**A black and white logo with a castle and buildings

Description automatically generated with low confidenceSummary of Submitted Evidence - Lawful Use as HMO**

Please complete at least one of the following tables to summarise your submission of supporting documents – and include with your application

Table 1: Tenancy Agreements – **Summary** of 10 Years Submitted Evidence

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yr | Tenant Names | Tenancy From | Tenancy Form | Tenancy To | Number of unrelated tenants | Signed (Y/N) | Notes |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
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| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |

Table 2: Tenancy Agreements – If submitting evidence on a room-by-room basis

*This table should only be used for HMOs with tenancy agreements on a room by room letting rather than a single contract for a group*

* Full list of room occupation by tenant name on monthly basis from start of relevant period of the lawful development certificate
* Please number order tenancy agreements - Add number of agreement in brackets by each name
* *both tables will need extending to cover the full 10 year period*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Room 1** | **Room 2** | **Room 3** | **Room 4** | **Room 5** | **Room 6** |
| Month Year  (from start of first AST submitted) | Tenant name | Tenant name | Tenant name | Tenant name | Tenant name | Tenant name |
| Month Application was made:  Month 1 | **Add name or VOID (tenancy number in brackets)** |  |  |  |  |  |
| Month 2 |  |  |  |  |  |  |
| Month 3 etc. to 120 months/10 yrs |  |  |  |  |  |  |
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