Haringey Council

HOUSING ACT 2004, PART 2
HOUSE IN MULTIPLE OCCUPATION (HMO) LICENCE APPLICATION

+++ Please refer to the Application Form Guidance Notes when completing this form +++
(If you need more space for any questions, please provide additional information on extra pages)

Address of property: ~~321~~ 312 St. Ann's Road
312 St Anns Rd London Post code: N15. 3TL

Application for:

First time licence ☒ Renewal of licence ☐ Variation of existing licence ☐ *(tick appropriate box)*

Exemption from licensing (complete only Section 1.1, Questions 2.1 to 2.7, Section 7, and Section 8) ☐

SECTION 1: OWNERSHIP AND MANAGEMENT DETAILS

1.1 YOUR (The Applicant) DETAILS:

First Name(s): Mr & Mrs. Sultan Maqsood
Family Name: Maqsood
Address: 503 Green Lanes
London Post code: N4 1AL
Tel No(s): 07956 356050 Fax No:
E-mail:

Are you the: Freeholder ☒ Leaseholder ☐ Manager ☐
Other ☐ Please specify

1.2 PROPOSED LICENCE HOLDER DETAILS: *(See note 1.2)*

First Name(s): Mr. Sultan
Family Name: Maqsood
Address: 503 Green Lanes.
London Post code: N4 1AL.
Tel No(s): Fax No:
E-mail:

RECEIVED
15 MAR 2012

PROPOSED LICENCE HOLDER DETAILS (Cont'd):

Does the proposed licence holder hold **or** propose to hold an HMO licence under Parts 2 or 3 of the Housing Act 2004 for any other HMO:

within the London Borough of Haringey? Yes ☒ No ☐

outside the London Borough of Haringey? Yes ☐ No ☒

If yes, please specify the address(es) below:

Address	Borough/Authority
503 Green Lanes London N4	Haringey
101 Perbeton Road London N4	Haringey
74 Umfreville Road London N4	Haringey
102 Vallard Road London N4	Haringey

Continue on a separate sheet if necessary

1.3 FREEHOLDER DETAILS: *(If freeholder is a limited company please provide the Registered address)*

First Name(s): Mr & Mrs Sultan and Farit

Familly Name: Magsood

Address: 503 Green Lanes

London Post code: N4 1AL

Tel No(s): 07956 350050 Fax No:

E-mail:

***For companies only**, please specify below details of the Principal address, where different from the Registered address.*
In the case of a Limited Company, Partnership or trust registered outside the UK specify the address within the UK where any documents may be served.

Address:

Post code:

Tel No(s): Fax No:

E-mail:

Contact name:

1.4 LEASEHOLDER DETAILS:

(If leaseholder is a limited company please provide the Registered address)

First Name(s):

Familly Name:

Address:

Post code:

Tel No(s): N/A

Fax No:

E-mail:

Description of leased premises:

Length of lease:

Date lease granted:

***For companies only**, please specify below details of the Principal address, where different from the Registered address.*
In the case of a Limited Company, Partnership or trust registered outside the UK specify the address within the UK where any documents may be served.

Address:

Post code:

Tel No(s):

Fax No:

E-mail:

Please provide details of any additional leaseholders on a separate sheet

1.5 MANAGER DETAILS:

(If a limited company, please provide the full Registered name and address)

First Name(s): MR. SOOSKUI

Familly Name: VASQUEZ.

Address: 21 PEMBERTON ROAD, LONDON

Post code: N4 1NX

Tel No(s): 07576482614

Fax No:

E-mail:

For companies, provide a contact name:

MANAGER'S BACKGROUND:

1.5.1 How long has the manager been involved in any form of property management? 6 YEARS

1.5.2 Is the manager currently managing other private rented property in Haringey or elsewhere? Yes ☒ No ☐

If yes, please provide the following information for each property:

Address	Borough/Authority	Licensable HMO?
102 WHITEHALL ROAD LONDON N4	HARINGEY	

Continue on a separate sheet if necessary

1.5.3 Is the manager a member of the London Landlord's Accreditation Scheme? Yes ☐ No ☒ *(See note 1.5.3)*

If yes, provide their membership number:

1.6 RENT COLLECTOR DETAILS:

First Name(s): IZ SOOVSKII

Family Name: VASQUEZ

Address: 7-9, FERDINAND STREET, LONDON NW1

Tel No(s): 07570482614 Post code: NW1 8ES

E-mail: Fax No:

1.7 MORTGAGEE DETAILS:

Name:

Address:

Tel No(s): N/A Post code:

E-mail: Fax No:

Mortgage account or roll number:

1.8 OTHER RELEVANT PERSONS' DETAILS: *(See note 1.8)*

Name (in full):

Address:

Tel No(s): Post code:

E-mail: Fax No:

nterest in property: N/A.

or companies, provide a contact name:

ooOoo

lame (in full):

ddress:

el No(s): Post code:

mail: Fax No:

erest in property:

r companies, provide a contact name:

ase provide details of any other relevant persons on a separate sheet

1.9 FIT AND PROPER PERSON ASSESSMENT:

The Council must be satisfied that **both** the proposed licence holder **and** the proposed manager are fit and proper persons to hold a licence or to manage an HMO. As the applicant, it is your responsibility to ensure that the questions below are answered in respect of **all** the following persons:

- the proposed licence holder,
- any person associated with the proposed licence holder on a personal or work basis,
- the proposed manager,
- any person associated with the proposed manager on a personal or work basis,
- any other person proposed to be involved in the management of the property.

It is **essential** that you answer these questions **truthfully**.

1.9.1 Have any of the above persons, to your knowledge, been convicted of any of the following:

- offences involving fraud, dishonesty, violence or drugs? Yes ☐ No ☒
- offences under Schedule 3 of the Sexual Offences Act 2003? Yes ☐ No ☒
- unlawful discrimination in connection with any business on the grounds of sex, disability, colour, race, ethnic or national origins? Yes ☐ No ☒
- offences relating to housing, public or environmental health, or landlord and tenant law? Yes ☐ No ☒

(See note 1.9.1)

1.9.2 Have any of the above persons, to your knowledge, owned or managed a house or HMO which has been the subject of any enforcement action described in section 5(2) of the Housing Act 2004? Yes ☐ No ☒

(See note 1.9.2)

1.9.3 Have any of the above persons, to your knowledge, owned or managed a house or HMO for which a licence under Parts 2 or 3 of the Housing Act 2004 has been refused or revoked? Yes ☐ No ☒

(See note 1.9.3)

1.9.4 Have any of the above persons, to your knowledge, owned or managed a house or HMO that has been the subject of an interim or final management order made under the Housing Act 2004? Yes ☐ No ☒

(See note 1.9.4)

If you have ticked 'Yes' to any of 1.9.1 to 1.9.4 above, please provide full details below:

SECTION 2: PROPERTY DETAILS

GENERAL DETAILS:

2.1 Is the building:- Residential only ☒ Mixed residential and commercial ☐

2.2 Total number of storeys in building: 2. *(See note 2.2)*

2.3 Has the whole or part of the building been converted so as to contain any studios or self-contained flats? Yes ☐ No ☒
If yes, provide the date of conversion, if known: _____

2.4 Total number of residential units which are:-

(i) bedsit rooms sharing facilities: 5

(ii) self-contained or studio flats: _____

(iii) non self-contained flats: _____ *(See note 2.4)*

2.5 Total number of habitable rooms in the whole building: 6 *(See note 2.5)*

2.6 Total number of households occupying the whole building: _____ *(See note 2.6)*

2.7 Total number of persons occupying the whole building: 6 *(See note 2.7)*

Please complete Sections 2A and 2B below for buildings having only bedsit rooms sharing facilities.

Please complete Section 2C below for buildings having only self-contained flats and studios.

Please complete Sections 2A, 2B and 2C below for buildings with a mixture of bedsit rooms and self-contained flats or studio flats, or where units of accommodation have exclusive use of all facilities but are not self-contained.

SECTION 2A: DETAILS OF BEDSIT ROOMS

(1)

Room location: Ground Floor Front *(See note 2.8)*

Room number *(if applicable)*: Room 1 Room size: 14.90 m² *(See note 2.9)*

Name(s) of all current occupier(s): _____ *(See note 2.10)*

Type of tenancy: _____ *(See note 2.11)*

(2)

Room location: Ground Floor Third *(See note 2.8)*

Room number *(if applicable)*: Room 2 Room size: 10.72 m² *(See note 2.9)*

Name(s) of all current occupier(s): _____ *(See note 2.10)*

Type of tenancy: _____ *(See note 2.11)*

(3)

Room location: FIRST FLOOR FRONT (See note 2.8)

Room number *(if applicable)*: ROOM 3 Room size: 14.12 m² (See note 2.9)

Name(s) of all current occupier(s): (See note 2.10)

Type of tenancy: (See note 2.11)

(4)

Room location: FIRST FLOOR MIDDLE (See note 2.8)

Room number *(if applicable)*: ROOM 4 Room size: 11.58 m² (See note 2.9)

Name(s) of all current occupier(s): (See note 2.10)

Type of tenancy: (See note 2.11)

(5)

Room location: FIRST FLOOR MIDDLE (See note 2.8)

Room number *(if applicable)*: ROOM 5 Room size: 11.10 m² (See note 2.9)

Name(s) of all current occupier(s): (See note 2.10)

Type of tenancy: (See note 2.11)

(6)

Room location: (See note 2.8)

Room number *(if applicable)*: Room size: (See note 2.9)

Name(s) of all current occupier(s): (See note 2.10)

Type of tenancy: (See note 2.11)

(7)

Room location: (See note 2.8)

Room number *(if applicable)*: Room size: (See note 2.9)

Name(s) of all current occupier(s): (See note 2.10)

Type of tenancy: (See note 2.11)

(8)

Room location: ..... *(See note 2.8)*

Room number *(if applicable)*: ..... Room size: ..... *(See note 2.9)*

Name(s) of **all** current occupier(s): ..... *(See note 2.10)*

.....

Type of tenancy: ..... *(See note 2.11)*

If necessary, continue on a separate sheet for additional bedsit rooms

SECTION 2B: DETAILS OF SHARED FACILITIES (Kitchens, bathrooms and WCs)

Number of shared kitchens: 1

Number of shared bath/shower rooms with a WC: 1

Number of shared WC compartments: 2

Number of shared bath/shower rooms without WC: 1

Please complete for each shared kitchen:

Location *(See note 2.8)*
Ground floor rear.

Total number of households sharing the kitchen(s): .....

Total number of persons sharing the kitchen(s): 6

Please complete for each shared bath/shower room:

Location *(See note 2.8)*	Is there a WC in the room? Yes/No	Is there a wash-hand basin? Yes/No
Ground floor rear	No.	No.
First floor front	Yes	Yes

Total number of households sharing the bath/shower room(s): .....

Total number of persons sharing the bath/shower room(s): 6

Please complete for each shared WC compartment (i.e. not in a bath/shower room):

Location *(See note 2.8)*	Is there a wash-hand basin in the compartment? Yes/No
GROUND FLOOR FRONT	YES.

Total number of households sharing the WC compartments .....

Total number of persons sharing the WC compartments 6

If necessary, continue on a separate sheet for additional shared facilities

SECTION 2C: DETAILS OF SELF-CONTAINED UNITS OR OTHERS WITH EXCLUSIVE USE OF FACILITIES

(1)

Flat location: ..... *(See note 2.12)*

Flat number *(if applicable)*: ..... Flat size: ..... *(See note 2.13)*

Name(s) of **all** current occupier(s): ..... *(See note 2.10)*

.....

Number of households: ..... *(See note 2. 6)*

Is the flat normally:- Owner-occupied ☐ *(See note 2.14)*

Rented ☐

If rented, type of tenancy: ..... *(See note 2.11)*

Number of habitable rooms: ..... *(See note 2.5)*

(2)

Flat location: ..... *(See note 2.12)*

Flat number *(if applicable)*: ..... Flat size: ..... *(See note 2.13)*

Name(s) of **all** current occupier(s): ..... *(See note 2.10)*

.....

Number of households: ..... *(See note 2. 6)*

Is the flat normally:- Owner-occupied ☐ *(See note 2.14)*

Rented ☐

If rented, type of tenancy: ..... *(See note 2.11)*

Number of habitable rooms: ..... *(See note 2.5)*

(3)

Flat location: ..... *(See note 2.12)*

Flat number *(if applicable)*: ..... Flat size: ..... *(See note 2.13)*

Name(s) of **all** current occupier(s): ..... *(See note 2.10)*

.....

Number of households: ..... *(See note 2. 6)*

Is the flat normally:- Owner-occupied ☐ *(See note 2.14)*

Rented ☐

If rented, type of tenancy: ..... *(See note 2.11)*

Number of habitable rooms: ..... *(See note 2.5)*

(4)

Flat location: ..... *(See note 2.12)*

Flat number *(if applicable)*: ..... Flat size: ..... *(See note 2.13)*

Name(s) of **all** current occupier(s): ..... *(See note 2.10)*

.....

Number of households: ..... *(See note 2. 6)*

Is the flat normally:- Owner-occupied ☐ *(See note 2.14)*

Rented ☐

If rented, type of tenancy: ..... *(See note 2.11)*

Number of habitable rooms: ..... *(See note 2.5)*

(5)

Flat location: ..... *(See note 2.12)*

Flat number *(if applicable)*: ..... Flat size: ..... *(See note 2.13)*

Name(s) of **all** current occupier(s): ..... *(See note 2.10)*

.....

Number of households: ..... *(See note 2. 6)*

Is the flat normally:- Owner-occupied ☐ *(See note 2.14)*

Rented ☐

If rented, type of tenancy: ..... *(See note 2.11)*

Number of habitable rooms: ..... *(See note 2.5)*

(6)

Flat location: _____ *(See note 2.12)*

Flat number *(if applicable)*: _____ Flat size: _____ *(See note 2.13)*

Name(s) of **all** current occupier(s): _____ *(See note 2.10)*

_____

Number of households: _____ *(See note 2. 6)*

Is the flat normally:- Owner-occupied ☐ *(See note 2.14)*

Rented ☐

If rented, type of tenancy: _____ *(See note 2.11)*

Number of habitable rooms: _____ *(See note 2.5)*

(7)

Flat location: _____ *(See note 2.12)*

Flat number *(if applicable)*: _____ Flat size: _____ *(See note 2.13)*

Name(s) of **all** current occupier(s): _____ *(See note 2.10)*

_____

Number of households: _____ *(See note 2. 6)*

Is the flat normally:- Owner-occupied ☐ *(See note 2.14)*

Rented ☐

If rented, type of tenancy: _____ *(See note 2.11)*

Number of habitable rooms: _____ *(See note 2.5)*

(8)

Flat location: _____ *(See note 2.12)*

Flat number *(if applicable)*: _____ Flat size: _____ *(See note 2.13)*

Name(s) of **all** current occupier(s): _____ *(See note 2.10)*

_____

Number of households: _____ *(See note 2. 6)*

Is the flat normally:- Owner-occupied ☐ *(See note 2.14)*

Rented ☐

If rented, type of tenancy: _____ *(See note 2.11)*

Number of habitable rooms: _____ *(See note 2.5)*

SECTION 3: MANAGEMENT ARRANGEMENTS

3.1 Is the property regularly inspected by the manager? Yes ☒ No ☐

Is the property regularly inspected by the licence holder? Yes ☒ No ☐

If yes, how often are these inspections? _____

3.2 What regular maintenance is carried out at the property? _____

AS NECESSARY AND REQUIRED

3.3 Is there a 24-hour emergency contact telephone number provided for the occupiers? Yes ☒ No ☐

If yes, specify the number and contact name: MR. S. VASQUEZ. 07576482614

3.4 Briefly explain how funds are made available for general maintenance and emergency repairs at the property:

FROM RENTAL INCOME.

3.5 How often are the common parts and shared facilities cleaned? WEEKLY.

3.6 Who carries out this cleaning? CLEANING SERVICES PROVIDED BY TENANCIES

3.7 What facilities are provided for refuse storage? BIN.

3.8 Is there a mains wired interlinked fire detection system within the building? Yes ☐ No ☒

If yes - is the system inspected regularly in accordance with BS 5839? Yes ☐ No ☐

- date of most recent inspection: _____

- is there a log book of inspections and testing? Yes ☐ No ☐

3.9 Is there an emergency lighting system within the building? Yes ☐ No ☒

If yes - is the system inspected regularly in accordance with BS 5266? Yes ☐ No ☐

- date of most recent inspection: _____

3.10 Is the following fire safety equipment provided:

- fire blankets in kitchens? Yes ☒ No ☐

- fire extinguishers? Yes ☒ No ☐

If yes, has all the equipment been tested within the past 12 months? Yes ☒ No ☐

3.11 Do you provide upholstered furniture within the lettings? Yes ☒ No ☐

If yes, does it comply with the Furniture and Furnishings (Fire Safety) Regs? Yes ☒ No ☐

SECTION 4: TENANCY ARRANGEMENTS

4.1 Are occupiers provided with:

- a written tenancy agreement at the beginning of their occupancy? Yes ☒ No ☐
- a checked inventory and statement of condition at the beginning of their occupancy? Yes ☒ No ☐

4.2 Do you take tenancy deposits from new tenants at the beginning of their occupancy? Yes ☐ No ☒

If yes - are the tenants provided with details of the deposit protection scheme? Yes ☐ No ☐

- provide details of the deposit protection scheme you use _____

4.3 For tenanted self-contained units only, do you have energy performance certificates? N/A Yes ☐ No ☐

If yes, are the tenants provided with copies at the beginning of their occupancy? Yes ☐ No ☐

4.4 Are rents for tenanted units inclusive of gas and electricity? Yes ☐ No ☐

4.5 Who pays the Council Tax? _____

4.6 Are the Council Tax payments up-to-date? Yes ☒ No ☐

SECTION 5: CALCULATION OF FEES

Licence applications are to be accompanied by a fee. ***(See note 5.1)***

The standard fee is £208 **per** residential unit, i.e. for each bedsit room, self-contained flat, non-self-contained flat or bedroom in a house let on a single tenancy agreement to a group of friends.

Total number of residential units 5 x £208 = Sub Total 1040

For an assisted application ***(See note 5.2)***, add £230 to Sub Total .....

For an accredited landlord, subtract £100 from Sub Total .....

For provision of scaled drawings ***(See note 5.3)***, subtract £50 from Sub Total .....

For early applications ***(See note 5.4)*** submitted within a Council defined time limit, subtract £100 .....

Total = 1040

SECTION 6: ENCLOSURES

You are required to enclose the following with your application:	*Tick box if enclosed*
1. Copy or copies of test certificate(s) obtained in the last 12 months for the gas appliances in the building. ***(See note 6.1)***	☑
2. Copy or copies of inspection and test certificate(s) obtained in the last 5 years for the fixed electrical installation(s) within the building. ***(See note 6.2)***	☑
3. Where applicable, copy of inspection and test report obtained in the last 12 months for a Grade A automatic fire detection (AFD) system or confirmation that the smoke and heat alarms in a Grade D system have been cleaned. ***(See note 6.3)***	☑
4. Where applicable, copy of inspection and test report obtained in the last 12 months for the emergency lighting system. ***(See note 6.4)***	☑
5. Where applicable, proof of the servicing of the fire extinguishers within the past 12 months.	☑
6. Copy of sample tenancy agreement issued to occupying tenants.	☑
7. Drawings or plans of the building, either drawn to scale (1:50 or 1:100) with the scale clearly shown or with dimensions clearly marked (**not** required for renewal applications where there has been no change in the layout of the property). ***(See note 6.7)***	☑
8. Licence fee *(cheques must be crossed and made payable to the London Borough of Haringey).*	☑

SECTION 7: EXEMPTION FROM LICENSING

Complete this Section (a) if you consider that the property does not require licensing or (b) if you wish to apply for a Temporary Exemption Notice.

(a) Why do you consider that the property does not require licensing? *(See note 7.1)*

(b) What steps do you intend to take to ensure that the house no longer requires licensing after three months and how long do you think this will take? *(See note 7.2)*

CTION 8: NOTIFICATIONS AND DECLARATION

You **must** let the following persons know in writing that you have made this application or give them a copy of it:

- any mortgagee of the property,
- any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessees who are known to you,
- any other person who is a tenant or long leaseholder of the property or any part of it (including any flat) who is known to you other than a statutory tenant or 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), and
- any person who has agreed that he will be bound by any condition or conditions in a licence if it is granted.

You **must** tell each of these persons:

- your name, address, telephone number, fax number (if any) and e-mail address,
- the name, address, telephone number and e-mail address of the proposed licence holder (if that is not you),
- that this is an application under Part 2 of the Housing Act 2004,
- 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, and
- the date the application will be submitted.

You can make these notifications by copying (as necessary) the enclosed form, S63/SN, and completing and sending it to each relevant person.

ooOoo

Please complete and sign the following declaration. Where you, the applicant, are not the proposed licence holder, the latter must also sign the 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 I/we are reckless as to whether it is false or misleading.

Signed (applicant): _____ Dated: 12/03/2012

Print name: Mr. S. Magsood For and on behalf of _____
(where appropriate)

Signed (proposed licence holder): _____ Dated: 12/03/2012

Print name: Mr. S. Magsood For and on behalf of _____
(where appropriate)

N.B. Important. *It is a criminal offence to knowingly supply information which is false and/or misleading, or to fail to disclose information which is relevant to the application in order to obtain a licence. This may result in legal action being taken against you and revocation of any licence granted. Also, a person who knowingly supplies you with false or misleading information in connection with this application may commit a criminal offence.*

On completion of the form please return it, complete with enclosures, to:-

Housing Improvement Team (Private Sector)
HMO Licensing
London Borough of Haringey
1st Floor, Apex House, 820 Seven Sisters Road
London
N15 5PQ

Tel. no. 020 8489 5230

hmolic.app.form.(Sep2011)