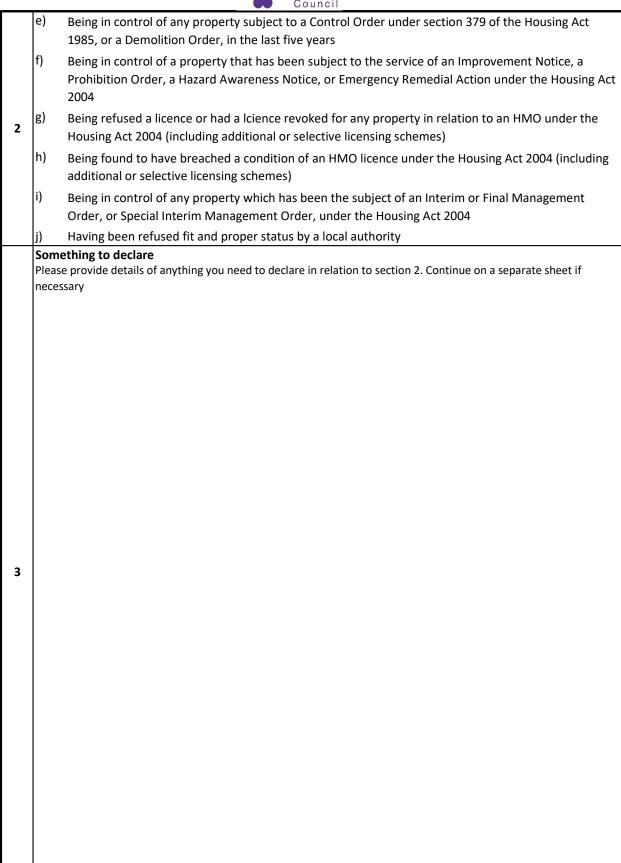


FIT AND PROPER PERSON DECLARATION

Each person involved in the management of a licensable House in Multiple Occupation (HMO) is required to complete this form, pursuant to the Housing Act 2004

	ame of person (or name of company) ng this declaration	
	ess, including postcode, of personing the declaration	
	ing or management agent, please state ame of the business	
	Address of the property to which this declaration applies	
1	Date HMO application was submitted	
	following management responsible a responsible employee of a residual person who sets up and/or signual person who authrises money to a person who collects rent and/o	ifferent to the licence holder) nanagement of the property who has any of the vilities: lential letting or property management business s tenancy agreements be spent on works in relation to the property r deals with rent arrears or the payment of Local Housing Allowance inistration of rent deposits
2	to the best of your knowledge, apply eit perosnal or work basis (includes husbar a) Any unspent convictions, particular and the period of the	u have anything to declare concerning any of the following which, ther to you or anyone who is associated with you, whether on a aid, wife, civil partner, colleague, businesss partner, employees, etc. arly in respect of any offence involving fraud or other dishonesty, ted in Schedule 3 to the Sexual Offences Act 2003
		nal of practising unlawful discrimination on grounds of sex, colour, nection with the carrying on of a business
	c) Any civil or criminal contravention public health, or lanlord and tenal	n of any law relating to housing, environmental health, licensing, nt law
	d) Any act not in accordance with an Housing Act 2004	y applicable code of practice approved under section 233 of the







DECLARATION

I accept that in connection with the checking of accuracy of this declaration, North Herts Council will share this information with the police, other statutory bodies, and other relevant local authorities.

I acknowledge that it is a criminal offence to knowingly supply information which is false or misleading for the purposes of obtaining a licence. I am aware that evidence of any statements made in this application may be required at a later date by North Herts Council.

I understand that if North Herts Council subsequently discover that something relevant to this application has not been disclosed, or has been incorrectly stated or described, the licence may be revoked and I may be subject to further enforcement action.

Signed		
Full name		
Date		

If signing on behalf of a company, please tick box to confirm you have authority to do so

GUIDANCE

Please ensure that **all persons** working for your business who are involved in the management of licensed properties have signed declarations in relation to this application

If there was something to declare in section 3 of this form, this declaration must be forwarded to North Herts Council no later than seven days after the submission of the HMO application

Copies of all declarations will be retained by North Herts Council for the duration of the relevant licence and in accordance with its Retention Schedule thereafter

Please be aware that North Herts Council has powers to require the provision of documentation as part of the HMO application, inclduing this declaration. Periodic checks will be undertaken to ensure that agents are meeting their obligations. Failure to comply with formal requests to provide information may lead to legal action, including prosecution

Please return this form to licensing@north-herts.gov.uk or by post to: North Herts Council, Licensing, P O Box 10613, Nottingham, NG6 6DW