

# Housing Act 2004

## Application for a House in Multiple Occupation (HMO) Licence

Please send your completed form to

Operational Services  
Environmental & Regulatory Services  
Cotswold District Council  
Trinity Road  
Cirencester  
Gloucestershire  
GL7 1PX

### Purpose of the Information

You are required to provide the information for the purpose of Multiple Occupation (HMO) Licence:

1. To identify the persons involved in the management of the HMO and to facilitate legal proceedings in the event of any offence connected with the licensing of the HMO.
2. To obtain information needed to assess the fitness and competence of the persons involved in the management of the HMO.
3. To link properties and persons involved in the management of the HMO.
4. To obtain information concerning the suitability of the property involved to be licensed as an HMO.

### Data Protection Statement

We will only use your personal information gathered for the specific purposes of the of Multiple Occupation (HMO) Licence. We will not give information about you to anyone else or use information about you for any other purpose, unless the law allows us to. Some of the information you provide will be entered into a public register. The information may also be used for research, analysis and statistical purposes and to contact you regarding other issues relevant to HMO's. Further privacy information can be found on our website.

Please complete this form in capital letters

Address of HMO to be licensed	
Address	
Postcode	

## PART I – Applicant Details

### THE INTENDED LICENCE HOLDER MUST COMPLETE THIS PART OF THE FORM

The first thing to establish is who will hold the Licence.  
The persons likely to be involved in making an application are:

1. The Owner of the house.
2. An Agent for the Owner (e.g. a firm of letting agents or a relative).
3. The Manager of the house.

Details must be provided of any persons involved in ownership, managing or running the house.

The Local Authority has a duty to award the Licence to the person it thinks is the most appropriate person to be the Licence Holder. Unless you can provide a good reason why someone else should be the Licence Holder, the Council will expect the Licence Holder to be the owner, but in any event, the Council will expect the Licence Holder to have the power to:-

- (a) let to and evict tenants.
- (b) access all parts of the premises to the same extent as the owner.
- (c) authorise expenditure up to 25% of the yearly rental income of the house for repairs etc.

Applicant/Proposed Licence Holders Details	
Full Name	
Address	
Postcode	
Home telephone number:	
Mobile number:	
Email address:	


Further Applicant Details	How to complete this form
I am (please tick):	
The Owner <input type="checkbox"/>	Complete parts 1 and 2
A Manager or Agent <input type="checkbox"/>	Complete parts 1, 2 and 3
The property will be managed by (please tick):	
The Owner <input type="checkbox"/>	Complete parts 1 and 2
A Manager or Agent <input type="checkbox"/>	Complete parts 1, 2 and 3



Information about the property to which this application relates

What type of HMO does this application relate to?	<input type="checkbox"/> House in Multiple Occupation <input type="checkbox"/> Flat in Multiple Occupation <input type="checkbox"/> A house converted into only self contained flats <input type="checkbox"/> A purpose built block of flats <input type="checkbox"/> Other- (please describe)
State how many persons live in the house at the date of application	
State how many households <sub>(note 3)</sub> there are in the house at the date of application	
State the maximum number of persons <sub>(note 4)</sub> you intend to house in the property	
State the maximum number of households <sub>(note 3)</sub> you intend to house in the property	
State the number of separate letting units	
State the number of habitable rooms (excluding kitchens)	
State the number of bathrooms and shower rooms <sub>(note 5)</sub>	
State the number of toilets and wash basins	
State the number of kitchens	
State the number of sinks	
Is there a mortgage outstanding on the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give Name and Address of Mortgage Lender:	Name:  Address:   Account Number:
At the date of application, are there any mortgage payment arrears exceeding three months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Approx. Date of Construction	

Information about the property to which this application relates continued

State approx. when the building first became a HMO	
Number of storeys (include basements and habitable attics)?	
Are any parts of the building used for non-residential purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please describe the part(s) of the building and their use	
Has a Building Regulation Approval ever been obtained for the building?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please state: a) the nature of work b) the date completed c) enclose a copy of the completion certificate	
Does the property have a gas supply?	Yes <input type="checkbox"/> No <input type="checkbox"/>  If Yes, you must enclose an original "Landlord's Gas Safety Record" dated within the last 12 months.
Do you have a report carried out by a competent person in the last 5 years indicating the state of the electrical installation and appliances?	Yes <input type="checkbox"/> No <input type="checkbox"/> Installation Yes <input type="checkbox"/> No <input type="checkbox"/> Appliances  If Yes, you must enclose an original certificate of inspection.
Does the property have a solid fuel appliance with a fixed flue?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is any furniture to which the Furniture & Furnishings (Fire) (Safety) Regulations 1988 apply provided by the Landlord?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the property provided with an adequate fire detection and warning system, with adequate fire doors and other fire precautions? <small>(note 6)</small>  (Compliance with standards contained within the LACORS housing fire safety guide <a href="#">Fire Safety Guide</a>  will be deemed adequate. Also see Note 6 regarding fire risk assessments.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, please describe how you propose to meet an adequate standard?	

Information about the property to which this application relates continued

<p>Are the fire detection and warning system, fire doors, extinguishers and blankets inspected by a competent person at regular intervals?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>You must enclose an original certificate of inspection for the fire detection system.</p>
<p>Please confirm that you have the authority;</p> <p>a) To let and evict tenants.</p> <p>b) To authorise expenditure of up to 25% of the yearly rental income in urgent situations.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Does the Owner or any person connected with the Owner live on the premises?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If Yes, please give details</p>	
<p>Are you aware of any complaints about the behaviour of the current tenants from other residents in the neighbourhood?<sup>(note 7)</sup></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If Yes, please give details.</p>	
<p>Are the Police or Environmental Health Dept currently investigating allegations of anti-social behaviour arising at the property?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If Yes, please give details</p>	
<p>Provide details of the arrangements that are in place for dealing with requests and complaints from tenants including responding to emergencies</p> <p>(Continue on a separate sheet if necessary)</p>	

## DECLARATIONS

“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 that is not you)
- The proposed managing agent (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 e-mail address or fax number (if any)
- The name, address, telephone number and e-mail address or fax number (if any) of the proposed licence holder (if it will not be you)
- Whether this is an application 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 declare that I have served a notice of the application on the following persons who are the only persons known to me that are required to be informed that I have made this application. (If none, please state as such.)

Name	Address	Description of Interest	Date of Service

I enclose: (Please tick ✓ and enter details where applicable)

- Duly completed part 2 (owner); or,
- A fully completed Part 2 has already been submitted and the details remain correct.
- Duly completed part 3 (manager); or,
- A fully completed Part 3 has already been submitted and the details remain correct.
- Floor Plans of the property (suitably scaled, showing the layout of the property, room sizes, smoke alarms and amenities provided)
- The Application Fee of £262 in the form of a cheque made payable to Cotswold District Council

**Note: there is a further fee due upon issue of the approved licence. You will be invoiced for this.**

- An original Certificate showing that the gas installation and appliances have been inspected by a Gas Safe Registered Inspector in the 12 months prior to this application.  
Certificate number .....
- An original Certificate showing that the electrical installation and appliances have been inspected by a competent person in the 5 years prior to this application.  
Certificate number .....
- An original Certificate showing that the fire detection and warning system has been inspected by a competent person in the 12 months prior to this application.  
Certificate number .....
- A sample copy of the written terms for tenants/licensees.

**Note:** You will not be considered to have made a valid application unless all of the original documents listed above have been received and are in good order. All original documents will be returned to you.

**I declare that all electrical appliances and furniture provided for the use of tenants in the property are in good safe working order and comply with all relevant safety legislation.**

**I declare that the smoke alarms installed in the house as shown on the attached floor plan are in good safe working order and comply with all relevant safety information.**

**I declare that the information contained in this application is correct to the best of my knowledge and belief. I understand that I commit an offence if I 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 know is false or misleading or am reckless as to whether it is false or misleading.**

**I understand that the Council may need to carry out investigations to assess whether I am a “fit and proper” person for the purposes of Part II of the Housing Act 2004. I hereby authorise the Council to make such enquiries and share information as it sees proper. Such enquiries may include Criminal Records Bureau checks, liaison with the Police, Fire Service and other Local Authorities.**

<b>Signed:</b> <b>(Applicant)</b>		<b>Print:</b>	
			<b>Date:</b>




This page has been left blank intentionally

## NOTES

1. House in Multiple Occupation (HMO) means a building or part of a building that:
  - is occupied by more than one household and where more than one household shares or lacks an amenity, such as a bathroom, toilet or cooking facilities
  - is occupied by more than one household and which is a converted building, but not entirely self-contained flats (whether or not some amenities are shared or lacking)
  - is converted self-contained flats, but does not meet as a minimum standard the requirements of the 1991 Building Regulations and at least one third of the flats are occupied under short tenancies.
  
2. A Mandatory Licence for which this is an application relates only to HMO's that:
  - Have 5 or more people in more than one household, and
  - Either share amenities such as bathrooms, toilets and cooking facilities, or contain non self contained flats whether or not some amenities are shared or lacking.
  
3. A household is:
  - A family (including single people, couples and same sex couples) – husband, wife, child, step-child, foster-child, grandchild, parent, step-parent, foster-parent, grandparent, brother, half-brother, sister, half-sister, aunt, uncle, niece, nephew, cousin.
  - Other relationships, such as fostering, carers and domestic staff.
  
4. Planning permission would normally be required:
  - when a property has been used as an HMO prior to the 6th April 2010 and is to be inhabited by more than 6 people, where more than one family are resident (change of use).
  - where before the 6th April 2010 a property was not previously an HMO, i.e. occupied by 3 or more people who are not all members of the same family and who share any kitchen, bathroom or toilet amenities.

It is recommended that you [contact the Planning Department](#) to seek advice on whether consent is needed. Should the necessary consents not be in place then this could result in enforcement proceedings under planning legislation.

5. Compliance with Amenity Standards as set out in Schedule 3 of the Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006 within 6 months will be a condition of the issue of the Licence (see page 19).
  
6. The LACORS guide; 'Housing – fire safety guidance on fire safety provisions for certain types of existing housing' is available at [Fire Safety Guide](#)  (PDF) or on request from your local authority. Where the Regulatory Reform (fire safety) Order 2005 also applies to a property, a fire risk assessment may be required by Gloucestershire Fire and Rescue.
  
7. It is accepted that landlords may not be able to control the behaviour of their tenants, however, reasonable and practicable steps would include:
  - Inclusion of a clause within Tenancy agreement in relation to suitable behaviour of tenants & visitors, stating that anti-social behaviour is grounds for possession.

- In the event of anti-social behaviour occurring the manager should contact the tenant and request that the behaviour should cease. It is advised that any verbal warning is also confirmed in writing.
  - Where anti-social behaviour persists the manager should end the tenancy and seek possession on the grounds of anti-social behaviour (assured short hold tenancies).
8. Compliance with the management requirements set out within The Management of House in Multiple Occupation Regulations 2006 within 6 months will be a condition of the issue of the Licence.
  9. Information on HMO licensing can be found on the Communities and Local Government website  
[www.communities.gov.uk/housing/rentingandletting/privaterenting/housesmultiple/](http://www.communities.gov.uk/housing/rentingandletting/privaterenting/housesmultiple/)
  10. Compliance with the minimum bedroom sizes referred to in the Licensing of Houses in Multiple Occupation (Mandatory Conditions of Licences) (England) Regulations 2018 will be a condition of the issue of the Licence; please see  
[www.legislation.gov.uk/uksi/2018/616/made?view=plain](http://www.legislation.gov.uk/uksi/2018/616/made?view=plain)
  11. Local standards for HMOs (both licensable and non-licensable) will also be used to provide guidance for officers carrying out inspections. Where relevant these can be downloaded from the Council's website:  
[www.cotswold.gov.uk/residents/housing/private-sector-housing/houses-in-multiple-occupation/](http://www.cotswold.gov.uk/residents/housing/private-sector-housing/houses-in-multiple-occupation/)

**PART 2 - Owner's Details**

**You need only fill in this part of the form once, no matter how many properties you own within the Cotswold District.** This is, however, conditional on the details remaining the same for each application in which case you need only complete the box below. If any details are different (for example, if there is a different co-owner), you must fill in and submit a new form with your application. Should you, or your Agent, make future applications for an HMO Licence, the applicant will be asked to verify that the information you have given in this form remains correct. For this reason, **you should keep a copy of this form when you have completed it.**

**I hereby certify that I am the owner of the property to which this application relates. The information in part 2 of the form, previously submitted for the property detailed in this box, remains true and correct:**

Address			
Postcode			
Signature(s)		Print	
		Date	
		Print	
		Date	

## OWNERS DETAILS:

In the case of a limited Company or partnership, state the full name and registered office of the Company or partnership. In the case of an ordinary partnership, give the name and address of the principal partner and fill in the names of other partners in the connected ownership section on page 14.

In the case of individuals with co-ownership, please give one name and details below and the remainder in the connected ownership section on page 14. (In most cases the first named owner will be the Licence Holder and applicant).

If you act as Trustee, please give your details below adding "as Trustee" to your name and give ownership details in the connected ownership section on page 14.

If you are a leaseholder, give your own name below and detail all superior Landlords or Freeholders in the connected ownership section on page 14.

Details of the property owner			
Full Name			
Address			
Post Code		TEL. No.	
Email Address		FAX. No.	
Date of Birth (not for Companies)			
National Insurance No. or Company House Registration Number.			
<input type="checkbox"/> Freeholder	<input type="checkbox"/> Leaseholder	<input type="checkbox"/> Other	
If Property is Leasehold:			
Give Length of Lease			
Length of Lease remaining			

Property owner's details Criminal Background Have you, (please tick ✓)	
(a) Committed any offence or received a caution, informal reprimand or formal warning involving: Fraud or dishonesty (including benefit fraud) Violence Drugs Matters listed in Sched.3 to the Sexual Offences Act 2003	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in or in connection with the carrying on of any business.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Breached the conditions of an HMO Licence	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) Been subject to an HMO Control Order or Management Order	Yes <input type="checkbox"/> No <input type="checkbox"/>
(e) Failed to comply with a Housing Notice (requiring works etc.) served by a Local Authority in the UK	Yes <input type="checkbox"/> No <input type="checkbox"/>
(f) Been prosecuted for breach of the HMO Management Regulations	Yes <input type="checkbox"/> No <input type="checkbox"/>
(g) Been prosecuted for breach of Landlord and Tenant legislation	Yes <input type="checkbox"/> No <input type="checkbox"/>
(h) Acted in contravention of any relevant Approved Code of Practice relating to the management of HMOs	Yes <input type="checkbox"/> No <input type="checkbox"/>
(i) Been declared Bankrupt	Yes <input type="checkbox"/> No <input type="checkbox"/>
(j) Been refused a Licence under Part II of the Housing Act 2004	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered Yes to any of the above questions, please give details below including dates. Continue on a separate sheet if necessary.

Property owner Details of qualifications held that are relevant to your responsibilities as owner		
Date Awarded	Qualification	Name of Awarding Body

Property Owner Details of any Memberships of professional organisations, relevant to your responsibilities as Owner		
Date Commenced	Nature of Membership	Organisation

**I certify that to the best of my knowledge and belief, the information given by me is true and correct. I understand that the Council may need to carry out investigations to assess whether I am a “fit and proper” person for the purposes of Part II of the Housing Act 2004. I hereby authorise the Council to make such enquiries and share information as it sees proper in connection with this application. Such enquiries may include additional Criminal Records Bureau checks.**

Signature		Print	
		Date	

**Please Note that it is a criminal offence to knowingly supply information, which is false or misleading for the purpose of obtaining a HMO Licence. Evidence to substantiate any statements made in this application may be required at a later date. If the Council subsequently become aware of something which is relevant and which you should have disclosed or which is incorrectly stated or described, the Licence may be cancelled or other action taken. This may affect other HMO Licences with which you have any connection.**

## Owner Details – Connected Ownership

1.

Full Name			
Address			
Post Code		Tel. Number	
Email Address		Fax. Number	
Date of Birth			
National Insurance Number			
Relationship			

2.

Full Name			
Address			
Post Code		Tel. Number	
Email Address		Fax. Number	
Date of Birth			
National Insurance Number			
Relationship			

3.

Full Name			
Address			
Post Code		Tel. Number	
Email Address		Fax. Number	
Date of Birth			
National Insurance Number			
Relationship			

4.

Full Name			
Address			
Post Code		Tel. Number	
Email Address		Fax. Number	
Date of Birth			
National Insurance Number			
Relationship			

Continue on a separate sheet if necessary



### PART 3 - Manager Details

You need only fill in this part of the form once, no matter how many properties you manage within the Cotswold District. This is, however, conditional on the details remaining the same for each application in which case you need only complete the box below. If any details are different, you must fill in and submit a new form with your application. Should you, or your Agent, make future applications for an HMO Licence, the applicant will be asked to verify that the information you have given in this form remains correct. For this reason, **you should keep a copy of this form when you have completed it.**

**I hereby certify that I am the manager of the property to which this application relates. The information in the part 3 form, previously submitted for the property detailed in this box, remains true and correct:**

Address			
Postcode			
Signature		Print	
		Date	

#### MANAGERS DETAILS:

In the case of a limited Company or partnership, state the full name and registered office of the Company or partnership. In the case of an ordinary partnership, give the name and address of the principal partner and fill in the names of other partners in the connected persons section on page 18.

**If you sign this form as a Partnership or Company, you must ensure that any persons to whom you delegate management duties are fit and proper persons for the purposes of their duties. Any failure in management duties or responsibilities by such persons may result in you losing your acceptability to manage HMO's and may lead to any or all Licences for HMO's which you manage, being withdrawn.**

Details of the property manager			
Full Name			
Address			
Post Code		TEL. No.	
Email Address		FAX. No.	
Date of Birth (not for Companies)			
National Insurance No. or Company House Registration Number.			

**Property manager's details Criminal Background**

Have you, (please tick ✓)

<p>(a) Committed any offence or received a caution, informal reprimand or formal warning involving:</p> <p style="padding-left: 40px;">Fraud or dishonesty (including benefit fraud)</p> <p style="padding-left: 40px;">Violence</p> <p style="padding-left: 40px;">Drugs</p> <p style="padding-left: 40px;">Matters listed in Sched.3 to the Sexual Offences Act 2003</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>(b) Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in or in connection with the carrying on of any business.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>(c) Breached the conditions of an HMO Licence</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>(d) Been subject to an HMO Control Order or Management Order</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>(e) Failed to comply with a Housing Notice (requiring works etc.) served by a Local Authority in the UK</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>(f) Been prosecuted for breach of the HMO Management Regulations</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>(g) Been prosecuted for breach of Landlord and Tenant legislation</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>(h) Acted in contravention of any relevant Approved Code of Practice relating to the management of HMOs</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>(i) Been declared Bankrupt</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>(j) Been refused a Licence under Part II of the Housing Act 2004</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

If you answered Yes to any of the above questions, please give details below including dates. Continue on a separate sheet if necessary.

Property manager Details of qualifications held that are relevant to your responsibilities as manager		
Date Awarded	Qualification	Name of Awarding Body

Property manager Details of any Memberships of professional organisations, relevant to your responsibilities as manager		
Date Commenced	Nature of Membership	Organisation

**I certify that to the best of my knowledge and belief, the information given by me is true and correct. I understand that the Council may need to carry out investigations to assess whether I am a “fit and proper” person for the purposes of Part II of the Housing Act 2004. I hereby authorise the Council to make such enquiries and share information as it sees proper in connection with this application. Such enquiries may include additional Criminal Records Bureau checks.**

Manager's Signature		Print	
		Date	

**Please Note that it is a criminal offence to knowingly supply information, which is false or misleading for the purpose of obtaining a HMO Licence. Evidence to substantiate any statements made in this application may be required at a later date. If the Council subsequently become aware of something which is relevant and which you should have disclosed or which is incorrectly stated or described, the Licence may be cancelled or other action taken. This may affect other HMO Licences with which you have any connection.**

## Manager – Connected Persons

1.

Full Name			
Address			
Post Code		Tel. Number	
Email Address		Fax. Number	
Date of Birth			
National Insurance Number			
Relationship			

2.

Full Name			
Address			
Post Code		Tel. Number	
Email Address		Fax. Number	
Date of Birth			
National Insurance Number			
Relationship			

3.

Full Name			
Address			
Post Code		Tel. Number	
Email Address		Fax. Number	
Date of Birth			
National Insurance Number			
Relationship			

4.

Full Name			
Address			
Post Code		Tel. Number	
Email Address		Fax. Number	
Date of Birth			
National Insurance Number			
Relationship			

Continue on a separate sheet if necessary

**The Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006, as amended by SI.2007/1903**

**GUIDANCE ON PROVISION OF BATHROOMS, WCs AND WASH HAND BASINS**

Number of persons	Provision of washing facilities
1 – 5 Persons	<p>At least 1 bathroom and WC, containing a wash hand basin (WHB) (the bathroom and WC may be combined).</p> <p>Bathroom – may contain either a bath or a shower cubicle. Where both are located in the same room this will only count as 1 bathroom.</p>
6 – 10 Persons	<p>2 bathrooms AND 2 separate WCs with a WHB in each (1 of the WCs can be contained within 1 of the bathrooms)</p>
11 – 15 Persons	<p>3 bathrooms AND 3 separate WCs with a WHB in each (2 of the WCs can be contained within 2 of the bathrooms).</p>

**Wash Hand Basins:** For shared houses (not bed and breakfast hostels or bedsits) the Council will not require the provision of wash hand basins in every bedroom as a licence condition. However, they may be deemed necessary following an assessment under the Housing Health and Safety Rating System if a Category One Hazard is found under the Personal Hygiene, Sanitation and Drainage Category.