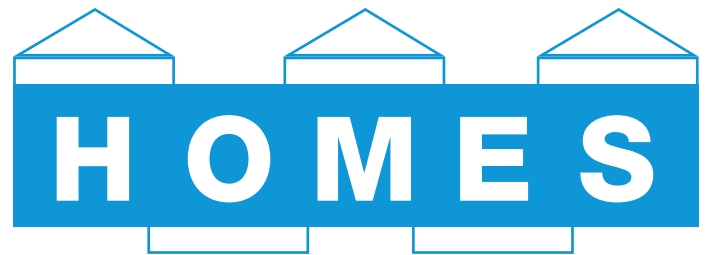


# Midlothian



## application form and guidance notes

### Communicating Clearly

We are happy to translate on request and provide information and publications in other formats, including Braille, tape or large print.

Contact **0131 270 7500** or email:  
**[housing.enquiries@midlothian.gov.uk](mailto:housing.enquiries@midlothian.gov.uk)**

### Office use only

Applicant name

Received on:

Application No

If you need help filling this form in please contact the Allocations Team  
Tel: **0131 271 3394**

For information about Midlothian Council  
visit our website at:

**[www.midlothian.gov.uk](http://www.midlothian.gov.uk)**

Tel: **0131 270 7500**

For information about Melville Housing visit:

**[www.melville.org.uk](http://www.melville.org.uk)**

# Application for housing with Midlothian Homes

Guidance notes to help you fill in this form are shown on the left hand pages. Please complete all the sections of the form **that apply to you** in **CAPITAL LETTERS** using a PEN. The information you provide us will help us to assess your need for housing.

In certain places in the form you will see this symbol **P**. It means that you will have to supply us with proof of some of your circumstances. There is a checklist at the end of the form of all the pieces of information you need to supply us.

If you need help to complete the form, we will be happy to provide it. If your form has pieces of information missing on it, we will contact you, initially by telephone, to ask you to provide them. Once we have received all the information we need, we will contact you in writing to let you know that your name is now on our waiting list. We will ask you to check over the information we have about you just to see that it is correct.

Many thanks for filling in the form.

## About your present housing

Please look at the list opposite and tick as many boxes as apply to you and any joint applicant, if there is one.

Note that some circumstances are marked with an asterisk\*. If this applies to you, please answer 1.2.

'Tied' accommodation is where your housing is provided with your job.

# 1. About your present housing

**Only tick the boxes that apply to you.**

## 1.1 Are you

- |  |                              |  |
|--|------------------------------|--|
| 1. A council tenant  | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
| 2. A housing association tenant  | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
| 3. A tenant of a private landlord  | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
| 4. An owner occupier   | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
| 5. Living in family home/with parents/relatives/friends  | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
| 6. Living in temporary accommodation (including adult residential accommodation, hostels, etc) | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
| 7. Living in a caravan or mobile home  | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
| 8. Living in bed and breakfast accommodation   | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
| 9. Sleeping rough/roofless   | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
| 10. Living in tied accommodation*  | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
| 11. Living in armed services accommodation*  | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
| 12. In hospital*   | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
| 13. In prison*   | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
| 14. Living in children's residential accommodation*  | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
| 15. Other  | <input type="text"/>         |  |

**1.2** If you have ticked any of the boxes marked with a \*, state when you require housing. (give exact date if known).

You:  Date:

Joint Applicant:  Date:

**1.3** Under the Housing (Scotland) Act 2001 and the Asylum and Immigration Act 1999, local authorities must establish whether a person qualifies for public assistance including housing. **P**

Are you a UK citizen Yes  No

## About you and your joint applicant

Please fill in the details opposite with as much information as possible.

Your National Insurance number will be used to confirm your identity when processing your form and when you contact us about your application.

Please provide as many means of contacting you as possible – we may need to contact you at short notice.

Please include as much detail as possible about your house, its number or name, postcode, etc.

### Joint applicant

If you want to apply with another person please complete the joint applicant details on the opposite page. They don't have to live with you just now, but we need to know both your circumstances to assess your needs.

We will contact you to discuss your joint applicant's circumstances.

### Special communication needs

Please let us know if there are any particular ways we should communicate with you. For example, do you require an interpreter, use of a text phone or large print? If you tick the box at 1.9 we will contact you to offer assistance.

### Assistance with your application for housing

You may find dealing with applications difficult. If you want another person to deal with the application for you, such as a member of your family, a friend or a legal adviser, please fill in their contact details at Number 1.11 at the bottom of the opposite page. Members of staff will also be able to assist you with completing the form.

### Providing identification and proof of residency

You will be required to provide identification in addition to your National Insurance number. This can include your birth or marriage certificate, driving license or passport. If you are not a UK citizen, we will need to see your passport in order to be satisfied that you are entitled to apply for social rented housing. We will retain a copy of your passport. Useful information about immigration, asylum and refugees is available at the Shelter Scotland web-site:

**[www.scotland.shelter.org.uk](http://www.scotland.shelter.org.uk)** **P**

UK Government's Visa and Immigration website:

**<https://www.gov.uk/government/organisations/uk-visas-and-immigration>**

## About you

## About joint applicant

Only tick the boxes that apply to you.

1.4 Title:  First name:

Surname/  
Family name:

1.5 Date of birth (DD/MM/YY):

National insurance no:

Nationality:

1.6 Present address and postcode:

Date you moved in here:

1.7 If you are a tenant, please give landlord details

Name:

Address and postcode:

Phone no.

1.8 If you want mail to go to a different address state here

Address and postcode:

1.9 Details of how we can contact you

Phone no 1:

Phone no 2:

E-mail:

Do you have any special communication needs?

1.4 Title:  First name:

Surname/  
Family name:

1.5 Date of birth (DD/MM/YY):

National insurance no:

Nationality:

1.6 Present address and postcode:

Date you moved in here:

1.7 If you are a tenant, please give landlord details

Name:

Address and postcode:

Phone no.

1.8 If you want mail to go to a different address state here

Address and postcode:

1.9 Details of how we can contact you

Phone no 1:

Phone no 2:

E-mail:

Do you have any special communication needs?

1.10 What is your relationship to the other applicant?

1.11 Representative contact details

Name:  Tel no:

Address:  Postcode:

## 2. Previous addresses (not your present address)

**If you have lived in your present accommodation for more than 5 years please go to Section 3.**

**We only need to know about the last 5 years.**

**However, we will need details of the full five years before you can be added to the list.**

If it's less than 5 years, please give us information about where else you have been the tenant or owner, starting with the most recent address. If you are applying with a joint applicant and they have lived somewhere different for the past 5 years, you will need to give us this information also. You can use a separate sheet to give us additional addresses if required. Please include as much information as possible, eg flat number, postcode, etc.

Serving members of **HM Armed Forces** who lived in the Midlothian Council area prior to joining the forces, or who have a spouse or partner who lived in the Midlothian Council area, or where the applicant or family have been resident in Midlothian Council area for at least 3 years while on service will receive Forces points from the date of enlistment.

Please provide written proof of enlistment **P**

Do you live in forces accommodation? Yes  No

Where did you live before you joined the forces?

## Your previous addresses

**2.1** Address (most recent first)

Postcode:

From  To

**2.2** Reason for leaving

**2.3** If tenant: Name and address of landlord

## Joint applicant previous addresses

**2.1** Address (most recent first)

Postcode:

From  To

**2.2** Reason for leaving

**2.3** If tenant: Name and address of landlord

## Your previous addresses

**2.4** Address

Postcode:

From  To

**2.5** Reason for leaving

**2.6** If tenant: Name and address of landlord

## Joint applicant previous addresses

**2.4** Address

Postcode:

From  To

**2.5** Reason for leaving

**2.6** If tenant: Name and address of landlord

## Your previous addresses

### 2.7 Address

Postcode:

From  To

### 2.8 Reason for leaving

### 2.9 If tenant: Name and address of landlord

## Joint applicant previous addresses

### 2.7 Address

Postcode:

From  To

### 2.8 Reason for leaving

### 2.9 If tenant: Name and address of landlord

## Your previous addresses

**2.10** Have you **ever** held a Midlothian Council or Melville Housing Association tenancy? If so please provide address and dates of your tenancy.

Address:

Postcode

From  To

## Joint applicant previous addresses

**2.10** Have you **ever** held a Midlothian Council or Melville Housing Association tenancy? If so please provide address and dates of your tenancy.

Address:

Postcode

From  To



### 3. About your household/family

**People covered by this section** – please include all members of your current household and new household if these differ. Please provide details of anyone who does not live in your house now but who will be moving in with you when you are rehoused. Include any children who do not permanently live with you, but that you have regular overnight access to. **P**

**NB:** Please provide a copy of each child’s FULL birth certificate or a letter confirming you receive Child Benefit.

A) if you are the main carer please provide a copy of each child’s FULL birth certificate or a letter confirming you receive Child Benefit/Tax Credit.

B) if you have access to your child or children please provide a copy of the FULL birth certificate.

**Number of Bedrooms** – For each bedroom in your house tell us if it is double or single. Tell us who sleeps in which bedroom. This will help us assess if you are overcrowding or under occupying your present home. Generally, a double bedroom has enough room for a double bed or two single beds. Single rooms generally can only take one single bed or bunk beds.

**Requirements for additional rooms** – Your circumstances may mean that you need an additional room, for example, to provide care, for medical reasons, for foster children or where a member of your household is pregnant and intends to stay as part of your household once the baby is born. Please give us details about these circumstances in questions 3.10 – 3.12.

#### Who else do you live with?

**Are you living with people who will not be moving with you?** Yes  No

If yes, who are they?

| Name | Age | Male or Female | Relationship to you |
|------|-----|----------------|---------------------|
|      |     |                |                     |
|      |     |                |                     |
|      |     |                |                     |
|      |     |                |                     |
|      |     |                |                     |
|      |     |                |                     |
|      |     |                |                     |
|      |     |                |                     |
|      |     |                |                     |

How many bedrooms are in your house?

Double

Single

## Other household / family members who will be moving with you

**NOTE: You have already provided your own details**

1. First Name

Surname/family name

Date of Birth (DD/MM/YY)

Gender

Male

Female

Relationship to you

Relationship to joint applicant

Are they part of your current household?

Yes  No

How many nights a week do they stay with you?

2. First Name

Surname/family name

Date of Birth (DD/MM/YY)

Gender

Male

Female

Relationship to you

Relationship to joint applicant

Are they part of your current household?

Yes  No

How many nights a week do they stay with you?

3. First Name

Surname/family name

Date of Birth (DD/MM/YY)

Gender

Male

Female

Relationship to you

Relationship to joint applicant

Are they part of your current household?

Yes  No

How many nights a week do they stay with you?

4. First Name

Surname/family name

Date of Birth (DD/MM/YY)

Gender

Male

Female

Relationship to you

Relationship to joint applicant

Are they part of your current household?

Yes  No

How many nights a week do they stay with you?

5. First Name

Surname/family name

Date of Birth (DD/MM/YY)

Gender

Male

Female

Relationship to you

Relationship to joint applicant

Are they part of your current household?

Yes  No

How many nights a week do they stay with you?

6. First Name

Surname/family name

Date of Birth (DD/MM/YY)

Gender

Male

Female

Relationship to you

Relationship to joint applicant

Are they part of your current household?

Yes  No

How many nights a week do they stay with you?

7. First Name

Surname/family name

Date of Birth (DD/MM/YY)

Gender

Male

Female

Relationship to you

Relationship to joint applicant

Are they part of your current household?

Yes  No

How many nights a week do they stay with you?

8. First Name

Surname/family name

Date of Birth (DD/MM/YY)

Gender

Male

Female

Relationship to you

Relationship to joint applicant

Are they part of your current household?

Yes  No

How many nights a week do they stay with you?

## Requirements for additional rooms

Only tick the boxes that apply to you.

**3.10** Is additional room needed to provide regular overnight access to children  or for medical or other reasons?

If YES, give details of the arrangement:

**3.11** Is additional room needed to provide foster care or do you expect to adopt  **P** any children in the future?

(You will need to provide a copy of your approval letter from Social Work).

**3.12** Are you or a member of the family moving with you pregnant? Yes  No

If so, what is their name?

When is their due date?

DD/MM/YYYY

Have they applied for housing?

Yes  No

**P** (Written confirmation eg MATB1 Form, a letter from the hospital or midwife or a scan photo is required.).

## 4. About your household's health and wellbeing

Only tick the boxes that apply to you.

**4.1** Do you or someone moving with you, have a medical problem that means your current accommodation is unsuitable?

Yes  No

If no, go to section 5

If yes, please complete the following:

**About your health**

**4.2** Which member(s) of your household is affected?

**4.3** Does the medical condition make it difficult for you to continue living in your current accommodation? (For example, a member of your family is housebound and cannot get out or uses a wheelchair and the property is not suitable.)

Yes  No

**4.4** Is the medical condition or illness made worse by your current accommodation and a move would help?

Yes  No

**4.5** Please give details of the medical condition?

**4.6** If you were to describe the condition briefly, what would it be? Please tick all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> A physical disability | <input type="checkbox"/> A learning disability   |
| <input type="checkbox"/> A sight problem       | <input type="checkbox"/> A hearing problem       |
| <input type="checkbox"/> Is elderly or frail   | <input type="checkbox"/> A drug/alcohol problem  |
| <input type="checkbox"/> Terminally ill        | <input type="checkbox"/> A mental health problem |

**4.7** Please give the name and address of health care professional involved (ie GP, any hospital consultant, social worker, occupational therapist).

| Name | Address | Role (GP etc) |
|------|---------|---------------|
|      |         |               |
|      |         |               |
|      |         |               |

**Please note that the applicant will be responsible for any costs incurred if a letter of support is needed from any medical practitioner.**

**4.8** Please tick the type of property you live in

|                                    |                                   |  |                                   |
|------------------------------------|-----------------------------------|--|-----------------------------------|
| <b>House</b>                       | <input type="checkbox"/> Detached | <input type="checkbox"/> Semi detached               | <input type="checkbox"/> Terraced |
| <b>Bungalow</b>                    | <input type="checkbox"/> Detached | <input type="checkbox"/> Semi detached               | <input type="checkbox"/> Terraced |
| <b>Four in block flat</b>          | <input type="checkbox"/> Upper    | <input type="checkbox"/> Lower                       |                                   |
| <b>Tenement flat or maisonette</b> |                                   | <input type="checkbox"/> What floor is your flat on? |                                   |

**4.9** How many stairs are in the house where you live?

Inside

Outside

How many stairs can be easily managed?

**4.10** If you use a wheelchair is it for?

Indoors

Outdoors

Both

**4.11** Have you had any adaptations carried out at your present home? Yes  No

If yes, what are they?

**4.12** Are the following within walking distance of your home? Please tick all that apply.

Bus stop

General shop

Post Office

If not, does the household member need to move to be nearer to them? Yes  No

**4.13** Does your household require car parking? Yes  No

**4.14** Does the household member have contact with other people?

Everyday

Most but not all days

At least once a week

Never

**4.15** Do you feel isolated, insecure or lonely for any other reason? Please give details.

**4.16** Please state how rehousing will allow you to cope with your illness or disability?

**4.17** Have you applied for housing because you wish to move nearer to a family member in order to give or receive support?

Yes  No

If yes, is it to Give  Receive

Please give the name, address and telephone number of the person you wish to move nearer to.

**Points will only be given if there is no-one living locally who could reasonably provide such support.**



**4.18** How often is the support needed?

Daily  Once a week  2 or 3 times a week  Other (please specify)

Who currently provides this support?

**4.19** Does any member of your household have a medical or health problem which requires you to be housed in a particular type of accommodation?

Yes  No

If YES, is it:

A property with no stairs?

A property with particular bathing facilities?

Bath  Shower  Either

A property with an additional bedroom?

If you have ticked any of the above, please give details.

## 5. Tenant conduct and household behaviour

**5.1** Give details below if any person covered by this application has been the subject of an Antisocial Behaviour Order (ASBO).

**If there is no one, please write "none" in the box.**

First name

Surname

Date of birth

Landlord's name

Landlord's phone number

Landlords address

**5.2** Give details below if you or any of your household have been evicted for antisocial behaviour in the past 3 years.

**If there is no one, please write "none" in the box.**

First name

Surname

Date of birth

Landlord's name

Landlord's phone number

Landlords address

**5.3** Give details below if you, or the joint applicant, owes arrears of rent or any other tenancy related debt to any private landlord, housing association or any local authority.

**If you have no arrears, please write 'none' in the box.**

Landlord's name

Landlord's phone number

Landlords address

Name of tenant and address of property

**5.4** Give details below if you, or anyone in your household, is required to register with the Police under the Sex Offenders Act 1997.

**If there is no one, please write "none" in the box.**

First name

Surname

Date of birth

### **Violence and harassment**

If you suffer from violence and harassment linked to where you live, then please use this section to tell us about your situation. If you have been getting support or have needed assistance from any organisation, please give contact details in the space provided.

If you want to be considered for harassment points, please provide written evidence to support your request **P**

## 6. Your home

These questions tell us more about where you live. Please tell us if you have any problems with the condition of your home by ticking all of the boxes that apply to your situation.

You will need to include copies of any notifications you have received. Where you cannot provide evidence, we may carry out checks.

### 6.1 Does your home have:

(Tick all that apply).

A kitchen sink with hot and cold water supply? Yes  No

A fixed bath or shower? Yes  No

An inside toilet? Yes  No

Full central heating? Yes  No

Partial central heating? Yes  No

### 6.2 Has an Architect, Engineer or Environmental Health Officer tested the following and found:

(Tick all that apply).

Water supply unsafe **P**

Drainage inadequate **P**

Rising or penetrating damp **P**

Structural instability **P**

Other serious disrepair **P**

**6.3** If you are not a Midlothian Council or Melville Housing tenant, have you officially been informed that your present house is going to be demolished?

Yes  No  **P**

If Yes please provide proof.

## 7. About the home you need

Please tell us what type of housing you would like. Please remember certain types and sizes of housing are not available in some areas and although you may request an additional bedroom, we will only be able to offer you the size of property your household needs.

### **One room each for:**

- Single person
- Couple
- Single parent
- Pregnant woman, single or part of a couple
- Two children of different sexes under 10
- Two children same sex under 16

Please note that single applicants with children on access qualify for a 2 bedroom property.

### **Types of house**

**House** – self contained accommodation on one or two levels, usually with own front and back doors.

**Tenement Flat** – accommodation either on all one level internally or maisonette with internal stairs, but can be on any floor within a block of flats with a shared stairwell.

**4 in a block** – flatted accommodation where you have your own front door, which may be on the ground floor or one floor up.

**Amenity housing** – accommodation which may have some basic adaptations for people who are aged 55+

**Wheelchair Housing** – Specially adapted housing for people who require wheelchair accessible accommodation.

**Sheltered Housing** – designed with the needs of older people in mind. Self contained accommodation with additional common areas and on-site warden. You should be mobile and capable of self support with or without home help. Most developments are managed by Housing Associations.

**Retirement housing** - Self contained flats with housing support from staff during office hours and 24 hour community alarm service, all at an additional small cost relative to an individual's specific needs.

**Extra Care** – Housing with Care and Extra Care Housing in Midlothian is provided to enable people with care and support needs to live independently in the community for as long as possible.

**Very Sheltered Housing** – similar to Sheltered Housing but will include a care package and meals

**Mid Market Rented Housing** – accommodation which is available from some housing associations, where you are able to rent property at less than the average cost on the open market.

**Low Cost Home Ownership** – schemes, such as Shared Equity, which enable people to buy a home in partnership with a housing association. An owner generally pays between 60 and 80 per cent of the price of a home – with the remainder held by a Registered Social Landlord.

## About the home you need

This section is very important as it is about the type of house you want. Please try to give us as much information as possible.

### Mutual exchange

If you are a Midlothian Council or Melville Housing tenant you can apply to exchange with another tenant so long as they are a Scottish Secure Tenant whose landlord is a local authority, housing association, water or sewage authority.

To view Midlothian Council and Melville Housing properties available for a mutual exchange, view [www.homeswapper.co.uk](http://www.homeswapper.co.uk) and [www.melville.org.uk/moving-home/property-swaps](http://www.melville.org.uk/moving-home/property-swaps) or for further information, please contact the Allocations Team on **0131 271 3569**

### Medical priorities

If you are awarded a medical priority, then any offer of housing we make must meet the medical criteria. For example, if your medical specifies 'ground floor only' you will not be offered housing on any other floor.

#### 7.1 What size(s) of house would you like to be considered for?

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Bedsit/Studio Flat | <input type="checkbox"/> 3 Bedroom |
| <input type="checkbox"/> 1 Bedroom          | <input type="checkbox"/> 4 Bedroom |
| <input type="checkbox"/> 2 Bedroom          | <input type="checkbox"/> 5 Bedroom |

#### 7.2 What types of property would you like to be considered for? (Tick all that apply)

- House
- Tenement Flat
- 4 in a block flat

*Note: If you are awarded a medical priority for housing, this may affect the type of house you are offered. Please note you will wait longer if you choose house only.*

#### Please tick all landlords you wish to be considered for

- Midlothian Council
- Melville Housing Association
- Both

#### 7.3 Please tick the types of housing you would like: (Tick all that apply)

- Mainstream housing
- Amenity housing
- Sheltered housing
- Very sheltered housing
- Extra Care housing
- Housing suitable for wheelchair users
- Mid Market Rent
- Low Cost Home Ownership

*Note: If you are awarded a medical priority for housing, this may affect the type of house you are offered.*

7.4 Are you moving to the area to take up employment?  **P**

Name and address of employer

Contact name & number

## Homelessness

### You may be homeless if:

- you have no home in the UK where you and your family can live together, or
- you have no rights to live in the place you are currently staying, or
- the place where you are currently living is unsuitable or unsafe.

This means that even if you have got somewhere to stay, you may still be regarded as homeless by the council.

'Tied' employment means that your accommodation is provided with your work – if your job ends, you will lose your accommodation as well as your job.

If you are homeless or are likely to become homeless and need further advice, then please contact the Housing Options Team, Buccleuch House, Dalkeith **0131 271 3397**

Email: **[homelessness.enquiries@midlothian.gov.uk](mailto:homelessness.enquiries@midlothian.gov.uk)**

Web: **[www.midlothian.gov.uk](http://www.midlothian.gov.uk)**

## 8. Council and housing associations property details

The following pages contain information about rented property which is available in Midlothian and contains information about the areas which have rented housing in them and which landlord has property in the various areas.

Please tick which landlords you would like to be considered for.

Please note that all housing associations apart from Melville Housing, Trust and Viewpoint operate their own lists and you will need to contact them for an application form.

We have agreements with housing associations to nominate applicants for some of their empty properties.

We have agreements with Melville, Trust and Viewpoint to nominate applicants for **ALL** their vacant properties.

### Ark Housing Association

The Priory  
Canaan Lane  
Edinburgh EH10 4SG

Tel: **0131 447 9027**

E mail: **admin@arkha.org.uk**

Website: **www.arkha.org.uk**

**Properties:** Supported accommodation for people with learning difficulties.

### Bield Housing Association

79 Hopetoun Street  
Edinburgh EH7 4QF

Tel: **0131 273 4000**

E mail: **info@bield.co.uk**

Website: **www.bield.co.uk**

**Properties:** Sheltered and very sheltered housing in Bonnyrigg, Dalkeith, Gorebridge and Penicuik.

### Castle Rock/Edinvar Housing Association

1 Hay Avenue  
Edinburgh EH16 4RW

Tel: **0131 657 0676**

E mail: **customer@castlerockedinvar.co.uk**

Website: **www.castlerockedinvar.co.uk**

**Properties:** General needs housing for families, couples and single person households, sheltered and very sheltered housing for the elderly and some wheelchair adapted homes.

### Dunedin Canmore Housing Association

8 New Mart Road  
Edinburgh EH14 1RL

Tel: **0131 478 8888**

E mail: **customer.service@dunedincanmore.org.uk**

Website: **www.canmore-housing.org.uk**

**Properties:** The Association has a range of single person and family housing in Penicuik and Newtongrange.



### Link Housing Association

2C New Mart Road  
Edinburgh EH14 1RL

Tel: **0845 155 0019**

E mail: **csc@linkhaltd.co.uk**

Website: **www.linkhousing.org.uk**

**Properties:** 1 bedroom properties in Penicuik.

### Blackwood Housing Association

77 Craigmount Brae  
Edinburgh EH12 8XF

Tel: **0131 317 7227**

E mail: **info@mbha.org.uk**

Website: **www.mbha.org.uk**

**Properties:** Amenity & wheelchair housing in Penicuik.

### Melville Housing

7 Eskdaill Court  
Dalkeith EH22 1AG

Tel: **0131 654 2733**

E mail: **info@melville.org.uk**

Website: **www.melville.org.uk**

**Properties:** The Association has a range of single person and family housing with a few special needs/disabled properties.

### Midlothian Council

Allocations Team  
Buccleuch House  
1 White Hart Street  
Dalkeith EH22 1DE

Tel: **0131 271 3394**

E mail: **housing.enquiries@midlothian.gov.uk**

**Properties:** The Council has a range of single person, family, extra care, wheelchair and sheltered housing.

### Trust Housing Association

12 New Mart Road  
Edinburgh EH14 1RL

Tel: **0131 444 1200**

E mail: **info@trustha.org.uk**

Website: **www.trustha.org.uk**

**Properties:** Extra care housing in Loanhead for applicants who require a care package.

### Viewpoint Housing Association

4 South Oswald Road  
Edinburgh Lothian  
EH9 2HG

Tel: **0131 668 4247**

E mail: **admin@viewpoint.org.uk**

Website: **www.viewpoint.org.uk**

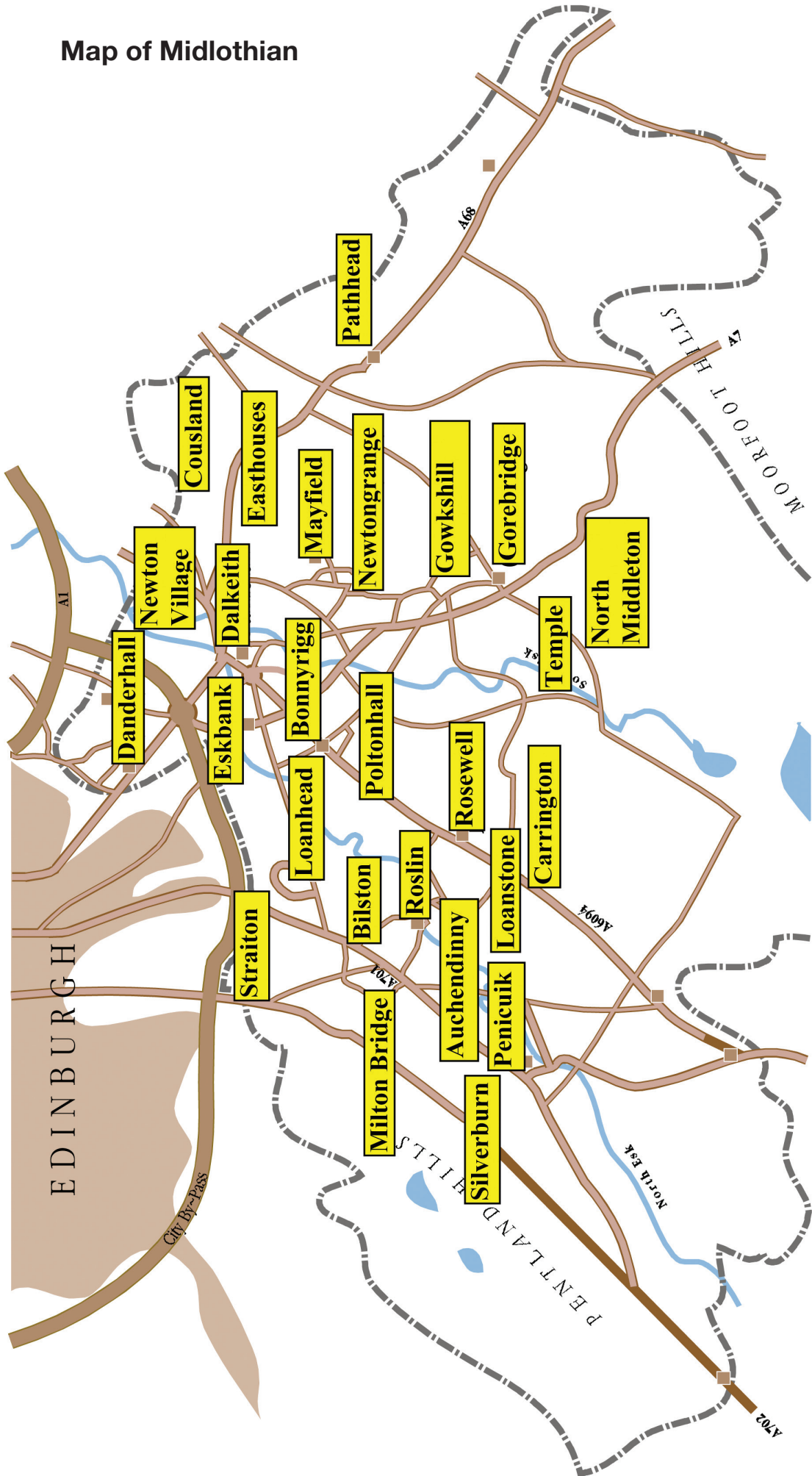
**Properties:** Sheltered and Amenity Housing.

## Where would you like to live?

**8.1** Please choose carefully as you will only be considered for accommodation in the areas you request. Refer to the map to give you some idea about where the areas are located in Midlothian. The diamond logo on the table below indicates where there is stock available (please tick all that apply).

| Letting Area                                   | Tick Please | MC | Melville | CRE | Bield | Viewpoint | Dunedin/Canmore | Link | Margaret Blackwood |
|--|-------------|----|----------|-----|-------|-----------|-----------------|------|--------------------|
| Auchendiinny                                   |             | ◆  |          |     |       |           |                 |      |                    |
| Bilston  |             | ◆  | ◆        | ◆   |       |           |                 |      |                    |
| Bonnyrigg                                      |             | ◆  | ◆        |     | ◆     |           |                 |      | ◆                  |
| Carrington                                     |             | ◆  |          |     |       |           |                 |      |                    |
| Cousland                                       |             | ◆  |          |     |       |           |                 |      |                    |
| Dalkeith                                       |             | ◆  | ◆        | ◆   | ◆     | ◆         |                 |      |                    |
| Danderhall                                     |             | ◆  | ◆        |     |       |           |                 |      |                    |
| Easthouses*                                    |             | ◆  | ◆        |     |       |           |                 |      |                    |
| Gorebridge/<br>Gowkshill                       |             | ◆  | ◆        | ◆   | ◆     |           |                 |      |                    |
| Loanhead                                       |             | ◆  | ◆        |     |       |           |                 |      |                    |
| Mayfield*                                      |             | ◆  | ◆        | ◆   |       |           |                 |      |                    |
| Newtongrange                                   |             | ◆  |          | ◆   |       |           | ◆               |      |                    |
| Newton Village/<br>Hilltown                    |             |    |          | ◆   |       |           |                 |      |                    |
| North<br>Middleton                             |             | ◆  |          |     |       |           |                 |      |                    |
| Pathhead                                       |             | ◆  | ◆        |     |       |           |                 |      |                    |
| Penicuik East                                  |             | ◆  |          |     |       |           |                 |      |                    |
| Penicuik West<br>inc Loanstone<br>& Silverburn |             | ◆  | ◆        |     | ◆     |           | ◆               | ◆    | ◆                  |
| Poltonhall                                     |             | ◆  | ◆        |     |       |           |                 |      |                    |
| Rosewell                                       |             | ◆  | ◆        | ◆   |       |           |                 |      |                    |
| Roslin   |             | ◆  |          | ◆   |       |           |                 |      |                    |
| Temple   |             | ◆  |          |     |       |           |                 |      |                    |

# Map of Midlothian



## Housing options for older people

Housing for older people is provided by a number of landlords across Midlothian (details of landlords who provide this type of housing are on page 27).

Sheltered housing complexes vary in size and type and all of them have a sheltered housing warden service.

**Amenity housing** – If you are 55 or over or would benefit from housing designed for the needs of older people, you can apply for this type of accommodation. Midlothian Council properties are ground floor houses within the Community & others are within complexes.

**Sheltered housing** – Traditional warden serviced flatted accommodation.

**Retirement housing** - Self contained flats with housing support from staff during office hours and 24 hour community alarm service, all at an additional small cost relative to an individual's specific needs.

**Very sheltered housing** – this type of housing is designed to meet the needs of frail older people who need additional support to live independently. Dining facilities and meals are provided. Details of where these complexes are located are shown below.

**Extra care housing** – this type of housing has all the features of very sheltered housing, but with the addition of an on site care team.

## Amenity housing

Variety of 1 bedroom ground floor properties throughout area

Regal Lodge, Bonnyrigg

Avenue Road, Dalkeith

Hunterfield Terrace, Gorebridge

Harnes Court, Loanhead

Deanpark, Newtongrange

Roman Camp Way, Pathhead

Ross Glen Court, Roslin

| Provider | Tick Choice |
|----------|-------------|
|----------|-------------|

|                    |                          |
|--------------------|--------------------------|
| Midlothian Council | <input type="checkbox"/> |
|--------------------|--------------------------|

|                     |                          |
|---------------------|--------------------------|
| Castle Rock Edinvar | <input type="checkbox"/> |
|---------------------|--------------------------|

|           |                          |
|-----------|--------------------------|
| Viewpoint | <input type="checkbox"/> |
|-----------|--------------------------|

|                     |                          |
|---------------------|--------------------------|
| Castle Rock Edinvar | <input type="checkbox"/> |
|---------------------|--------------------------|

|                     |                          |
|---------------------|--------------------------|
| Castle Rock Edinvar | <input type="checkbox"/> |
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|                     |                          |
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| Castle Rock Edinvar | <input type="checkbox"/> |
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| Castle Rock Edinvar | <input type="checkbox"/> |
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|                     |                          |
|---------------------|--------------------------|
| Castle Rock Edinvar | <input type="checkbox"/> |
|---------------------|--------------------------|

## Sheltered housing

Crystalmount, Dalkeith

Esk Place, Dalkeith

St. Annes, Newtongrange

Heinsberg House, Penicuik

| Provider | Tick Choice |
|----------|-------------|
|----------|-------------|

|                     |                          |
|---------------------|--------------------------|
| Castle Rock Edinvar | <input type="checkbox"/> |
|---------------------|--------------------------|

|                    |                          |
|--------------------|--------------------------|
| Midlothian Council | <input type="checkbox"/> |
|--------------------|--------------------------|

|                     |                          |
|---------------------|--------------------------|
| Castle Rock Edinvar | <input type="checkbox"/> |
|---------------------|--------------------------|

|                     |                          |
|---------------------|--------------------------|
| Castle Rock Edinvar | <input type="checkbox"/> |
|---------------------|--------------------------|

## Retirement housing

Moorfoot Court, Bonnyrigg

Emily Court, Gorebridge

Baldwin Court, Penicuik

| Provider | Tick Choice |
|----------|-------------|
|----------|-------------|

|       |                          |
|-------|--------------------------|
| Bield | <input type="checkbox"/> |
|-------|--------------------------|

|       |                          |
|-------|--------------------------|
| Bield | <input type="checkbox"/> |
|-------|--------------------------|

|       |                          |
|-------|--------------------------|
| Bield | <input type="checkbox"/> |
|-------|--------------------------|

## Very Sheltered housing

Glenesk House, Dalkeith

| Provider | Tick Choice |
|----------|-------------|
|----------|-------------|

|           |                          |
|-----------|--------------------------|
| Viewpoint | <input type="checkbox"/> |
|-----------|--------------------------|

## Extra Care housing

Cowan Court, Penicuik

Hawthorn Gardens, Loanhead

Whitehill Lodge, Dalkeith

Salisbury View, Mayfield

| Provider | Tick Choice |
|----------|-------------|
|----------|-------------|

|                    |                          |
|--------------------|--------------------------|
| Midlothian Council | <input type="checkbox"/> |
|--------------------|--------------------------|

|       |                          |
|-------|--------------------------|
| Trust | <input type="checkbox"/> |
|-------|--------------------------|

|       |                          |
|-------|--------------------------|
| Bield | <input type="checkbox"/> |
|-------|--------------------------|

|                     |                          |
|---------------------|--------------------------|
| Castle Rock Edinvar | <input type="checkbox"/> |
|---------------------|--------------------------|

**Please use the checklist below to ensure you have completed all relevant parts of the application form. This will help prevent any delay in your form being processed.**

- Have you read, understood and signed the declaration?
- Have you supplied all of the information that we have asked for?
- Have you told us all that we have asked for about your present accommodation and supplied all proof requested?
- Have you completed this form fully?
- If someone is authorised to make enquiries about your application, have you given us their name?

| Page Number | Confirmation for              | Examples   |
|-------------|-------------------------------|--|
| 4           | Proof of identification       | Birth or marriage certificate, driving licence, passport, National Insurance number. |
| 4           | Immigration status            | Official document.   |
| 6           | Proof of HM Forces Enlistment | Official document.   |
| 12          | Adoption/Fostering            | Letter from Social Work.   |
| 12          | Pregnancy                     | MATB1, Letter from Doctor, scan picture.   |
| 19          | Harassment                    | Police, landlord or ASB report.  |
| 20          | Property                      | Closure Order, Letter from Environmental Health.                                     |
| 20          | Demolition                    | Letter from landlord.  |
| 23          | Link to the Area              | Letter from Employer.  |
| 23          | Work/Education                | Letter from Employer/place of education.   |

**Send us copies of your documents NOT originals.**

## 9. Declaration

**9.1** Are you or any of your household related to a member of Housing staff, a Housing Association or Committee Member or a local Councillor?

If NO, please write "no" in the box.

If YES, please complete the details below.

Name of household member

Name of councillor/employee/  
Staff member/committee member

Relationship

**9.2** I/we understand that information will be shared with housing associations/registered social landlord's within Midlothian and other relevant professionals associated with assessing my application for housing.

**9.3** I am/we are happy for my/our application to be considered in any shared assessment process if this is considered to be in my/our best interests or the best interests of anyone applying for housing with me. I/we understand that this may require further assessment or sharing of information including any relevant medical detail sought with my permission, with any relevant professional, statutory or voluntary organisation in connection with my/our application for housing.

**9.4** I/we understand that a representative of any of the housing providers I/we have applied to or any other professionals required for assessment of my application may contact or visit me for further assessment of my needs and I/we give my/our consent for this.

**9.5** If you do not complete and sign these sections it may mean that your application cannot be processed or will take longer.

- The details on this form are true.
- I have included the proofs needed.
- I understand that my application will be registered with all landlords I have chosen unless I have stated otherwise in this form.
- I understand that if I have given false information, or withheld any relevant information, my application will be cancelled.
- I understand that I should tell you immediately about any changes in my circumstances that may affect my application for housing.
- I understand that if I get a tenancy using false or incomplete information then the relevant landlord can end the tenancy and repossess the property.

Date of Application

Signature (Applicant)

Signature (Joint Applicant/Spouse/Partner)

**Please ensure this form is signed before submitting.**



## Data Protection

### Data Protection Act 1998

The information you provide on this form is held by Midlothian Council. It must be processed fairly and lawfully and you are entitled to know how we intend to use the information you provide.

It will be used to assess your application for housing and in connection with that it may be used to assess health related needs for housing; to assess the social care and support needs in relation to the application for housing; to assess claims of racial harassment and domestic abuse; to assess applications where the applicant has been homeless or is in need of temporary housing; to obtain references from current and previous landlords or owners of accommodation and to make enquiries where there is, or suspected to be, a history of antisocial behaviour.

Your data may be disclosed to the following parties in connection with the aforesaid purposes:

Internal or external Council departments; housing associations; health services; other landlords and owners of accommodation and other organisations and individuals as deemed necessary in connection with assessing your application for housing.

## Equality Monitoring

Please complete the section over leaf to help us monitor the effectiveness of our lettings services. The information you supply will not be considered as part of your application for housing.

We are committed to equality. To assist us to monitor the effectiveness of our lettings services, we would encourage you to complete this monitoring form.

I/we consent for the information below to be used for equality monitoring:

Signature(s)

Date

## Equality Monitoring Form

You can choose to answer all or just some of the questions. No names or addresses are required on this form.

The information you provide will be treated as sensitive data under the Data Protection Act 1998, and will help us monitor in line with equality legislation. It will not be used in connection with your application for housing.

**Thank you in advance for your help.**

| Category          | Sub Division                        | Please Tick ✓                |  |
|-------------------|-------------------------------------|------------------------------|--|
|                   |                                     | You                          | Joint Applicant                          |
| <b>Gender</b>     |                                     |                              |  |
|                   | Female                              | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                   | Male                                | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
| <b>Disability</b> |                                     |                              |  |
|                   | None                                | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                   | Physical or Motor Impairment        | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                   | Mental Health Issue                 | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                   | Learning Disability                 | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                   | Hearing Impairment - Partial        | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                   | Hearing Impairment - Total          | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                   | Visual Impairment - Partial         | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                   | Visual Impairment - Total           | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                   | Communication Difficulties          | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                   | Multiple Disabilities               | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                   | Other Chronic illness or disability | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |

| Category                 | Sub Division                       | Please Tick ✓                |  |
|--------------------------|------------------------------------|------------------------------|--|
|                          |                                    | You                          | Joint Applicant                          |
| <b>Ethnic Background</b> |                                    |                              |  |
| <b>White</b>             | Scottish                           | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                          | Other British                      | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                          | Irish                              | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                          | Polish                             | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                          | Gypsy/Traveller                    | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                          | Any other white background         | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                          |                                    |                              |  |
| <b>Mixed</b>             | Any mixed background               | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                          |                                    |                              |  |
| <b>Asian</b>             | Asian Scottish/British Indian      | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                          | Asian Scottish/British Pakistani   | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                          | Asian Scottish/British Bangladeshi | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                          | Asian Scottish/British Chinese     | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                          | Asian Scottish/British Other       | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                          |                                    |                              |  |
| <b>Black</b>             | Black Scottish/British African     | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                          | Black Scottish/British Caribbean   | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                          | Black Scottish/British Other       | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                          |                                    |                              |  |
| <b>Other Background</b>  | Arab                               | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                          | Arab Scottish                      | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                          | Arab British                       | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                          | Any other ethnic background        | You <input type="checkbox"/> | Joint Applicant <input type="checkbox"/> |
|                          |                                    |                              |  |

