

Relevant Persons Declaration

IMPORTANT NOTES:

This document is to be completed by you (as the applicant) and any other person associated with you on the licence application form.

In the case of partnerships or trustees, all partners or trustees must sign. For limited companies, the application must be signed by the Company Secretary, Director or another authorised other (proof of authority required).

Please note:

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 cancelled or other action taken.

Name of Applicant:

Address of HMO to be licensed:

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As the applicant, you must let certain persons **know in writing** that you have made this application or give them a copy of it.

The persons who need to know about it are:

- Any mortgagee of the property to be licensed;
- Any owner of the property to which the application relates (*if that is not you*) i.e. 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 other than a statutory tenant or other tenant whose lease or tenancy is for less than three years (*including a periodic tenancy*);
- The proposed licence holder (*if any*) (*if that is not you*);
- Any person who has agreed that he will be bound by any conditions in a licence if it is granted.

You must tell each of these persons:

- Your name, address, telephone number and email address or fax number (*if any*);
- The name, address, telephone number and email address or fax number (*if any*) of the proposed licence holder (*if it will not be you*);
- Whether this application is for an HMO licence under Part 2 or for a house licence under Part 3 of the Housing Act 2004;
- The address of the property to which the application relates;
- The name and address of the Local Housing Authority to which the application will be made;
- The date the application will be submitted.

I/we will declare that I/we have served a notice of this application on the following persons who are the only persons known to me/us that are required to be informed that I/we have made this application.

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

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.

Name of applicant:

Signed:

Dated:

Name of proposed licence holder:
(if different from applicant)

Signed:

Dated:

Name of HMO manager:
(if different from applicant)

Signed:

Dated:

Name of HMO owner:
(if different from applicant)

Signed:

Dated:

Name:
(if different from applicant)

Signed:

Dated:

Name:
(if different from applicant)

Signed:

Dated: