

Midlothian 

application form & guidance notes

Please complete this form in **CAPITAL LETTERS** using a PEN.

Return your form to: Housing Services Team,
Midlothian House, 40–46 Buccleuch Street, Dalkeith, EH22 1DN

Send copies of your documents NOT originals.

Once we have the information we need we will write to let you know that you are on our waiting list.

We can help you fill out this form or provide it in other formats and languages.
Call **0131 270 7500** or email: **housing.enquiries@midlothian.gov.uk**

If you want a family member, friend or legal adviser to deal with your application, please give their details:

Name: Tel no:

Address: Postcode:

For information about Midlothian Council
visit: **www.midlothian.gov.uk**
or phone: **0131 270 7500**

For information about Melville Housing
visit: **www.melville.org.uk**

Office use only

Applicant name

Received on:

Application No

Mutual Exchange

You may be able to exchange properties with another household if they are a Scottish Secure Tenant whose landlord is a local authority, housing association, water or sewage authority.

To see Midlothian Council and Melville Housing properties available for mutual exchange visit:

www.houseexchange.org.uk

www.melville.org.uk/moving-home/property-swaps

Call Housing Services on **0131 271 3394**

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.

Even if you have somewhere to stay, you may still be regarded as homeless by the council.

If you are homeless or are likely to become homeless contact the Housing Options Team.

Freephone No. **0808 1962292**

Out of Hours assistance: **0131201 0450**

Email: homeless.enquiries@midlothian.gov.uk

Web: www.midlothian.gov.uk

1 Basic information

You can apply with another person, even if you don't live together.

1.1 Where you live now

Do you live in:	You	Joint Applicant
A rented council property	<input type="checkbox"/>	<input type="checkbox"/>
A rented housing association property	<input type="checkbox"/>	<input type="checkbox"/>
A rented private property	<input type="checkbox"/>	<input type="checkbox"/>
A property you own	<input type="checkbox"/>	<input type="checkbox"/>
A family home/with parents/relatives/friends	<input type="checkbox"/>	<input type="checkbox"/>
Adult residential accommodation/supported accommodation	<input type="checkbox"/>	<input type="checkbox"/>
A caravan or mobile home	<input type="checkbox"/>	<input type="checkbox"/>
Bed and breakfast	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping rough	<input type="checkbox"/>	<input type="checkbox"/>
A property provided with your job*	<input type="checkbox"/>	<input type="checkbox"/>
A property provided by the armed services*	<input type="checkbox"/>	<input type="checkbox"/>
In hospital*	<input type="checkbox"/>	<input type="checkbox"/>
In prison*	<input type="checkbox"/>	<input type="checkbox"/>
Children's residential accommodation*	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

1.2 Date you require housing

If you ticked boxes marked with * when do you require housing?

You

Joint Applicant:

1.3 UK citizenship

Under the Housing (Scotland) Act 2001 and the Asylum and Immigration Act 1999, we must establish whether you qualify for public assistance including housing.

Are you a UK citizen?

Yes No



Please provide proof of residency – e.g. your birth or marriage certificate, driving licence or passport. If you are not a UK citizen we will need to see your passport.

1.4 Contact details

Provide as many ways to contact you as possible – we may need to do so at short notice.

You

Title: First name:

Surname/
Family name:

Date of birth (DD/MM/YY):

National insurance no:

Nationality:

Address and postcode:

Date you moved in:

If you need your mail to go to a different address
let us know the address and postcode:

Your telephone/email

Phone no 1:

Phone no 2:

E-mail:

If tenant: name and address of landlord

Phone no.

What is your relationship to the other applicant?

Joint applicant

Title: First name:

Surname/
Family name:

Date of birth (DD/MM/YY):

National insurance no:

Nationality:

Address and postcode:

Date you moved in:

If you need your mail to go to a different address
let us know the address and postcode:

Your telephone/email

Phone no 1:

Phone no 2:

E-mail:

If tenant: name and address of landlord

Phone no.

What is your relationship to the other applicant?

2. Where you have lived in the past 5 years

You

2.1 Last address

Postcode:

From To

Reason for leaving

If tenant: Name and address of landlord

Joint applicant

2.1 Last address

Postcode:

From To

Reason for leaving

If tenant: Name and address of landlord

2.2 Where you lived before that

Postcode:

From To

Reason for leaving

If tenant: Name and address of landlord

2.2 Where you lived before that

Postcode:

From To

Reason for leaving

If tenant: Name and address of landlord

You

2.3 Where you lived before that

Postcode:

From To

Reason for leaving

If tenant: Name and address of landlord

Joint applicant

2.3 Where you lived before that

Postcode:

From To

Reason for leaving

If tenant: Name and address of landlord

2.4 Care Experienced

Have you ever been looked after by a local authority, with support from social services or a social worker, by friends or relatives other than your parents, by a foster carer or been adopted or lived in residential or secure care?

Yes No

2.5 Armed Forces

If you are a serving members of **HM Armed Forces** you will receive Forces points from the **day of enlistment if:**

- you lived in the Midlothian Council area before you joined the forces, or
- your spouse or partner lived in the Midlothian Council area before you joined the forces or
- you or your family have lived in Midlothian Council area for at least 3 years while on service.

Do you live in forces accommodation?

Yes No



Please provide
proof of enlistment

Date of sign up and discharge if relevant:

3 Who you will live with

We allocate **ONE** bedroom for:

- Single adult (16+)
- Couple
- Up to 2 children under 10
- Up to 2 children aged 10–16 (if they are the same sex)

Note: single applicants with children on access only qualify for a 2 bedroom property

3.1 Households with **ONLY 1 or 2 adults**

You can choose if you would like to be considered for a 1 or 2 bedroom property.
(Tick only one choice)

1 bedroom

2 bedroom

3.2 Pregnancy

If anyone who will live with you is **pregnant** please give details

What is their name?

When is their due date?

Have they applied for housing? Yes No



Please provide confirmation e.g. MATB1 form, a letter or scan from the hospital/midwife.

3.3 Fostering and Adoption

Is a room needed to provide **foster care** or do you expect to **adopt** a child?

Yes No



Please provide a copy of your approval letter from Social Work

Please list everyone who will live with you or regularly stay overnight.



If you are your child's **main carer** provide a copy of their FULL birth certificate OR a letter confirming you receive Child Benefit/Tax Credit.

If you are not your child's main carer provide a copy of their FULL birth certificate.

3.4 First Name

Surname/family name

Date of Birth (DD/MM/YY)

Gender

Male

Female

Relationship to you

Relationship to joint applicant

Do they live with you now? Yes

No

How many nights a week do they stay with you?

3.5 First Name

Surname/family name

Date of Birth (DD/MM/YY)

Gender

Male

Female

Relationship to you

Relationship to joint applicant

Do they live with you now? Yes

No

How many nights a week do they stay with you?

3.6 First Name

Surname/family name

Date of Birth (DD/MM/YY)

Gender

Male

Female

Relationship to you

Relationship to joint applicant

Do they live with you now? Yes

No

How many nights a week do they stay with you?

3.7 First Name

Surname/family name

Date of Birth (DD/MM/YY)

Gender

Male

Female

Relationship to you

Relationship to joint applicant

Do they live with you now? Yes

No

How many nights a week do they stay with you?

3.8 First Name

Surname/family name

Date of Birth (DD/MM/YY)

Gender

Male

Female

Relationship to you

Relationship to joint applicant

Do they live with you now? Yes

No

How many nights a week do they stay with you?

3.9 First Name

Surname/family name

Date of Birth (DD/MM/YY)

Gender

Male

Female

Relationship to you

Relationship to joint applicant

Do they live with you now? Yes

No

How many nights a week do they stay with you?

3.10 First Name

Surname/family name

Date of Birth (DD/MM/YY)

Gender

Male

Female

Relationship to you

Relationship to joint applicant

Do they live with you now? Yes

No

How many nights a week do they stay with you?

3.11 Employment

If you moving to the area to take up employment:

Name and address of employer

Contact number/email



Please provide letter
from employer

4 Medical Conditions

Only complete this section if someone in your household has a medical condition we need to take into account.

4.1 Who in your household has a medical condition that we need to take into account?

4.2 Is their condition: (tick all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> A physical disability | <input type="checkbox"/> A learning disability |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> A hearing impairment |
| <input type="checkbox"/> Old age or frailty | <input type="checkbox"/> Connected to substance use |
| <input type="checkbox"/> Terminally ill | <input type="checkbox"/> A mental health issue |

4.3 Please give details of their medical condition

4.4 Names of health care professionals involved

Name	Role – e.g. GP, hospital consultant, social worker, Occupational Therapist



Please provide a letter of support from their medical practitioner.

4.5 What type of property do you live in?

House Detached Semi detached Terraced

Bungalow Detached Semi detached Terraced

Four in block flat Upper Lower

Flat What floor is your flat on?

4.6 How many stairs are in your house?

Inside Outside

How many stairs can be easily managed?

4.7 Does the person with a medical condition use a wheelchair? (Tick all that apply)

Indoors Outdoors

4.8 Describe any adaptations you have made to your home.

4.9 Are these within walking distance of your home? (Tick all that apply)

Bus stop General shop Post Office

Does the person with a medical condition need to move to be nearer to them?

Yes No

4.10 Does your household require car parking? Yes No

4.11 How often does the person with a medical condition have contact with other people?

Everyday Most but not all days At least once a week Never

4.12 Does the person with a medical condition feel isolated, insecure or lonely?

4.13 How will rehousing allow you to cope with the person's medical condition?

4.14 We can only offer you a property that fits their medical need.

Do they need:

A property with no stairs? Yes No

A property with specific bathroom facilities? (Tick all that apply) Bath Shower

A property with an additional bedroom e.g. for overnight support? Yes No

Please give details.

4.15 Carers

Do you want to move to be nearer a family member to give or receive support?

Yes – to give support Yes – to receive support No

How often is the support needed?

Daily Once a week 2 or 3 times a week

Other

Who provides/receives this support now: name, address & phone number?

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

5. Tenant behaviour

5.1 Has any person in this application been the subject of an **Antisocial Behaviour Order (ASBO)** or been **evicted for antisocial behaviour** in the past 3 years?

Yes No

5.2 Do you, or the joint applicant, **owe arrears of rent or any other tenancy related debt** to a landlord, housing association or local authority?

Yes No

Landlord's name

Landlord's phone number

Landlord's address

Address of property

5.3 Is anyone in your household registered with the Police under the **Sex Offenders Act 1997**?

Yes No

Violence and harassment

5.4 If you suffer from violence and harassment, please tell us about your situation. If you have had support from an organisation, please give their details.



Please provide evidence – e.g. Police, landlord or ASB report.

6. Issues with where you live

6.1 Condition of your home

Has an Architect, Engineer or Environmental Health Officer found:
(Tick all that apply).

- Water supply unsafe
- Drainage inadequate
- Rising or penetrating damp
- Structural instability
- Other serious disrepair
- Inadequate heating



Please provide copies of notifications you have received.

6.2 Demolition

Have you been informed that your house is going to be demolished?

Yes No



Please provide proof

6.3 Overcrowding

How many bedrooms do you have now?

Double Single

Please list anyone you live with who WILL NOT be moving with you.

Name	Age	Gender	Relationship to you

7. The home you need

7.1 Landlord

Which landlords do you wish to be considered for. You can tick both

Midlothian Council

Melville Housing Association

7.2 Type of property

What **type of property** would you like?

(Tick all that apply – you will wait longer if you only choose one)

- House**
1 or 2 levels, usually with own front and back doors.
- Flat**
Homes on any floor with a shared stairwell. May be on one level or have internal stairs.
- 4 in a block**
Homes with their own front door. Maybe on the ground floor or first floor.
- Wheelchair housing**
Adapted homes for people who use a wheelchair
- Amenity housing (55yr+)**
- Retirement housing**
Flats with support during office hours and 24 hour community alarm – at an additional cost.
- Mid market rental**
Renting a property at less than the cost of the open market.
- Low cost ownership**
Buy a home in partnership with a housing association.
- Extra care housing**
Support to live independently.

7.3 Specialist property

Do you need a specialist property?

(Tick all that apply)

Amenity housing

	Provider	
Avenue Road, Dalkeith	Viewpoint	<input type="checkbox"/>
Deanpark, Newtongrange	Places for People	<input type="checkbox"/>
Harnes Court, Loanhead	Places for People	<input type="checkbox"/>
Hunterfield Terrace, Gorebridge	Places for People	<input type="checkbox"/>
Regal Lodge, Bonnyrigg	Places for People	<input type="checkbox"/>
Roman Camp Way, Pathhead	Places for People	<input type="checkbox"/>
Ross Glen Court, Roslin	Places for People	<input type="checkbox"/>
St. Annes, Newtongrange	Places for People	<input type="checkbox"/>
Canmore Court, Loanhead	Midlothian Council	<input type="checkbox"/>
Arroll Place, Newtongrange	Midlothian Council	<input type="checkbox"/>
St Cuthberts, Bonnyrigg	Midlothian Council	<input type="checkbox"/>
Newbyres, Gorebridge	Midlothian Council	<input type="checkbox"/>
Normandy Court, Dalkeith	Midlothian Council	<input type="checkbox"/>

Retirement housing

	Provider	
Baldwin Court, Penicuik	Bield	<input type="checkbox"/>
Emily Court, Gorebridge	Bield	<input type="checkbox"/>
Moorfoot Court, Bonnyrigg	Bield	<input type="checkbox"/>
Whitehill Lodge, Dalkeith	Bield	<input type="checkbox"/>
Esk Place, Dalkeith	Midlothian Council	<input type="checkbox"/>
Crystalmount, Dalkeith	Places for People	<input type="checkbox"/>
Heinsberg House, Penicuik	Places for People	<input type="checkbox"/>
Salisbury View, Mayfield	Places for People	<input type="checkbox"/>
Glenesk House, Dalkeith	Viewpoint	<input type="checkbox"/>

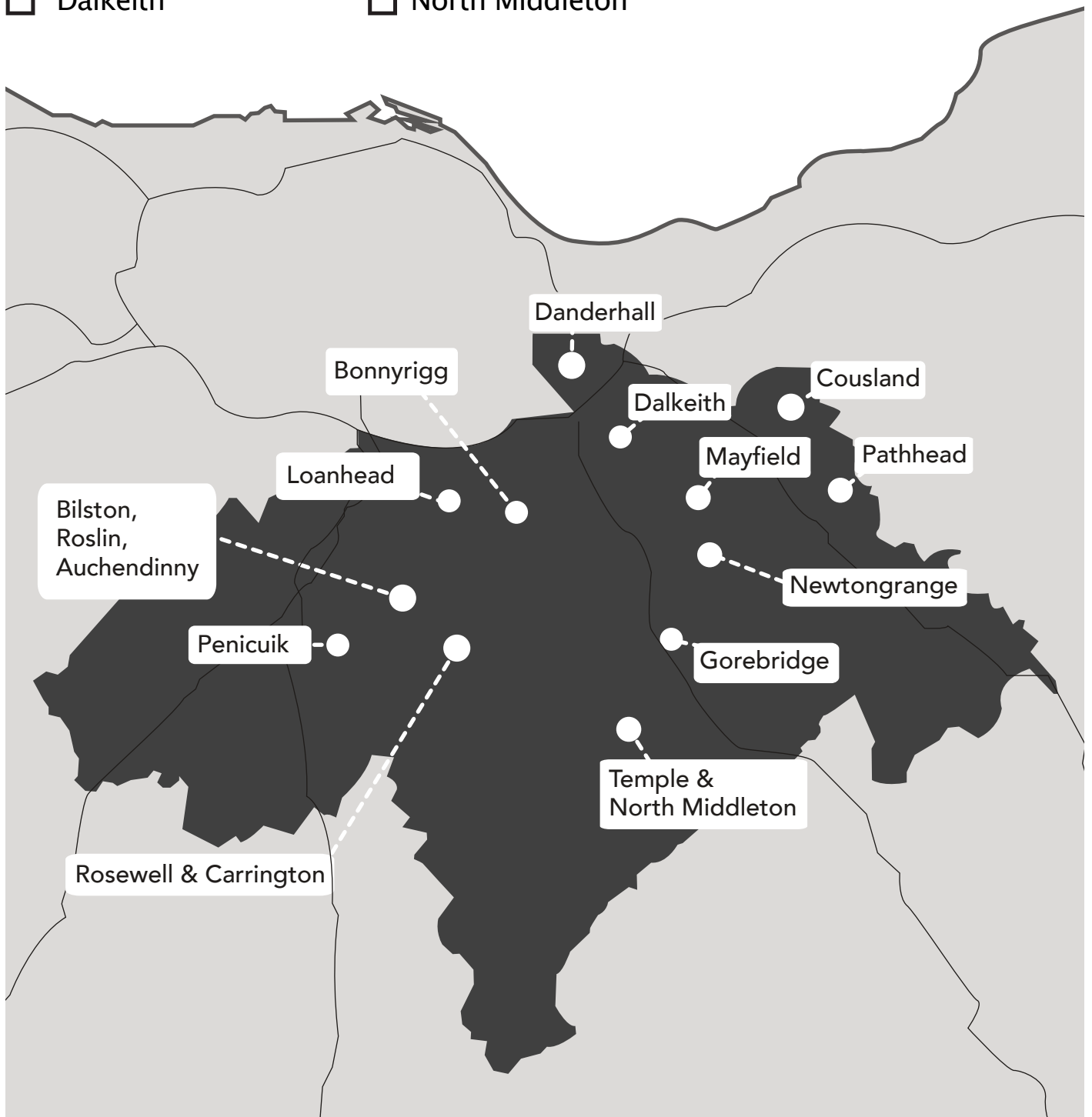
Extra Care housing

	Provider	
Cowan Court, Penicuik	Midlothian Council	<input type="checkbox"/>
Hawthorn Gardens, Loanhead	Trust	<input type="checkbox"/>

8. Where would you like to live?

Please tick every area you would live – you will only be considered for areas you tick.

- | | | |
|--------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Auchendinny | <input type="checkbox"/> Danderhall | <input type="checkbox"/> Pathhead |
| <input type="checkbox"/> Bilston | <input type="checkbox"/> Gorebridge | <input type="checkbox"/> Penicuik |
| <input type="checkbox"/> Bonnyrigg | <input type="checkbox"/> Loanhead | <input type="checkbox"/> Rosewell |
| <input type="checkbox"/> Carrington | <input type="checkbox"/> Mayfield | <input type="checkbox"/> Roslin |
| <input type="checkbox"/> Cousland | <input type="checkbox"/> Newtongrange | <input type="checkbox"/> Temple |
| <input type="checkbox"/> Dalkeith | <input type="checkbox"/> North Middleton | |



9. Declaration

9.1 If you or any of your household related to a member of Housing staff, a Housing Association or Committee Member or a local Councillor please give details:

Name of household member

Name of councillor/employee/staff member/committee member

Relationship

9.2 YOU MUST SIGN THIS DECLARATION

- The details on this form are true – if not my application will be cancelled or my landlord may end my tenancy and repossess the property.
- I have included any extra information needed.
- My application will be registered with the landlords I have chosen.
- I give my permission for you to ask any previous landlord for a reference and am happy for them to supply this.
- I will tell you if anything changes that affects my application.

Date of Application

Signature (Applicant)

Signature (Joint Applicant)

Midlothian Council Privacy Statement

Section 1: Our contact details.

Your personal information is being collected by: Midlothian Council, Housing Service, Midlothian House 40 – 46 Buccleuch Street, Midlothian, EH22 1DN, 0131270 7500.

Section 2: Why we need your personal information?

We use your information to process and assess your application. Should we need to use your personal information for another purpose we will contact you.

Section 3: Legal information

The legal basis for processing the personal information in this form is that it is necessary:
(1) for the exercise of the Council's Housing function under the Housing (Scotland) Act 1987 and 2001 and related legislation
(2) to comply with the Council's legal obligation to safeguard public funds and to prevent or detect fraud. For further information visit: www.midlothian.gov.uk/NFI

This includes the following categories of information;

- Name
- Present and previous address
- Date of birth
- National identifiers such as National Insurance Number
- Details of household members, joint housing applicant, representatives and family members who you will receive support from / provide support to: name; date of birth; address

When we ask you for a special category or sensitive personal information the legal basis for processing is that it is necessary:

- (1) for the exercise of the Council's Housing function under the Housing (Scotland) Act 1987 and 2001 and related legislation and
- (2) to prevent or detect fraud.

This includes the following categories of information:

- sexual life, sex or gender
- race or ethnic origin
- the commission or alleged commission of any offence, or
- any proceedings for any offence committed or alleged to have been committed,
- The disposal of such proceedings or the sentence of any court in such proceedings
- physical or mental health or condition
- religion or other beliefs of a similar nature
- history anti-social behaviour / conduct
- housing debt
- name and address of employer and / or further education provider
- adoption and fostering arrangements
- medical information

Section 4: Sharing and transfer

To provide the required service we may need to share your personal information with the following internal services and external bodies;

- Internal Council services including Housing Revenues, Social Work (including Children's Services, Adult Services, Criminal Justice and Occupational Therapy), Environmental Health
- Police: where appropriate and associated with assessing application for housing
- Housing Associations and other Registered Social Landlords: where appropriate and associated with assessing application for housing
- As indicated in section 2 above, the Council may also share your personal information internally and externally with other bodies responsible for auditing or administering public funds for the prevention and detection of fraud.
- Tenancy Support Provider

Section 5: Transfers outside of the UK

Your personal information will not be transferred outside of the UK.

Section 6: How long will we keep your personal information?

This information will be kept in accordance with the Council's retention schedule that can be found at www.midlothian.gov.uk

Section 7: More information

Find out more at www.midlothian.gov.uk

You can find more information on the Data Protection Act and your rights at the Office of the Information Commissioner (ICO) at www.ico.gov.uk.

The GDPR provides the following rights for individuals under certain circumstances. Please note that not all of these rights apply for Housing Applications:

1. The right of access
2. The right to rectification
3. The right to erasure
4. The right to restrict processing
5. The right to data portability
6. The right to object
7. Rights in relation to automated decision making and
8. The right to be informed

If you are unhappy with the way we have processed your personal data you have the right to complain to the ICO but you should raise the issue with us first by contacting us on

0131271 3394 or

Midlothian House 40-46 Buccleuch Street, Dalkeith, Midlothian, EH22 1DN

Equality Monitoring Form

What is your sex?

	You	Joint Applicant
Female	<input type="checkbox"/>	<input type="checkbox"/>
Male	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Do you consider yourself to be trans or have a trans history?

	You	Joint Applicant
No	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
Yes (describe your trans status – e.g. non binary, trans man or trans woman)	<input type="text"/>	<input type="text"/>

Do you consider yourself to have a disability?

	You	Joint Applicant
Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Issue	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	Partial <input type="checkbox"/> Total <input type="checkbox"/>	Partial <input type="checkbox"/> Total <input type="checkbox"/>
Visual Impairment	Partial <input type="checkbox"/> Total <input type="checkbox"/>	Partial <input type="checkbox"/> Total <input type="checkbox"/>
Communication Difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Multiple Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Other Chronic illness or disability	<input type="checkbox"/>	<input type="checkbox"/>

What is your ethnic group?

	You	Joint Applicant
White Scottish	<input type="checkbox"/>	<input type="checkbox"/>
Other British	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy/Traveller	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Mixed Any mixed or multiple group	<input type="checkbox"/>	<input type="checkbox"/>
Asian Pakistani, Pakistani Scottish, Pakistani British	<input type="checkbox"/>	<input type="checkbox"/>
Indian, Indian Scottish, Indian British	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi, Bangladeshi Scottish, Bangladeshi British	<input type="checkbox"/>	<input type="checkbox"/>
Chinese, Chinese Scottish, Chinese British	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Black African, African Scottish, African British	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean, Caribbean Scottish, Caribbean British	<input type="checkbox"/>	<input type="checkbox"/>
Black, Black Scottish, Black British	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Other Any other ethnic group	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>