**Declaration in respect of a Licenced Property under part 2 or 3 of the Housing Act 2004**

**CHANGE OF MANAGEMENT ARRANGEMENTS**

The Licence Holder should return **A COMPLETED COPY OF THIS FORM where there has been a change of management arrangements relating to Licenced Property**

**Name of Licence Holder**: Click here to enter text.

**Licence Reference:** Click here to enter text.

**Address of licence:** Click here to enter text.

I wish to declare a change of management arrangements relating to the above Licence. (Please tick).

The change will require a **replacement** managing agent being added to the records for this licence. **(Please complete sections 1.1 & 1.2 below)**

**Or:**

The change will see the former managing agent being removed from the records, and no replacement being added. The licence holder will manage the property solely in line with their responsibilities brought about by the licence condition. **(Please complete section 1.2 below)**

**If the change requires a change of licence holder, you should be aware that this will require a new application in full, with a new licence fee being payable.**

**Details for NEW managing agent:**

**Full Name (in block letters)**

**Surname:** Click here to enter text.

**First Name(s):** Click here to enter text.

**Business Address:** Click here to enter text.

**Postcode:** Click here to enter text.

**Home Tel:** Click here to enter text.

**Work/Mobile Tel:** Click here to enter text.

**Fax:** Click here to enter text.

**Email:** Click here to enter text.

**Date of Birth:** Click here to enter text.

**National Insurance No:** Click here to enter text.

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| 1.1 | **Test of fitness and Compliance with Management Conditions – (please tick the appropriate boxes)** If you answer YES to any of the following questions in this section, please give details including dates in section 1.2 below. Continue on a separate sheet where necessary.  **Please note: The Council may carry out the necessary legal checks on all parties**. | |
| a | Do you have any unspent convictions that may be relevant to the proposed licence holder’s fitness to hold a licence, or the proposed manager’s fitness to manage the HMO or house, and, in particular, any such conviction 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(a)? | **Licence Holder Manager**  Yes  No  Yes  No |
| b | Has there been any finding by a court or tribunal against the proposed licence holder or manager that they have practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability in, or in connection with, the carrying on of any business? | **Licence Holder Manager**  Yes  No  Yes No |
| c | Has there been any contravention on the part of the proposed licence holder or manager of any provision of any enactment relating to housing, public health, environmental health or landlord and tenant law which led to civil or criminal proceedings resulting in a judgement being made against you? | **Licence Holder Manager**  Yes  No  Yes  No |
| d | Do you have any information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed which has been the subject of:-   1. a control order under Section 379 of the Housing Act 1985(a) in the five years preceding the date of the application; or 2. any appropriate enforcement Act.? | **Licence Holder Manager**  Yes  No  Yes  No |
| e | Do you have any information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed for which a local housing authority has refused to grant a licence under Part 2 or 3 of the Act, or has revoked a licence in consequence of the licence holder breaching the conditions of his licence? | **Licence Holder Manager**  Yes  No  Yes  No |
| f | Do you have any information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed that has been the subject of an interim or final management order under the Act? | **Licence Holder Manager**  Yes  No  Yes  No |
| h | Has any local authority carried out work in default to premises of which you have been the owner or manager in the past 5 year | **Licence Holder Manager**  Yes  No  Yes  No |
| j | Has the licence holder or the manager been declared bankrupt? | **Licence Holder Manager**  Yes  No  Yes  No |
| k | Have you ever had any application for a HMO/Property licence refused, revoked or Management Orders imposed, in this or another local authorities area? | **Licence Holder Manager**  Yes  No  Yes  No |
| If the answer to any of the questions in 1.1 above is Yes, full details will be required in section 1.2 below | | |
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| **1.2** | Please give details of any matters that had a **Yes** answer to item 1.8 above for the licensee. If none please detail none  Click here to enter text. |
|  | **LICENSEE**  I declare that to the best of my knowledge and belief all the information in this declaration is true  Signature: Click here to enter text.  Print full name: Click here to enter text.  Position (if acting on behalf of a company): Click here to enter text.  Date: Click here to enter text. |
|  | Please give details of any matters that had a **Yes** answer to item 1.8 above for the manager. If none please detail none  Click here to enter text. |
|  | **Manager**  I declare that to the best of my knowledge and belief all the information in this application is true  Signature: Click here to enter text.  Print full name: Click here to enter text.  Position (if acting on behalf of a company): Click here to enter text.  Date: Click here to enter text. |
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