

Part 1. Applicant Details

Full Name:

Address:

Postcode:

Contact Information:

Telephone:

Email Address:

Mobile:

Other:

Part 2. Reason for Variation

Do you want the proposed variation to take effect as soon as possible? Yes No

If **no**, please indicate the date you wish for the variation to come into force:

Day		Month		Year			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please describe the nature of the proposed variation below and attach any supporting documents to the application form:

Please continue on a separate sheet if necessary.

Part 3. Conditions of the Variation

This form should be returned to:

Royal Borough of Kingston upon Thames
Residential Enforcement Team
Kingston and Sutton Shared Environment Service
Guildhall 2
High Street
Kingston upon Thames
Surrey KT1 1EU

e-mail: privatesectorhousing@kingston.gov.uk

Please be advised that a variation cannot be granted for a change of owner as HMO licences are non-transferable; in these circumstances the Local Authority would require a new complete HMO licence application form to be submitted with all required documents and full application fee.

If you are uncertain how to answer any of the questions or have any queries about the process or HMOs in general we would encourage you to seek advice and guidance by contacting the Residential Enforcement Team at the above address or call us on 020 8547 5003.

Part 4. Declaration

Note to Applicants:

Please note that it is a criminal offence to knowingly supply information, which is false or misleading for the purpose of obtaining a variation. 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 then further action may be taken.

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.

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Signed _____ 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.