

# Applying for housing with East Lothian Council



## MAIN APPLICANT

Title \_\_\_\_\_

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email \_\_\_\_\_

## JOINT APPLICANT

Title \_\_\_\_\_

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email \_\_\_\_\_

Relationship to main applicant \_\_\_\_\_

**IF YOU HAVE TO LEAVE OR ARE AT RISK OF LOSING YOUR CURRENT ACCOMMODATION, PLEASE CONTACT THE COUNCIL'S HOMELESSNESS UNIT ON 01620 827536 DURING OFFICE HOURS OR THE FREEPHONE NUMBER 0800 169 1611 (EMERGENCY)**

**IF YOU WOULD LIKE A HOUSING ADVICE INTERVIEW TO MAKE YOU AWARE OF ALL YOUR OPTIONS, PLEASE CONTACT YOUR LOCAL HOUSING OFFICER.**

FOR OFFICE USE ONLY

Application Type  Transfer  General Application Date \_\_\_\_\_

Application Number \_\_\_\_\_ Processed by \_\_\_\_\_

FOR OFFICE USE ONLY



East Lothian Council can provide council information in user friendly versions in other formats for example Braille, Large Print and Audio Tape. We can also provide signers and interpreters for council business. Phone 01620 827199 for more information.

You can also visit the council's website [www.eastlothian.gov.uk](http://www.eastlothian.gov.uk) where you will find the option to translate the information into your chosen language.

## NOTES

Please fill in this application to be considered for housing by East Lothian Council. You can apply for housing in East Lothian if you are aged 16 or over. Acceptance onto the housing list is not the same as being eligible for an offer of housing. Our decisions about offering you housing depends on:

- The level of your housing need based on the information you provide
- The availability of the sort of home you want in your area(s) of choice

**Bulgarian**  
Община Източен Лотиан може да предостави информация на Вашия роден език. При необходимост можем да осигурим и съдействието на преводачи. Повече информация на телефонен номер: 01620 827 199

**Polish**  
Samorząd rejonu East Lothian może Wam przekazać informacje w Waszym języku ojczystym. Możemy także zapewnić pomoc tłumaczy ustnych, jeśli jest to konieczne. Dodatkowe informacje można otrzymać pod podanym numerem telefonu: 01620 827 199

**Chinese**  
東路英茵郡議會可以使用你的語言提供服務使用者容易明白的資料。我們可以為郡議會的服務提供翻譯。如果需要進一步的資料。請電：01620 827199。

**Romanian**  
Consiliul East Lothian poate furniza informații în limba dumneavoastră. Dacă este necesar, vă putem oferi, în plus, ajutorul unor interpreți. Mai multe informații la numărul de telefon: 01620 827 199

**Lithuanian**  
Rytų Lotiano savivaldybė teikia informaciją jūsų kalba. Jeigu reikia, jie taip pat gali pasirūpinti vertėjais. Daugiau informacijos galite gauti paskambinę šiuo numeriu: 01620 827 199

**Ukrainian**  
Рада Східного Лотіану може надати вам інформацію в перекладі на вашу рідну мову. За потреби ми можемо надати послуги перекладачів. Докладнішу інформацію можна отримати телефоном за номером: 01620 827 199

## DATA PROTECTION

East Lothian Council uses the personal data you provide for purposes associated with the delivery of our services. For more information see:

[www.eastlothian.gov.uk/communityhousingpn](http://www.eastlothian.gov.uk/communityhousingpn).

Personal data will be retained in line with East Lothian Council retention policies.

Data Protection Officer, East Lothian Council, John Muir House, Haddington, EH41 3HA.  
Email: [dpo@eastlothian.gov.uk](mailto:dpo@eastlothian.gov.uk)

## ABOUT YOU

**MAIN & ANY JOINT APPLICANT(S): PLEASE PROVIDE PROOF OF YOUR IDENTITY & RESIDENCY**

ID can be a valid driving licence, current passport or birth certificate. Residency can be a utility bill, bank/building society statement, council tax notice, etc – see guidance notes. (Original documents will be verified at the point of receipt and returned to you.)

## MAIN APPLICANT

\* Denotes mandatory fields

Sex (tick box)  Female  Male

\* Date of Birth \_\_\_\_\_

\* National Insurance Number

\_\_\_\_\_

Care experienced  Yes  No

## JOINT APPLICANT

\* Denotes mandatory fields

Sex (tick box)  Female  Male

\* Date of Birth \_\_\_\_\_

\* National Insurance Number

\_\_\_\_\_

Care experienced  Yes  No

(The term 'care experienced' refers to anyone who has been or is currently in care or from a looked-after background at any stage in their life, no matter how short, including adopted children who were previously looked-after).

## INFORMATION ABOUT YOUR LOCAL CONNECTION TO EAST LoTHIAN (only complete if you do not currently live in East Lothian)

Currently employed in East Lothian Main  Joint

Currently seeking work in East Lothian Main  Joint

Social or medical need to be rehoused in East Lothian Main  Joint

Need to be closer to relative / carer in East Lothian Main  Joint

Fleeing harassment / domestic violence Main  Joint

Address details and other additional information (e.g. employment details / relative or carer address & relationship to you / reason for social or medical move)

Main applicant \_\_\_\_\_

\_\_\_\_\_

Joint applicant \_\_\_\_\_

\_\_\_\_\_

**Your application for housing will only become active if you can evidence a local connection in East Lothian as set out by the Housing (Scotland) Act 1987.**

## REASON FOR APPLYING

Why do you want to move from your present accommodation?

My mobility/health needs Main applicant  Joint applicant

I need to move closer to my family/carer Main applicant  Joint applicant

I have been issued with a Notice to Quit Main applicant  Joint applicant

My present home is too small for my needs Main applicant  Joint applicant

My present home is too large for my needs Main applicant  Joint applicant

I may soon become homeless Main applicant  Joint applicant

Other. Please state \_\_\_\_\_

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I have been assessed as requiring additional support to live independently? Main applicant  Joint applicant

Please give details \_\_\_\_\_

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## ABOUT WHERE YOU LIVE NOW

Rent from East Lothian Council Main  Joint

Rent from another Council Main  Joint

Please give details \_\_\_\_\_

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Rent from Housing Association Main  Joint

Please give details \_\_\_\_\_

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- |  |                               |                                |
|--|-------------------------------|--------------------------------|
| I own / jointly own my own home                        | Main <input type="checkbox"/> | Joint <input type="checkbox"/> |
| Part own/part rent from Housing Association            | Main <input type="checkbox"/> | Joint <input type="checkbox"/> |
| Living with parents                                    | Main <input type="checkbox"/> | Joint <input type="checkbox"/> |
| Living with relatives/friends                          | Main <input type="checkbox"/> | Joint <input type="checkbox"/> |
| Living in Homeless Accommodation                       | Main <input type="checkbox"/> | Joint <input type="checkbox"/> |
| Living in tied accommodation (please complete page 11) | Main <input type="checkbox"/> | Joint <input type="checkbox"/> |
| In HM Forces accommodation (please complete page 11)   | Main <input type="checkbox"/> | Joint <input type="checkbox"/> |
| No fixed abode   | Main <input type="checkbox"/> | Joint <input type="checkbox"/> |
| House rented from Private Landlord <b>or</b>           | Main <input type="checkbox"/> | Joint <input type="checkbox"/> |
| Mid market rent  | Main <input type="checkbox"/> | Joint <input type="checkbox"/> |

If so, please provide a copy of your tenancy agreement along with your current

landlord's contact details \_\_\_\_\_

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**Main**

**Joint**

In hospital (give discharge date) \_\_\_\_\_

In prison (give discharge date) \_\_\_\_\_

Please tell us the type of property you currently live in e.g. bungalow, ground floor flat, double storey etc  
\_\_\_\_\_

How many bedrooms does your current property have?  
\_\_\_\_\_

How many are used by you and those that are to be re-housed with you?  
\_\_\_\_\_

Date you moved into present address \_\_\_\_\_

## ADDITIONAL PROPERTY OWNERSHIP

Do you or any other person who is to be re-housed with you own/part own/or have owned a property in the last 3 years? Please provide details \_\_\_\_\_

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## YOUR HOUSEHOLD

Please list everyone who is living with you in your current accommodation (whether they are to be rehoused with you or not).

Please also include any people who will live with you when you are rehoused – continue on a separate sheet if required.

You must provide proof of ID eg. Birth Certificate, Passport, Driving Licence etc. as well as proof of where they live now for everyone who is to be rehoused with you, along with proof of child benefit/tax credits etc. (if applicable).

The evidence you provide will be used in line with our allocations policy to determine age, sex and the property size required.

Full name	_____	Date of birth	_____
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship to main applicant?	_____
To be re-housed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Living with you now	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date moved in	_____		

Full name	_____	Date of birth	_____
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship to main applicant?	_____
To be re-housed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Living with you now	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date moved in	_____		

Full name	_____	Date of birth	_____
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship to main applicant?	_____
To be re-housed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Living with you now	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date moved in	_____		

**Continue on a separate sheet if necessary.**

Full name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex  Female  Male Relationship to main applicant? \_\_\_\_\_

To be re-housed  Yes  No Living with you now  Yes  No

Date moved in \_\_\_\_\_

Full name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex  Female  Male Relationship to main applicant? \_\_\_\_\_

To be re-housed  Yes  No Living with you now  Yes  No

Date moved in \_\_\_\_\_

Full name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex  Female  Male Relationship to main applicant? \_\_\_\_\_

To be re-housed  Yes  No Living with you now  Yes  No

Date moved in \_\_\_\_\_

Full name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex  Female  Male Relationship to main applicant? \_\_\_\_\_

To be re-housed  Yes  No Living with you now  Yes  No

Date moved in \_\_\_\_\_

Full name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex  Female  Male Relationship to main applicant? \_\_\_\_\_

To be re-housed  Yes  No Living with you now  Yes  No

Date moved in \_\_\_\_\_

**Continue on a separate sheet if necessary.**

## MAIN APPLICANT – HOUSING HISTORY (NOT YOUR PRESENT ADDRESS)

You must provide details of any other addresses that you have lived at during the past five years. You must provide your landlord's contact details below. We will contact your landlord to request references to support your application for housing.

Address _____
Dates: From _____ to _____
Name and address of landlord _____ _____
Were you the tenant, owner, lodger or household member? _____
Reason for leaving? _____

Address _____
Dates: From _____ to _____
Name and address of landlord _____ _____
Were you the tenant, owner, lodger or household member? _____
Reason for leaving? _____

Address _____
Dates: From _____ to _____
Name and address of landlord _____ _____
Were you the tenant, owner, lodger or household member? _____
Reason for leaving? _____

**Continue on a separate sheet if necessary.**



## JOINT APPLICANT – HOUSING HISTORY (NOT YOUR PRESENT ADDRESS)

You must provide details of any other addresses that you have lived at during the past five years. You must provide your landlord's contact details below. We will contact your landlord to request references to support your application for housing.

Address _____
Dates: From _____ to _____
Name and address of landlord _____ _____
Were you the tenant, owner, lodger or household member? _____
Reason for leaving? _____

Address _____
Dates: From _____ to _____
Name and address of landlord _____ _____
Were you the tenant, owner, lodger or household member? _____
Reason for leaving? _____

Address _____
Dates: From _____ to _____
Name and address of landlord _____ _____
Were you the tenant, owner, lodger or household member? _____
Reason for leaving? _____

**Continue on a separate sheet if necessary.**

## PREGNANCY

Are you or anyone moving with you pregnant?  Yes  No

If yes, name of person who is pregnant and their due date

Full name \_\_\_\_\_ Due date \_\_\_\_\_

Please provide confirmation of pregnancy. This can be in the form of a scan photo or a copy of your **MAT B1**. Please refer to the application guidance notes for further information.

## NON RESIDENT CHILDREN

If you have included children who don't usually live with you but you have overnight access arrangements, please supply details below.

Evidence must be provided of access arrangements. This can be in the form of a written agreement from either a solicitor or the child's main guardian. We will verify this information with the provider.

Name of child / Date of birth	Name of person they currently reside with	Address of person they currently reside with

## OTHER HOUSING OPTIONS

Choice of housing providers: (Please tick those you would consider)

Council  Housing Association

Are you interested in any of the following?

Shared Ownership  Owner Occupation

Private Renting  Mid Market Rent

If you are a Council or Housing Association tenant,  Yes  No  
would you like to consider a mutual exchange?

To register to swap your home with another tenant, please visit [www.eastlothian.gov.uk](http://www.eastlothian.gov.uk) or contact your local housing office (see back cover for details).

### HM FORCES APPLICANTS

Do you live in Forces Accommodation?  Yes  No

Date of enlistment? \_\_\_\_\_

When will you be discharged from duty? \_\_\_\_\_

Please provide written confirmation of your enlistment and a copy of your Certificate of Cessation.

### ARMED FORCES VETERANS

In which Service did you serve? \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Please provide evidence i.e. your Certificate of Cessation/Veteran's ID card.

### TIED APPLICANTS (Applicants who live in property provided by their employer)

Do you need to leave your tied tenancy?  Yes  No

When do you need to leave? \_\_\_\_\_

What is the name and address of your employer? \_\_\_\_\_

Employment start date \_\_\_\_\_

## BEDROOM REQUIREMENTS

Allocation of certain house sizes is dependent on how many people are on your application.

<b>FAMILY GROUP</b>	<b>SIZE OF PROPERTY</b>
Single person	Studio flat* or 1 bedroom
Couple	1 or 2 bedrooms
Single parent with overnight access to child/children from a previous relationship	1 or 2 bedrooms
Couple or single parent with 1 permanently resident child	2 bedrooms
Couple or single parent with 2 permanently resident children	2 or 3 bedrooms
Couple or single parent with 3 permanently resident children	3 bedrooms
Couple or single parent who have permanently resident children of different sex, one of whom is over the age of 10	3 bedrooms
Couple or single parent with 4 or more permanently resident children	3 or 4 bedrooms

\* The Council recognises that studio flat accommodation might not fully meet the needs of housing applicants. Applicants who are allocated a studio flat from East Lothian Council can choose to remain on the housing list, retaining their original date of application.

Both approved foster carers and 'looked after' kinship carers will be entitled to apply for an extra bedroom to provide care for a child.

How many bedrooms do you need? \_\_\_\_\_

## REASONS FOR LEAVING YOUR CURRENT ACCOMMODATION

Please tell us why you need to leave your current accommodation? \_\_\_\_\_

When do you have to leave? \_\_\_\_\_

If you are a private rented tenant, do you have a Notice To Quit/Leave and an AT6 Form?   
(if applicable) Please provide copies.

Have you contacted the Council's Homelessness Unit for assistance?  Yes  No

If yes, when? \_\_\_\_\_

Was an assessment carried out?  Yes  No

If yes, who was your Housing Options Officer? \_\_\_\_\_

Applicants who are homeless or threatened with homelessness should contact East Lothian Council's Homelessness Unit for advice on 01620 827536 during office hours or 0800 169 1611 (emergency).

## TWO TENANCIES FOR ONE

East Lothian Council can award extra points to tenants in social housing who currently live separately but wish to be housed together in the future. This is known as 'Two Tenancies for One'. If you wish to apply, please give details of the other tenant.

Name \_\_\_\_\_

Address \_\_\_\_\_

Name of landlord \_\_\_\_\_

## HEALTH AND WELLBEING

### About your household's health and wellbeing

Do you feel that your current house is unsuitable for you or anyone who will be moving in with you because of your/their health condition/disability?

Yes       No

(If yes, please ask to speak to your Housing Officer about applying for a Health & Housing award – you will need to complete a further application form)

If yes, please give name of person with health condition/disability and brief details

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Please refer to the application guidance notes for further information.

## WHERE YOU'D LIKE TO STAY

We can give you advice and information on:

- Which areas to choose
- Where we have housing stock and turnover
- Which areas you are most likely to get housed in due to higher turnover

Please contact us on 01620 827827 and ask for your local housing office.

There are no restrictions on the number of areas you can select, however, please note that the more areas you choose will increase your opportunities for housing. Fewer areas will mean that you will have to wait much longer for housing.

Different criteria will apply if you have been accepted under homelessness legislation.

## WHERE YOU'D LIKE TO STAY

Please note that not all areas will include all house types.

### Haddington Town

- Amisfield
- Haddington Centre
- Haddington East
- Haddington West

### Haddington Villages

- Athelstaneford
- Bolton
- East Fortune
- Garvald
- Gifford
- Morham

### Prestonpans Town

- Burgh
- Polwarth
- Preston
- Prestongrange

### Prestonpans Villages

- Cockenzie
- Longniddry
- Port Seton East
- Port Seton West

### Dunbar Town

- Ashfield
- Belhaven
- Dunbar Centre
- Wingate

### Dunbar Villages

- East Linton
- Innerwick
- Spott
- Stenton
- West Barns
- Whitekirk

### Musselburgh Town

- Craighall
- Fisherrow
- Musselburgh Central
- Pinkie
- Stoneybank & Eskview
- Wimpey
- Windsor Park

### Musselburgh Villages

- Oldcraighall
- Wallyford
- Whitecraig & Deantown

### Tranent Town

- Balfour
- Harkness Crescent
- John Crescent
- Muirpark

### Tranent Villages

- Blindwells
- East Saltoun
- Elphinstone
- Gilchriston
- Gladsmuir
- Glenkinchie
- Humbie and Upperkeith
- Macmerry
- New Winton
- Ormiston
- Pencaitland

### North Berwick Town

### North Berwick Villages

- Aberlady
- Dirleton
- Drem
- Gullane
- Kingston

## SHELTERED HOUSING

Sheltered Housing is available throughout the district, normally to those **aged 60 or over**, but some complexes may consider those **aged 55 or over**. (Please tick)

### HADDINGTON AREA

- |                                       |                            |
|---------------------------------------|----------------------------|
| <input type="checkbox"/> The Butts    | Bield Housing Association  |
| <input type="checkbox"/> Market Court | Places for People Scotland |

### MUSSELBURGH AREA

- |  |                           |
|--|---------------------------|
| <input type="checkbox"/> Mansfield Court | East Lothian Council      |
| <input type="checkbox"/> Brunton Court   | East Lothian Council      |
| <input type="checkbox"/> Maxwell Court   | Bield Housing Association |
| <input type="checkbox"/> Campie Court    | Bield Housing Association |

### TRANENT AREA

- |   |                            |
|---|----------------------------|
| <input type="checkbox"/> Well Wynd, Loch Square | East Lothian Council       |
| <input type="checkbox"/> Muirpark Gardens       | Places for People Scotland |

### DUNBAR AREA

- |   |                            |
|---|----------------------------|
| <input type="checkbox"/> Southfield Court | Bield Housing Association  |
| <input type="checkbox"/> Letham Gardens   | Places for People Scotland |

### NORTH BERWICK AREA

- |   |                            |
|---|----------------------------|
| <input type="checkbox"/> Dirleton Court | Places for People Scotland |
|---|----------------------------|

### VERY SHELTERED HOUSING

- |   |                           |
|---|---------------------------|
| <input type="checkbox"/> Johnny Moat Place, Prestonpans | Bield Housing Association |
|---|---------------------------|

## CONTACT DETAILS

Bield Housing Association	0131 273 4000	<a href="http://www.bield.co.uk">www.bield.co.uk</a>
Places for People Scotland	0131 657 0600	<a href="http://www.placesforpeople.co.uk">www.placesforpeople.co.uk</a>
East Lothian Housing Association	01620 825032	<a href="http://www.elha.com">www.elha.com</a>
East Lothian Council	01620 827827	<a href="http://www.eastlothian.gov.uk">www.eastlothian.gov.uk</a>



## AREA PREFERENCES

Please provide details of which towns you would prefer in order of preference. This information is also used to identify areas of housing demand.

The council cannot guarantee that you will receive an offer of housing.

1st \_\_\_\_\_

2nd \_\_\_\_\_

3rd \_\_\_\_\_

## PROPERTY TYPE

In accordance with our Allocations Policy – Specialist Property Group, please note that in most cases applicants who have high medical needs will be considered for amenity, bungalow or ground floor accommodation ahead of other applicants.

In addition, only those with assessed mobility needs will be considered, in the first instance, for all suitable ground floor property.

I/we wish to be considered for:

- |  |   |
|--|---|
| <input type="checkbox"/> Bungalow  | <input type="checkbox"/> Double/two storey house                      |
| <input type="checkbox"/> Tenement Ground   | <input type="checkbox"/> Tenement Upper                               |
| <input type="checkbox"/> Four in Block Ground  | <input type="checkbox"/> Four in Block Upper                          |
| <input type="checkbox"/> Maisonette (double storey flat)   |   |
| <input type="checkbox"/> Upper Amenity Housing*<br>(for older people)  | <input type="checkbox"/> Lower Amenity Housing*<br>(for older people) |
| <input type="checkbox"/> Sheltered Housing   | <input type="checkbox"/> Wheelchair Accessible housing                |
| <input type="checkbox"/> In some parts of the district, <b>Studio Flat</b> accommodation may be available to single applicants; do you wish to be considered for this? (Your existing application can remain active on the housing list for a one bedroom property if you are offered and accept a studio flat). |   |

\* Amenity housing normally consists of two-apartment (1 bedroom) houses linked to the Community Alarm System. This type of housing is generally offered to older people or disabled people aged 60 or over however in some circumstances we may consider those **aged 55 or over**.

## HOUSING RELATED DEBTS

Do you or the joint applicant have any rent arrears or housing related debt with your current or any previous landlord?

Yes  No

If yes, type of arrears? e.g. Rent, Council Tax, Recharges? \_\_\_\_\_

Amount \_\_\_\_\_

Name of Landlord \_\_\_\_\_

Address \_\_\_\_\_

Can you explain why these arrears have occurred? \_\_\_\_\_

Do you have an agreement with your landlord to pay off your arrears?  Yes  No

If no, why not? \_\_\_\_\_

If yes, how long has this been in place? \_\_\_\_\_

If you would like information on Housing Costs or the Council Tax Reduction Scheme, please contact **01620 827827**.

## MORTGAGE ARREARS

Do you or the joint applicant have any outstanding mortgage arrears?  Yes  No

Name of lender \_\_\_\_\_

Can you explain why the arrears have occurred? \_\_\_\_\_

## DECLARATION – ALL QUESTIONS MUST BE ANSWERED

Both main and joint applicants must sign to declare that they have read and understand the following statements and that the information provided in this application form is correct.

Under the Housing (Scotland) Act 2001 and the Immigration and Asylum Act 1999, Councils are required to establish whether a person qualifies for public assistance, including housing.

Are you a UK citizen?

**Main Applicant** Yes  No

**Joint Applicant** Yes  No

If no, you must complete the following questions –

Do you have indefinite or exceptional leave to remain in the UK?

**Main Applicant** Yes  No

**Joint Applicant** Yes  No

If yes, please provide evidence. i.e. passport showing visa or official letter.

Do you have any restrictions on your status that prevents you from accessing public funds?

**Main Applicant** Yes  No

**Joint Applicant** Yes  No

You must provide evidence to support your application.  
i.e. passport showing visa or official letter.

Related to Councillor or East Lothian Council member of staff

If you are related to a Councillor or if you or a member of your family currently work for East Lothian Council, please give details

Name \_\_\_\_\_

Department \_\_\_\_\_

Position \_\_\_\_\_

Relationship to you \_\_\_\_\_

**PLEASE REMEMBER TO SIGN THE DECLARATION ON PAGE 22**

## ANTISOCIAL BEHAVIOUR

Have you or a member of your family moving with you ever had action taken against you/them by the landlord or the Council  Yes  No

If yes, please provide person's name and relationship to main applicant.

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## SEX OFFENDERS

Are you or anyone on your application required to register with the police under the Sex Offenders Act 1997?  Yes  No

Name on Sex Offenders Register \_\_\_\_\_

## INFORMATION PROVISION

I/we agree that I/we have provided true information.

I/we are aware that if I/we deliberately withhold information or give false information, this application may be cancelled.

I/we agree to tell East Lothian Council about any changes in my/our circumstances that may have an impact on my/our housing need. I/we understand that any failure to do so may result in an offer being made that is no longer appropriate to our circumstances. However, this will count as a reasonable offer if the local area office was not informed of the change.

I/we agree that East Lothian Council may contact my/our current or previous landlord(s) for a housing reference.

I/we agree that East Lothian Council may contact my/our doctor, health care professional, social worker or any other relevant person and ask them to provide further information regarding my/our housing application and/or support needs.

I/we agree that should I/we fail to respond to the regular review of the housing list, my/our application will be removed or cancelled.

I/we understand that any offer of housing may be withdrawn or the tenancy ended if I/we have withheld or supplied false or misleading information.

**PLEASE REMEMBER TO SIGN THE DECLARATION ON PAGE 22**

## SHARING INFORMATION

I understand that East Lothian Council aims to provide a good quality service to me and all its customers to help ensure our safety and well-being. To assist East Lothian Council staff to deliver the best service possible I agree to my personal details being shared between relevant services within the Council. These services may include Community Housing & Homelessness, Adult Wellbeing, Children's Wellbeing, Finance & Education.

In order for us to complete your housing application, we need your permission to contact the people who can/or will be able to confirm your details. This will be carried out in accordance with the legislation below.

Please note that without this information, we will be unable to complete our enquiries into your circumstances and would be unable to fully consider your application.

## GUIDANCE ON THE DATA PROTECTION ACT 2018

East Lothian Council uses the personal data you provide for purposes associated with the delivery of our services. For more information see:

[www.eastlothian.gov.uk/communityhousingpn](http://www.eastlothian.gov.uk/communityhousingpn)

Personal data will be retained in line with East Lothian Council retention policies.

Data Protection Officer, East Lothian Council, John Muir House, Haddington, EH41 3HA.  
Email: [dpo@eastlothian.gov.uk](mailto:dpo@eastlothian.gov.uk)

## AGREEMENT TO ALLOW SHARING OF INFORMATION

To whom it may concern:

I/we authorise you to pass on to East Lothian Council, all relevant information requested by them in connection with my application for housing. I am/we are aware that the Council may have to disclose relevant aspects of my housing application to gain this information.

**PLEASE REMEMBER TO SIGN THE DECLARATION ON PAGE 22**

## CHECKLIST

**Please ensure that you have provided the following information:**

- Pages 1 & 3. Has identification been provided for main/joint applicant. See guidance notes for what is acceptable.
- Page 1. Has proof of residency been provided for main/joint applicant and anyone else that is to be rehoused. See guidance notes for what is acceptable.
- Page 3. Has the National Insurance Number been provided for main/joint applicant.
- Page 5. Has the lease agreement been provided where applicable.
- Page 6. Has the household details been fully completed. Everyone that you currently reside with whether they are to be rehoused with you or not should be included.
- Page 6. Is proof of either Child Benefit, Child Tax Credits or Universal Credit Statement (if receiving the child cost element) provided, if applicable.
- Page 8. Has the housing history section been fully completed. Make sure to include the details of any previous landlords.
- Has the declaration been signed and dated by the main / joint applicant.

**PLEASE SIGN BELOW TO CONFIRM THAT YOU HAVE READ AND UNDERSTOOD THE PREVIOUS STATEMENTS AND DECLARATIONS. IF THIS FORM IS NOT FULLY COMPLETED AND SIGNED IT WILL NOT BE ACCEPTED AND WILL BE RETURNED FOR YOUR COMPLETION.**

Signature of applicant \_\_\_\_\_

Signature of joint applicant \_\_\_\_\_

Date \_\_\_\_\_

**HAVE YOU INCLUDED THE REQUIRED SUPPORTING DOCUMENTATION?**

# EQUALITY MONITORING FORM

## Information for those completing the form

### Why are we asking for equality information?

We collect equality information to help us to plan and deliver effective services and to meet our legal and regulatory obligations.

### What do we do with equality information?

We use equality information for a range of purposes, including to help us to:

- protect and promote your rights and interests;
- promote equality objectives across our services;
- identify and address our customers' needs, and improve our services; and
- identify and eliminate any form of discrimination.

### Do you need to answer every question?

By answering as many questions as possible you will help us meet your needs better, but we provide options throughout this form to allow you to provide only the information you want to give us.

### How do we process your equality information?

We process equality information strictly in line with data protection law, including by:

- processing your equality data confidentially;
- restricting access only to relevant staff members;
- retaining equality information only as long as necessary;
- sharing data only as lawfully permitted; and
- destroying data securely.

### Who do we gather equality information about?

We gather equality information from:

- people who apply for a home;
- tenants;
- people who apply for a job with us;
- our employees; and
- elected members

This authority has a duty to protect the public funds it administers and may use the information you have provided for the prevention and detection of fraud and recovery of debt. It may also share this information within the authority or with other bodies responsible for auditing or administering public funds. For further information refer to our website [www.eastlothian.gov.uk/datasharing](http://www.eastlothian.gov.uk/datasharing)

## MARRIAGE AND CIVIL PARTNERSHIP

Are you married?	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Are you in a civil partnership?	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Prefer not to say	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>

## ETHNICITY Please tick the box that best describes your particular ethnic group:

### African

African, African Scottish or African British	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
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### Other African background (please specify)

Main applicant \_\_\_\_\_ Joint applicant \_\_\_\_\_

### Asian, Scottish Asian or British Asian

Bangladeshi, Bangladeshi Scottish or Bangladeshi British	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Indian, Indian Scottish or Indian British	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Pakistani, Pakistani Scottish or Pakistani British	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Chinese, Chinese Scottish or Chinese British	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>

### Other Asian background (please specify)

Main applicant \_\_\_\_\_ Joint applicant \_\_\_\_\_

### Black or Caribbean

Caribbean, Caribbean Scottish or Caribbean British	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Black, Black Scottish or Black British	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>

### Other Caribbean or Black background (please specify)

Main applicant \_\_\_\_\_ Joint applicant \_\_\_\_\_

### Mixed groups Mixed or multiple ethnic group (please specify)

Main applicant \_\_\_\_\_ Joint applicant \_\_\_\_\_



**White**

English	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Gypsy Traveller	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Irish	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Polish	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Roma	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Scottish	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Welsh	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Other White background	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>

**Other group** (please specify your ethnic group)

Main applicant \_\_\_\_\_ Joint applicant \_\_\_\_\_

Prefer not to say Main applicant  Joint applicant

**RELIGION OR BELIEF**

**Please tick the box which best describes your belief or religion from the list below?**

Buddhism	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Catholic (Christian)	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Protestant (Christian)	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Other Christian (please specify)		

Main applicant \_\_\_\_\_ Joint applicant \_\_\_\_\_

Hinduism	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Islam	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Judaism	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Sikhism	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>

**Other religion** (please state what this is)

Main applicant \_\_\_\_\_ Joint applicant \_\_\_\_\_

No specific belief in religion (e.g. atheism or agnosticism)	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Other belief (e.g. humanism)	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Prefer not to say	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>

## SEXUAL ORIENTATION What is your sexual orientation?

Bisexual	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Gay man	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Heterosexual/straight	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Lesbian/gay woman	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Other	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>
Prefer not to say	Main applicant <input type="checkbox"/>	Joint applicant <input type="checkbox"/>

## GENDER RE-ASSIGNMENT (trans/transgender)

Do you consider yourself to be a trans person?

<b>Main Applicant</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
<b>Joint Applicant</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

## DISABILITY

Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more

<b>Main Applicant</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Joint Applicant</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please tick the box which category you would use from the following list:

**Autoimmune:** (e.g. multiple sclerosis, HIV, Crohn's/ulcerative colitis) Main applicant  Joint applicant

**Learning difficulties:** (e.g. Down's syndrome) Main applicant  Joint applicant

**Mental health issue:** (e.g. depression, bi-polar) Main applicant  Joint applicant

**Neuro-divergent condition:** (e.g. autistic spectrum, dyslexia, dyspraxia) Main applicant  Joint applicant

**Physical impairment:** (e.g. wheelchair-user, cerebral palsy) Main applicant  Joint applicant

**Sensory impairment – hearing impairment** Main applicant  Joint applicant

**Sensory impairment – visual impairment** Main applicant  Joint applicant

### Other:

If none of the categories above apply to you, please specify the nature of your impairment

Main Applicant \_\_\_\_\_

Joint Applicant \_\_\_\_\_

## CONSENT

I understand that East Lothian Council, Community Housing and Homelessness (ELC) will not pass on any specific information given by me in the equalities monitoring section of this application to any third party. The information given will be used to identify and help ELC improve their service. ELC will also use this information to ensure that they promote equality and identify and eliminate any form of discrimination. I consent to any information being held for the reasons detailed above.

Main applicant      Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint applicant      Signature \_\_\_\_\_ Date \_\_\_\_\_

## APPEALS AND FEEDBACK

If you wish to appeal against a decision made by East Lothian Council's Community Housing Service, please refer to our website for further information:

**[www.eastlothian.gov.uk](http://www.eastlothian.gov.uk)** or telephone **01620 827827**.

### Comments, complaints and suggestions about Council Services

If you want to make a comment, suggestion or complaint about a council service, you can pick up a Freepost Feedback form from your local council office, library or community centre. You can also contact us online through our website **[www.eastlothian.gov.uk/feedback](http://www.eastlothian.gov.uk/feedback)**, or you can contact our Customer Feedback Team directly on:

T: **01620 827827**

E: **[feedback@eastlothian.gov.uk](mailto:feedback@eastlothian.gov.uk)**

The Feedback form and website tells you how to make a complaint if you are unhappy about an action or lack of action by the Council, or the standard of service you have received. There is also information on the complaints handling procedure we have in place, as well as who you can contact if you remain unhappy after the complaints procedure

has been completed. If you want to talk to someone about making a complaint, our Customer Feedback Team would be happy to chat things through.

### If you want to make a complaint about a registered care service, you can also contact the Care Inspectorate directly:

Care Inspectorate, Compass House, 11 Riverside Drive, Dundee DD1 4NY

T: **0345 600 9527**

E: **[concerns@careinspectorate.gov.scot](mailto:concerns@careinspectorate.gov.scot)**

You can also take your complaint to the Scottish Public Services Ombudsman, although it is usually better to use the Council's complaints procedure first. You should contact the Ombudsman within 12 months of the date that you first noticed the problem you are complaining about. In special circumstances, the Ombudsman may be prepared to deal with matters that have gone on longer than 12 months. Please write to the:

Scottish Public Services Ombudsman, Bridgeside House, 99 McDonald Road, Edinburgh EH7 4NS

T: **0800 377 7330**

E: **[www.spsso.org.uk/contact-form](http://www.spsso.org.uk/contact-form)**

# Applying for housing with East Lothian Council

If you would like further information or assistance,  
please contact one of the area offices below.

**AREA OFFICES** Tel: 01620 827827

## **MUSSELBURGH AREA**

The Brunton  
Ladywell Way  
Musselburgh EH21 6AF

[housingmusselburgh@eastlothian.gov.uk](mailto:housingmusselburgh@eastlothian.gov.uk)

## **TRANENT & PRESTONPANS AREA**

The George Johnstone Centre  
35 Winton Place  
Tranent EH33 1AE

[housingtranent@eastlothian.gov.uk](mailto:housingtranent@eastlothian.gov.uk)  
[housingprestonpans@eastlothian.gov.uk](mailto:housingprestonpans@eastlothian.gov.uk)

## **EAST AREA – DUNBAR, HADDINGTON & NORTH BERWICK**

John Muir House  
Brewery Park  
Haddington EH41 3HA

[housingdunbar@eastlothian.gov.uk](mailto:housingdunbar@eastlothian.gov.uk)  
[housinghaddington@eastlothian.gov.uk](mailto:housinghaddington@eastlothian.gov.uk)  
[housingnorthberwick@eastlothian.gov.uk](mailto:housingnorthberwick@eastlothian.gov.uk)

## **HOUSING OPTIONS TEAM**

The Brunton  
Ladywell Way  
Musselburgh EH21 6AF

[homelessness@eastlothian.gov.uk](mailto:homelessness@eastlothian.gov.uk)



Versions of this leaflet can be supplied in Braille, large print, audiotape  
or in your own language. Please phone customer services if you require  
assistance on **01620 827 199**