

**Evidence Base to re-designate the borough wide
Additional Houses in Multiple Occupation Licensing
Scheme in the Royal Borough of Kingston upon
Thames**



Royal Borough of Kingston Additional HMO Licensing

1.0 Summary

The Royal Borough of Kingston upon Thames's (the Council) borough-wide Additional House in Multiple Occupation (AHMOL) Licensing Scheme commenced on 21st December 2012 and can remain in force for a maximum five year duration.

Under section 60 (3) of Part 2 of the Housing Act 2004 (the Act), the Council must review the scheme during its designation and decide whether it should continue or if it has achieved its purpose revoke it. The Council is now consulting on re-designating the scheme when the current one ends on 20th December 2017.

2.0 Kingston's vision

The Council's vision for 2020 as set out in the Kingston Plan⁽¹⁾ is for "Kingston to be a place where people are happy, healthy and enjoy a good quality of life, in a clean, safe and tolerant environment, where business is prosperous and where everyone in our community can contribute to our success and reach their own potential".

The improvement in housing standards throughout the borough is a key feature of the Council Housing Strategy 2015-2020⁽²⁾. Priority two is about making best use of the existing stock and objective 4 improving the quality and supply of private sector housing, including HMOs. The whole strategy is based around the ambitions of embracing growth, delivering together and supporting health and wellbeing. Sound and fit for purpose housing is central to this and the increasing role and size of the private rented sector (PRS) being an important part of this. Licensing maintains the buoyancy of the rental market by ensuring that the better landlords are not disadvantaged by non-compliant landlords and low cost housing is fit for purpose. Sound housing supports the Kingston 2014 Annual Public Health ⁽³⁾ report that focuses on the detrimental mental health consequences of poor housing as well as inadequate heating and reducing fuel poverty. It also achieves the need and desire for residents to live safely and independently for as long as possible; Kingston Health and Wellbeing report ⁽⁴⁾ . Central to this is choice and availability and the Kingston Future Vision ⁽⁵⁾ emphasises the need for more affordable homes reflecting the market.

The Council is keen to ensure that the PRS meets the demands placed upon it by the housing needs of the wide range of private rented tenants by providing well managed and quality accommodation. The sector has an important role in providing housing for those not wishing or able to consider home ownership, or for those to whom social housing is not an option, as well as providing housing for the Borough's medical and large student population. In particular the sector:

- With reduced security, it caters for a highly mobile population enabling economic advantages for individuals;
- Supports local economy, education, encouraging growth, labour market, personal wellbeing and cultural offer;
- Offers flexibility and capacity that is key to addressing local housing need;
- Encourages investment in the housing market improving housing stock;
- Supports direct and indirect employment, including in local trades and businesses.

The Council strongly supports voluntary arrangements such as accreditation. Private landlords and estate agent representatives are both members of the Mayor of London's London Rental Standard; and or separately accredited through the London Landlord Accreditation (LLAS), National Landlords Accreditation (NLAS) or Residential Landlords Association Accreditation schemes (RLAAS). RBK officers regularly attend meetings of local landlord groups and Kingston forums.

However, the PRS and HMOs do have some issues that the market and voluntary schemes are insufficient to tackle. The need for Council regulation, particularly hazard assessment and licensing is required. The Borough has large numbers of HMOs which with poor management and living conditions are amongst the more difficult to manage properties in the sector. The fire risk in HMOs can be as much as six times higher than the risk in single household residential properties ⁽⁶⁾. Licensing allows local authorities to proactively identify and engage with landlords, particularly with the less responsible private landlords. The administrative exercise ensures that landlords step up to provide minimum management standards such as completing gas checks, property inspections and sound tenancy practices.

The process of landlord engagement through licensing allows RBK a forum to pursue the wider priorities introduced under other strategies looking to tackle cross Borough issues.

- **South London Waste Plan 2012** - Promote waste minimisation, preparing for re-use and recycling in line with reducing net carbon emissions and the waste hierarchy. Where waste cannot be recycled or composted, the maximum value will be recovered from that residual waste.
- **Safer Kingston Partnership Plan 2014 - 2017** - Work towards tackling crime and disorder, making support and advice services available for offenders and progress towards finding suitable accommodation options for offenders and the vulnerable in society.
- **Refugee and Migrant Strategy 2015 - 2020** - The strategy aims to address the needs of all refugees, asylum seekers or migrants, including those who experience multiple disadvantages. Encourages initiatives that promote healthy living/lifestyles and ensures inclusion to prevent ill health, tackle social isolation and increase contact. Partnership working should promote tenants' rights and defeat bad practice in the local private rental market.
- **South of the Borough / Maldens and Coombe/ Surbiton and Kingston areas Community Plan.** - Communities raised the importance of making communities through tackling anti social behaviour, ensuring a decent home for all and for no home to have a SAP rating of less than 40 by 2016.
- **Housing Strategy 2015-2010** - To support a thriving well managed PRS in Kingston which provides accommodation for all income groups. The emphasis is on partnership working with RBK the Council enabling through advice and support. Intervention should be targeted to support fuel poor, minimise overcrowding, improve property standards and maximise residents health.
- **Kingston Energy Strategy 2009** - To reduce energy use, reduce CO₂ emissions, encourage better use of (energy and water) resources, increase accountability and support those deemed fuel poor.

To tackle the poor housing and public health problems, RBK and the Borough of Sutton has a shared Residential Enforcement Team formed of 9 officers, a Lead Officer and managed by a Team Leader. The team has responsibility for enforcing standards, administering the HMO licensing scheme, improving energy efficiency, returning empty properties back into use and administering the private sector grants policy.

3.0 Renting in the Private Rented Sector (PRS).

The English House Condition (EHC) survey for 2014-15 provides an update on the national housing picture (7). Of the estimated 22.5 million households in England, 14.8 million (63%) were owner occupiers, (still dropping from a 2003 peak) 20% (4.6M) were renting privately, whilst 17.3% (4.3M) lived in the social rented sector.

In 2014, 20% of all dwellings failed to meet the decent home standard. While there was a marked decrease in the proportion of non-decent PRS homes between 2006 and 2014 (from 47% to 29%), the increased size of the sector meant that the absolute numbers of non-decent dwellings did not decrease. In 2014, 1.3 million homes (29%) in the PRS were non-decent compared with 2.7 million (19%) homes owner occupied homes and 578,000 (14%) in the social rented sector.

In 2014 private renters were least likely to have at least one working smoke alarm, 81% of homes and 33% had never tested them.

The PRS had the most properties with a category 1 hazard (housing health and rating system - HHSRS) probably a consequence of a high proportion of older homes and converted flats. In 2013 17% of PRS had a category 1 hazard, down from 31% in 2008 and compared to the all tenure average of 12%. The reduction in category 1 hazards has arisen as a result of increased enforcement and energy efficiency works in the sector. This intervention also explains the increase in the average PRS SAP rating to 56, importantly though 10% of PRS homes still fall in the F and G energy bands.

In London, the proportion of households in owner occupation was lower at 50% with a greater, 27% in the PRS. The proportion of PRS homes where the age of the household reference person (HRP) was under 35 years had doubled from 48% to 24% (2004). 17% of HRP were from an ethnic minority background, double the number for home owners.

In the six years from 2008/9 to 2014/15 average national PRS weekly rent levels has increased 17% from £153 to £179 per week and in the social sector up 40% from £71 to £99. The current difference between average weekly social rents in London (£129) and the rest of England (£99) was less pronounced than for private rents (£298 and £147). In the last 12 months London saw a £17 (6%) weekly average rent increase from £281 to £298. The average length of stay for PRS tenants was 4 years compared to social renting of 11 years. The Mayor's London Rental map (8) has weekly room rents for the centre of Kingston at over £130 a week; in the highest London bracket.

The number of tenants receiving housing benefit has increased over the six years to 2014/15. Lately, 63% of social renters and 27% of private renters received Housing Benefit; in 2008-09 the figures were 59% and 19% respectively. In December 2013, Kingston 9,168 residents received Housing Benefit support (9).

The overall rate of overcrowding in England in 2014-15 was 3%, with 675,000 households living in overcrowded conditions. Only 1% of owner occupiers (211,000 households) were overcrowded in 2014-15 compared with 6% of social renters (247,000) and 5% of private renters (216,000), (bedroom standard). The proportion of overcrowded PRS households increased from 3% in 1995-96 to a peak of 6% in 2011-12, and since then has decreased to 5%. The rapid overall growth in private renters between 1995-96 and 2014-15 explains

the large increase in actual numbers of overcrowded households from 63,000 in 1995-96 to 216,000 in 2014-15.

The PRS had the largest proportion of homes (33%) built before 1919 compared with both owner occupied (20%) and social sector (7%). Just short of 50% of PRS homes were built before 1944 so the age distribution is older whereas dwellings in owner occupation were more fairly evenly distributed across all ages. 11% were converted flats, 22% low rise purpose built flats and the greater majority of 63% were houses.

4.0 Housing in Kingston

The 2015 the Building Research Establishment (BRE) were engaged to produce a stock modelling report for Kingston⁽¹⁰⁾. There are approximately 63,500 households, with a population of 164,000. 41,196 (64%) of homes are owner occupied and 14,941 (23%) private rented (refer to table 3). The Office for National Statistics expect the Kingston population to reach 194,700 in 2024.

The PRS has increased from approximately 10% to 19% between the 2001 and 2011 census. Table 2 shows that in 9 of the 16 wards the number of people living in the PRS exceeds the national average of 20%. In three wards the PRS exceeded 30% of the total households. The proportion of people in the PRS in London increased from 18% in 2004/5 to 27% in 2014/15, outside of London the increase was from 10% in 2004/5 to 18% in 2014/15.

This growth brings the benefits of a flexible housing market response to meet accommodation needs in the Borough. However, while many landlords operate responsibly, issues continue to be raised in relation to the management, standards and quality of homes in the expanding private rented sector, in particular HMOs.

Table 2. Size of the Kingston Private Rented Sector by Ward .

2011 Census data.

Ward	Number renting from landlord or agent	% of Ward
Alexandra	419	13.9%
Berrylands	1142	27.75%
Beverley	836	23.55%
Canbury	1418	31.35%
Chessington and Hook	257	9.76%
Chessington South	346	10.43%
Coombe Hill	940	27.11%
Coombe Vale	680	20.55%
Grove	1789	38.55%
Norbiton	942	25.48%

Old Malden	413	13.18%
St James	448	15.03%
St Marks	1711	39.72%
Surbiton Hill	584	31.44%
Tolworth and Hook Rise	584	17.17%
Tudor Ward	512	15.25%

Table 3. Private renting in Kingston, England, London and the South East.

Area	All tenures (total)	Private rented	% private rented	Converted or shared dwelling	% converted or shared dwelling
Kingston	63,500	14,941	23%	4,876	7.7%
England	22,063,368	3,401,675	15%	984,284	4.46%
London	3,266,173	775,591	24%	429,456	13.15%
South East	3,555,463	521,479	15%	149,158	4.19%

The private rented sector as a whole is growing, including the number of HMOs, as demand rises and fewer households access owner occupation. Kingston has a relatively small social housing sector so the Council values the very large private rented sector,(14,941 properties, 23% of all houses) and wants to see a strong, healthy and vibrant market. With rising rents and demand, an increasing number of renters are having to share properties. This accommodation can be badly managed causing problems for the occupants as well as those living nearby.

Recent BRE modelling ⁽¹⁰⁾ estimated that 1,368 (9%) of dwellings in the PRS have a category 1 hazard when inspected using the Housing Health and Safety Rating System (HHSRS). The cost of mitigating the hazards is estimated to be £13.9M. The average SAP rating for PRS dwellings in 54 which is worse than England 55. 10.4% of the PRS dwellings are estimated to have an F or G EPC rating. From 2018 these properties cannot be rented out unless energy improvements are undertaken.

Kingston has a predominance of two storey properties so many HMOs would fall outside MHMOL. The AHMOL scheme helps protect the 7,000 Kingston University students who live in smaller, lower cost, unregulated shared rented accommodation. Council tax currently has 989 properties with a Class N exemption being occupied by full time students. As of December 2015 the University had 19,918 students ⁽¹³⁾.

People from the Black and Ethnic Minority (BME) groups were estimated to make up 25.5% of the population (2011 Census). The largest BME population is 'other Asian' making up 8.1% of the population. The grouping includes people identifying themselves as Korean, Sri Lankan and Tamil. In St James, Coombe Hill and Coombe Vale wards there were high BME populations; numbers in excess of 20%, the largest groups being Tamils and Koreans many of whom live in two storey stock.

The Department for Communities and Local Government's 2010 Index of Multiple Deprivation ranked Kingston 252 out of 326 English local authorities (1 = most deprived).

Kingston is the third least deprived local authority in London including the City of London. In respect of childhood poverty, 12.1% of children are in a low-income family as at 2012 according to HM Revenue and Customs.

5.0 What is a House in Multiple Occupation (HMO)?

For Housing Act 2004 (the Act) purposes, a House in Multiple Occupation (HMO) is defined in section 254 of the Act. Broadly, it is a property which is rented, as their only or main residence, by three or more people from two or more families and where facilities such as kitchens and/or bathrooms are shared. It may include bedsit houses, shared houses and some self-contained flats. Student houses occupied by three or more tenants are a common example. Student halls of residences where the educational establishment has signed up to an Approved Code of Practice are exempt.

Some buildings that have been fully converted into self contained flats are also included in the HMO definition. They are defined by section 257 of the Act and, again broadly, they are those buildings where the conversion does not meet modern Building Regulations requirements and where less than two thirds of the flats are owner-occupied. HMOs are amongst the more difficult to manage properties in the private rented sector.

Demand for HMOs is growing, mainly aligned to demographics and affordability. Welfare reform and increasing private sector rents are making self contained accommodation unaffordable for many residents. With an increasing population, including growth in student numbers through university expansion, and demand for more cost effective housing options, HMOs are increasingly being used to meet accommodation pressures across the Borough. According to the 2011 Census Data there are an estimated 4870 HMOs in Kingston and this is approximately 3% more than the national average for this type of housing.

6.0 Mandatory Licensing of Houses in Multiple Occupation

The principal tool for regulating standards in Houses in Multiple Occupation (HMOs) is HMO licensing and it has been in operation since April 2006. There is a statutory duty on all landlords in England and Wales to license larger higher risk HMOs of three or more storeys housing five or more unrelated persons. These properties are seen as higher risk, both because of the nature and condition of the properties, and the vulnerability of their occupants. The mandatory houses in multiple occupation (MHMOL) licensing regime addresses poor management practices and aims to secure a reduction in death and injury from fire and other health and safety hazards, and ensures adequate provision of amenities.

Private landlords must be deemed to be a “fit and proper” person in order to be granted a licence. Local authorities can impose conditions on a licence, such as how the licence holder deals with the behaviour of occupiers and the maximum number of occupants allowed in the property. They can also impose conditions requiring adequate amenities and safety requirements to ensure decent standards in properties where there are several households sharing basic facilities. Landlords or agents who operate the designated types of HMO without a licence or breach licence conditions may be subject to prosecution.

7.0 Why designate an Additional HMO Licensing Scheme?

The Additional HMO (AHMOL) licensing can be viewed as an extension to cover smaller HMOs not in the MHMOL scheme. Part 2 of the Act enables local authorities to determine locally whether they should introduce a AHMOL scheme. In 2012 the AHMOL scheme was seen as a proportionate response to proactively improve property standards and management in this type of accommodation.

Under AHMOL, landlords will gain from the improved clarity of their role in raising property and tenancy management standards while action is taken to tackle those who flout their legal responsibilities. Tenants will be clear on what they can expect from both the home that they rent and the landlord that they rent it from, with implementation of minimum standards resulting in better managed, quality and safer homes. A consistent proactive approach can be developed by the Council with the Council asking for improved standards rather than the responsibility being with the tenant. One of the main aims of the MHMOL scheme was to address poor fire safety in these higher risk properties.

Whilst the MHMOL scheme was for properties of three or more stories the 2007 Entec Ltd Fire Safety in HMO report concluded that the danger exists for a one-storey property housing five individual people as it is for a property with three or more storeys and four people in it. The report identified several factors, in addition to the number of occupants, which influence the risk from fire in HMOs. These include: the number of storeys (three plus posing a significantly higher risk), the nature of the occupancy (dependant or vulnerable persons pose a higher risk), the quality of management in the HMO; the degree of self-containment of the units and presence of escape routes and their fire rating.

Entec Ltd concluded that the risk of death from fire in HMOs will vary considerably, as all these factors will interact differently in each individual case. In several types of HMO the risk is considerably higher than in comparable single occupancy dwellings. For example, occupants of houses comprising bedsits are about six times more likely to die as a result of fire than adults in an ordinary house. But in other cases, for example two storey shared houses and houses with lodgers, there may be little or no additional risk. The approach by RBK was to include within licensing similarly high fire risk properties incorporated within the MHMOL regime. The 5th London Fire Safety Plan has set a target to reduce fires in the home down by 2%, stretch target 8%, and fire related deaths by 6% (10 yearly average) ⁽¹¹⁾. The report recognises the risk from poorly managed and maintained properties. 6,845 home fires, 33 deaths, 1 fire in 500 homes. Fire deaths have been reducing since the Furniture and Furnishings (Fire Safety) Regulations 1987 with deaths averaging 141 a year.

Before making a AHMOL scheme designation for a particular type of HMO, or for a particular area the Council must comply with the following specific requirements set out within sections 56 and 57 of the Act. The main points being that the Council:

7.01 Consider that a significant proportion of the HMOs of that description in the area are being managed sufficiently ineffectively as to give rise, or to be likely to give rise, to one or more particular problems either for those occupying the HMOs or for members of the public;

7.02 Consider whether there are any other courses of action available to the Council (of whatever nature) that might provide an effective method of dealing with the problem or problems in question.

7.03 Consider that making the designation will significantly assist the Council to achieve the objective or objectives (whether or not they take any other course of action as well).

7.04 Consult persons likely to be affected by the designation.

7.05 Ensure that the exercise of the power is consistent with their overall housing strategy;

7.06 Seek to adopt a co-ordinated approach in connection with dealing with homelessness, empty properties and anti-social behaviour affecting the private

rented sector as regards combining licensing with other action taken by them or others.

7.07 Have regard to any information regarding the extent to which any codes of practice approved under section 233 have been complied with by persons managing HMOs in the area in question.

The Housing (Codes of Management Practice) (Student Accommodation) (England) Order 2010 (2010 Order) was made under section 233 of the Act and came into force on the 25th November 2010. The 2010 Order details the codes of practice that are deemed approved for the purposes of property management. These relate to student housing and the two are the Accreditation Network UK/Unipol Code of Standards for Larger Developments for Student Accommodation Not Managed and Controlled by Educational Establishments, and the ANUK/Unipol Code of Standards for Larger Developments for Student Accommodation Managed and Controlled by Educational Establishments.

Section 58 in Part 2 of the 2004 Act allows an AHMOL scheme to be designated. In 2010 the then Housing Minister, John Healey approved the Housing Act 2004: Licensing of Houses in Multiple Occupation and Selective Licensing of other Residential Accommodation (England) General Approval 2010 (General Approval) This enabled schemes made under Part's 2 and 3 to be designated without needing approval from the Secretary of State. Brandon Lewis, the current Secretary of State for Housing, amended the general approval for selective licensing schemes only. From the 1st April 2015, local authorities need to seek confirmation from the secretary of state for any selective licensing scheme that would cover more than 20% of their geographical area or would affect more than 20% of private rented homes. The Secretary of State wants to ensure that local authorities are not bringing in blanket selective licensing schemes and are focusing on the worst of their housing conditions.

8.0 The Kingston Additional House in Multiple Occupation (AHMOL) licensing scheme

Following the designation of the scheme in December 2012, the following properties became 'licensable' under the AHMOL:

- a) All HMOs occupied by five or more people living as two or more households, regardless of storey type
- b) All HMOs that are three or more storeys in height (occupied by three or more unrelated individuals).

8.01 As part of making the designation, in 2011 the Council undertook a consultation exercise with stakeholders, residents, landlords and tenants. The following concerns about this property type were:

- a) anti-social behaviour associated with poorly managed and overcrowded HMOs often in a quiet residential environment;
- b) poor housing standards of HMOs
- c) the fire risk associated with three plus storey HMOs

8.02 As part of making the designation the Council introduced the AHMOL scheme for the following reasons:

- a) The concern that overcrowding of properties often starts when three bedroom dwellings are occupied by five or more people; and
- b) The fire risk associated with three plus storey HMOs is far greater and therefore all these HMOs should be safety checked regardless of the number of occupiers.

8.03 The specific aims were made to bring control and improvements to this sector. The AHMOL scheme particularly looked to:

- a) Improve HMO condition, management and fire safety.
- b) Reduce anti-social behaviour in the large number of smaller HMOs.
- c) Ensure HMO tenants have landlord contact details and are provided with written terms of tenancy for the accommodation they occupy;
- d) Control tenant and household numbers;
- e) Improve targeting of known “rogue” landlords who try and avoid licensing;
- f) Use the fit and proper test on landlords to stop unsuitable landlords running HMOs.
- g) Support vulnerable tenants with property control.
- h) Use large fines for landlords who avoid licensing as a deterrent.

8.04 In granting a HMO licence, conditions are attached to the licence relating to:

- a) Property and tenancy management in order to control anti-social behaviour
- b) Providing safe accommodation that is of a decent standard.

8.05 The following mandatory conditions were applied to:

- a) Specifically control occupancy and household levels for each licensable property.
- b) Request the licence holder to supply written tenancy terms.
- c) to provide the Council (on request) a copy of the current gas safety certificate
- d) to ensure that smoke alarms are installed and working in the property
- e) to keep any electrical appliances and furniture supplied in a safe condition.

8.06 In addition the following conditions were specifically for the AHMOL scheme to:

- f) Ensure tenants had a contact phone, email and business details.

9.0 Progress with the AHMOL scheme

Working proactively with landlords through area schemes has been an approach adopted by the Council for a long time. From 1997 and 2006 the Council operated a HMO Registration Scheme which applied to all HMOs occupied by at least 4 sharers regardless of location. With the introduction of MHMOL, this ceased on 6 April 2006 and whilst many became licensable, over 300 registered properties fell outside of the new Mandatory HMO licensing scheme eligibility rules. Since the introduction of the AHMOL scheme the Council have issued 210 AHMO Licenses. A list of all licensed HMOs is available on the Council website.

10.0 Assessing the Impact of the Additional HMO Licensing Scheme.

When the AHMO licence scheme was introduced the Council included special conditions on HMOs as listed in 8.05 and 8.06. Conditions are one way that HMO licensing can bring improvements to property standards and management.

AHMO Licensing scheme issues.

Anti-social behaviour	Noise, rubbish accumulations, external property appearance, substance abuse, tenant behaviour, attraction to gangs and impact on neighbours.
HMO management	Landlord contact details, written tenancy agreement. managing agent fees, gas safety certificate, fire safety monitoring, pest control, frequency of property management inspection and landlord giving notice of entry.

Housing standards	HHSRS assessment and hazard identification and electrical safety certificate
Fire risk	Assessed pre-licence on visit and ongoing fire risk management.
Overcrowding	A comparison of pre licence numbers and households and post licence numbers and households
Rogue landlords	Fit and proper person assessment, decision to refuse licence and enforcement action to secure compliance with HMO management regulations, breach of licence conditions and where landlord does not-license property
Working across teams to improve Housing	Building control, no-smoking notice in common ways, review of need for Article 4 designation, planning use classes, registration with Council tax and Letting agent registration and display of fees.

The proactive inspection of AHMO licensing applications as part of the scheme has highlighted the importance of this to ensure that the conditions are being met. Proactive work continues and the department continues to receive service requests regarding potentially unlicensed HMOs; 71 complaints received since 01 April 2016.

Another aim of AHMOL is the move towards landlords being self-sufficient and being proactive with meeting legislative requirements such as re-licensing, compliance with licensing conditions, gas safety and fire risk assessments as examples. In other areas of environmental health businesses are awarded 'earned recognition' after demonstrating good management. In some ways this is similar to accreditation but because AHMOL allows good practice to be demonstrated offering responsibility seems much more real. A further aim with proactive schemes is the reduction in service requests relating to poor HMO conditions and operating unlicensed HMOs.

A concern with licensing is whether a number of landlords will wilfully reduce household or occupants to a level below permitted numbers. Evidence from investigating HMOs that have been visited following service requests indicate that on occasions this has been the case. Having the AHMOL scheme is a way of discouraging this and evidence has pointed to landlords increasing numbers to the MHMOL level so that further people have been housed. This has been encouraged by the presence of a AHMOL scheme which catches smaller HMOs. Increased numbers come from sharing of rooms and use of all rooms as bedrooms still within permitted occupancy numbers.

11.0 HMO licensing in South West London and wider London.

No other south west London Boroughs have designated an additional HMO licensing scheme. A scheme in Croydon started from the 6th April 2006 for five years. This replaced a previous registration scheme and the 2004 Act allowed properties to be transferred into the AHMOL scheme. The Borough wide AHMOL scheme applied to all HMOs defined under s254 of the Housing Act that are occupied by 3 or more persons comprising 2 or more households, and HMOs as defined in section 257 of the Housing Act 2004 in relation to those part of the property under control of the freeholder or other person

in control where half or more of the flats are tenanted (or occupied by a residential landlord).

Camden Borough Council - From the 8th December 2016 a Borough wide AHMOL scheme that applies to all HMOs defined under s254 of the Housing Act that are occupied by 3 or more persons comprising 2 or more households, and HMOs as defined in section 257 of the Housing Act 2004 in relation to those part of the property under control of the freeholder or other person in control where half or more of the flats are tenanted (or occupied by a residential landlord)

Hounslow Borough Council - From the 1st March 2014 a Borough wide AHMOL scheme that applies to all HMOs defined under section 254 of the Housing Act that are occupied by four or more persons comprising 2 or more households, and HMOs as defined in section 257 of the Housing Act 2004 in relation to those part of the property under control of the freeholder or other person in control where half or more of the flats are tenanted (or occupied by a residential landlord)

12.0 Current fee structure (commenced April 2016)

Proposed HMO Licence Fee (New and Renewal) Structure		
Activity	Licence Fee	Definitions
Application fee	Mandatory HMO licensing £240 per letting* Additional HMO licensing £200 per letting*	* A letting includes: a. bedsit rooms b. bedrooms in a shared house or flat which is occupied by more than one household (even if there is only one tenancy agreement for all tenants) c. self-contained flats in single household occupation within the HMO
Application fee for LLAS Accredited** licence holder or manager	£100 discount.	On new licence applications only
Assisted application	Additional £300 per HMO	Added to the above for assistance with measuring rooms, producing plans and completing the application form.
Additional penalty fee	Additional £300 per HMO	Where no application has been made and the property is then subsequently discovered by the Council, the Additional Penalty Fee will be applied (in addition to the application fee per letting). NB The Council may also decide to prosecute the landlord for committing an offence under Section 72 of the Housing Act 2004.
Renewal of licence	Mandatory HMO licensing £200 per letting* Additional HMO licensing £160 per letting*	If no change in property or licence holder or manager, otherwise fee charged as for new application
Variation of licence	No Charge	Change of Address (for licence holder or manager)

<p>Revocation of licence / no longer licensable / refuse to licence / numbers of occupants reduced by conditions on licence</p>	<p>No refund</p>	<p>Once application submitted for specified number of lettings, costs have been incurred in processing application, draft and/or full licence</p>
<p>Student Accommodation:- Application fee for large student accommodation developments</p>	<p>£25 per bed space</p>	<p>This fee only applies to licensable large scale purpose built or converted student accommodation where the provider has not signed up to the ANUK/Unipol Code of Practice.</p>

14.0 Government Proposals to review scope of Mandatory Licensing

It needs to be noted that in late 2015 the Government conducted a consultation exercise reviewing the scope of the current Mandatory HMO (MHMOL) licensing scheme. Whilst the outcome of the review has not been published, it was strongly felt that the scope of the MHMOL scheme would be widened to include a greater range of HMOs; eg all properties with five or more occupants regardless of number of storeys. If changes were proposed they could be made using secondary legislation so the lead in period would be short.

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Acronyms

AHMOL - Additional House in Multiple Occupation Licensing Scheme
BME - Black and Ethnic Minority
BRE - Building Research Establishment
HHSRS - Housing health and rating system
HMO - House in multiple occupation
HRP - Household reference person
LLAS - London Landlord Accreditation scheme
LRS - Mayor of London's London Rental Standard
MHMOL - Mandatory House in Multiple Occupation Licensing Scheme
NLAS - National Landlords Accreditation scheme
PRS - Private Rented Sector
The Council - Royal Borough of Kingston on Thames
RLAAS - Residential Landlords Association Accreditation scheme
The Act 2004 - The Housing Act 2004.
General Approval 2010 - Housing Act 2004: Licensing of Houses in Multiple Occupation and Selective Licensing of other Residential Accommodation (England) General Approval 2010