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| **Application for a Variation of House in Multiple Occupation (HMO)** **Licensing (Mandatory / Additional) under the provisions of Parts 2 of the Housing Act 2004** |

THIS FORM IS USED TO NOTIFY THE COUNCIL OF CERTAIN CHANGES THROUGHOUT THE TERM OF AN HMO LICENCE

It should not be used as a part of a new application. Please ensure you read through the form thoroughly before completing it, if there are any sections which do not apply please indicate so with not applicable or n/a.

Further guidance regarding variations can be found on our website. If you require any further assistance, please contact: **landlord\_licensing@sandwell.gov.uk**

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|  HMO Details  |
| HMO Address  | Postcode: |

Updates to Connected persons details

The Licence Holder

To be completed if there is a change to any of the contact details for the licence holder. **Please note, an HMO licence cannot be transferred from one name to another. If there is to be a change in licence holder, please complete a new HMO licence application.**

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| Licence Holder |
| Full Name |
| Address  | Postcode: |
| Telephone Numbers | Home: Mobile: Work: |
| Email Address  |
| Date of Birth (If applicable) |
| National Insurance |
| Company House or Charity Registration Number |

The Manager

To be completed if you have changed management, or if your managers contact details have changed. Please tick the box which applies:

New management Updated contact details

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| HMO Manager |
| Full Name |
| Address  | Postcode: |
| Telephone Numbers | Home: Mobile: Work: |
| Email Address  |
| Date of Birth (If applicable) |
| National Insurance |
| Company House or Charity Registration Number |

Mortgage Lender

To be completed if you have changed mortgage. Please tick the box which applies:

New mortgage Uno longer hold a mortgage

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| Mortgage company |
| Address  | Postcode: |
| Mortgage number |

Ownership

To be completed if there are any changes to the ownership. Please tick the box which applies:

Updates to contact details New / additional owners

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| Owner  |
| Full Name |
| Address  | Postcode: |
| Telephone Numbers | Home: Mobile: Work: |
| Email Address  |
| Date of Birth (If applicable) |
| National Insurance |
| Company House or Charity Registration Number |

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| Owner  |
| Full Name |
| Address  | Postcode: |
| Telephone Numbers | Home: Mobile: Work: |
| Email Address  |
| Date of Birth (If applicable) |
| National Insurance |
| Company House or Charity Registration Number |

Please photocopy and attach separate pages if more are required.

Changes to the Occupancy

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| Change to the maximum number of occupiers |
| Maximum number of occupiers on the existing licence |
| Maximum number of occupiers requested under this variation |

Change of Layout or Structure (This may include change of room use).

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| Please describe the changes to the property and enclose a full up to date professionally drawn plan on a separate sheet of paper (does not have to be to scale but should accurately reflect the changes proposed). |
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Declaration

An application for an HMO licence/re-licence is a serious matter and should be regarded as such.

*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 incorrect, or imprecisely stated or described, the licence can be cancelled or other statutory action taken. This may affect other HMO licences with which you have any connection.*

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| **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.Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**In the case of partnerships or trustees, all partners or trustees must sign. In the case of a limited company, the form must be signed by a director or company secretary or other authorised officer, in which case we will require proof of authority.** |

For office use only

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| Date Application Received: Officer initials:Reference number: |