

Self Declaration Form

House in Multiple Occupation (HMO)



Please complete and return this form if you believe your property:

- a) No longer requires either a mandatory or additional HMO licence or;
- b) It is a HMO that does not require a licence under either the mandatory or additional licensing schemes.

Please fill in the form using **BLOCK CAPITALS** and **black ink** and **complete all sections**.

If you require more space to answer any question, please use additional sheets, specifying which question your answer relates to, and attach the sheets to the declaration form.

It is a criminal offence to be in control of, or be managing a House in Multiple Occupation which is not licensed but is required to be so.

Address of property to which this declaration refers:

Postcode:

For Office Use Only
Date Received
<input style="width: 100%; height: 20px;" type="text"/>
Reference Number
<input style="width: 100%; height: 20px;" type="text"/>
Officer
<input style="width: 100%; height: 20px;" type="text"/>

	Details:
Name of person(s) completing form:	
Address:	
Postcode:	
Telephone number:	
Email address:	
Interest in property: (owner / agent / tenant etc.)	

Continued overleaf....

Name of property owner:	_____
Address:	_____ _____ _____
Postcode:	_____
Owner's Telephone No.:	_____
Owner's Email address:	_____
<u>Property Details</u>	
Type of property e.g. Flat, house:	_____
Number of Storeys in the building:	_____ <i>Note: This includes any storeys used as commercial premises e.g. a shop on the ground floor and residential over the first and second floor would equal 3 storeys.</i>
Number of current occupiers:	_____ <i>Note: This includes any resident landlords.</i>
Number of:	Bedrooms: _____ Living Rooms: _____ Kitchens: _____ Bathrooms: _____
Type of tenure :	_____ (e.g. owner occupier, single family, students, individual room by room lets etc):

I/we the undersigned have completed the self declaration form to the best of my/our knowledge and I/we do not believe the above mentioned property requires a House in Multiple Occupation licence.

Signed: _____

Date: _____

Full name (block capitals): _____

_____ This form should be returned together with any supporting documents to:

Royal Borough of Kingston upon Thames
Residential Enforcement Team
Guildhall 2
High Street
Kingston upon Thames
Surrey KT1 1EU

e-mail: privatesectorhousing@kingston.gov.uk