation to managing antisocial behaviour.

13.0 Publication of Notice of Application

Houses in Multiple Occupation (Publication of Application) Regulations (Northern Ireland) 2019 requires

A person making an application for a licence for a house in multiple occupation (HMO) shall, not later than seven days beginning with the date of that application:

- (i) cause notice of that application to be published at his own expense in one or more newspapers circulating in the locality of the HMO; and
- (ii) supply a copy of each such notice to the council.

The Regulations prescribe the information which must be included in the notice of application.

The Regulations further prescribe the duties imposed on the council regarding publishing the notice of application on its website and representations in response to the notice.

14.0 Notification to statutory authorities

[Schedule 2](#)(3) of the Act states the council must send a copy of any application for a HMO to the statutory authorities. "The statutory authorities" means –

- (i) the Chief Constable,
- (ii) the Department for Communities,
- (iii) the Northern Ireland Fire and Rescue Service Board,
- (iv) the Northern Ireland Housing Executive, and
- (v) such other authorities as the Department may by regulation appoint for this purpose.

15.0 Return address

The NI HMO Unit
Belfast City Council
4 – 10 Linenhall Street
Belfast BT2 8BP

Section 16 – Privacy notice (To be kept by the Applicant)

Privacy Notice - how we will use information about you

Belfast City Council is the Data Controller under the General Data Protection Regulation (GDPR) for the personal data it gathers for the purposes of processing HMO licence applications and enforcing the HMO licence regulations. You are providing your personal data to the Council whose lawful basis for processing is for compliance with a legal obligation under the following legislation: the Local Government (Miscellaneous Provisions) (NI) Order 1985.

The personal data may be shared internally within the Council with staff who are involved in providing this service and where necessary, between internal departments with the purpose of supporting an effective delivery of service. It may also be shared with the Statutory Agencies (listed in note 14.0 of the application form), and the relevant local Council for the area in which the accommodation is situated.

Your personal data will not be shared or disclosed to any other organisation without your consent, unless the law permits or places an obligation on the BCC to do so. The personal data is held and stored by the Council in a safe and secure manner and in compliance with Data Protection legislation and in line with the Council's Records Retention and Disposal Schedule.

If you have any queries regarding the processing of your personal data, please contact building control's policy and legal officer at buildingcontrol@belfastcity.gov.uk or phone 028 9027 0650. If you wish to contact the Council's Data Protection Officer, please write to Belfast City Council, City Hall Belfast, BT1 5GS or send an email to records@belfastcity.gov.uk

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