

West Lothian Housing Register

Application for Housing



Please note that failure to complete all sections may result in return of your form and delays in processing your application.

FOR OFFICIAL USE ONLY

| | | | |
|---------------------------------------|----------------------|----------------|----------------------|
| Applicants name: | <input type="text"/> | Reference no: | <input type="text"/> |
| Date received: | <input type="text"/> | Time received: | <input type="text"/> |
| Received by: | <input type="text"/> | | |
| Partner landlord/office received: | <input type="text"/> | | |
| Checked by: | <input type="text"/> | | |
| Date passed to Central Allocations: | <input type="text"/> | | |
| Date received by Central Allocations: | <input type="text"/> | | |

a partnership between...



Information for you

You can send this application to any of the following landlords or Customer Service Centres where advice and assistance can also be obtained.

| | |
|--|---|
| <p>Almond Housing Association New Almond House, 44 Etive Walk, Craigshill Livingston EH54 5AB</p> | <p>Tel: 01506 439291 Fax: 01506 430753 Email: enquiries@almondha.org.uk Web: http://www.almondha.org.uk/</p> |
| <p>Weslo Housing Management 66 North Bridge Street Bathgate EH48 4PP</p> | <p>Tel: 01506 634060 Fax: 01506 639122 Email: mailto:enquiries@weslohm.co.uk Web: www.weslo-housing.org</p> |
| <p>West Lothian Council Tel: 01506 775000</p> | <p>Email: customer.service@westlothian.gov.uk Web: www.westlothian.gov.uk</p> |

Customer Service Centres (CSC)

| | |
|---|---|
| <p>Armadale CSC 1/3 East Main Street, Armadale EH48 2Q</p> | <p>Linlithgow CSC County Buildings, Linlithgow EH49 7EZ</p> |
| <p>Bathgate CSC Bathgate Partnership Centre, Lindsay House, South Bridge Street, Bathgate EH48 1TS</p> | <p>West Calder CSC 24-26 Main Street, West Calder EH55 8DR</p> |
| <p>Blackburn Connected The Mill Centre, 10 Sycamore Walk Blackburn EH47 7LQ</p> | <p>Whitburn CSC 5 East Main Street, Whitburn EH47 0RA</p> |
| <p>Broxburn CSC Strathbrock Partnership Centre 189a West Main Street, Broxburn EH52 5LH</p> | <p>West Lothian Connected Almondvale Centre, Livingston EH54 6SN</p> |
| <p>Fauldhouse CSC 10 Main Street, Fauldhouse EH47 9HX</p> | |

Advice *shop*

If you wish independent housing advice telephone

01506 283 000

Introduction

Should you require any assistance to complete this form, please contact one of the partners on the previous page.

This register helps you apply for housing in West Lothian. You can use this application form to apply for housing with Almond Housing Association, Weslo Housing Management and West Lothian Council.

Information from your application form will be placed on a register of applicants seeking social housing in the West Lothian Area. All the partner landlords will have access to this information. If you are eligible for housing with the partner landlords, your application will be assessed according to each provider's allocation policy. Offers of housing will depend on where you are placed on each waiting list, your needs and preferences in relation to area and type of housing and the availability of empty properties for let.

You can apply for housing if you are over 16 years old, whether or not you currently live in West Lothian.

Confidentiality

The information you provide to the West Lothian Housing Register will be used to

- Decide if you are eligible for housing
- Assess your application for housing according to the different allocation policies of the partner landlords
- Enable the partner landlords to match your needs and preferences with available empty homes
- Enable the partner landlords to decide if a particular empty home will be offered to you
- Help assess your health and support needs – we may also contact you to discuss these with you
- Investigate and consider appropriate action with regard to neighbour disputes or harassment
- Consider qualifying occupiers, succession rights and investigation of tenancy matters
- Monitor and provide statistical information as required.

Did you know?

Here are some facts about social housing in West Lothian.

No. of applicants on Housing List: 8,859

| | WLC | Almond | Weslo |
|--------------------------------|---------------|--------------|--------------|
| No. of houses | 13,161 | 2,345 | 2,056 |
| Houses let last year | 954 | 152 | 100 |
| Average Points required | 400 | 400 | 400 |

Figures correct for 2009/2010. Note that some properties require less points than shown.

1 Personal Details

To fill in this form:

- Use black pen
- Write in capital letters
- Complete all sections
- mark boxes with a (✓)

1.1 Applicants

Please state your first language

If we contact or visit you, do we need an interpreter or someone to help with communication?

Yes No (Please ✓ as appropriate)

If 'Yes', please give details

If you are applying jointly please complete both sections (this will result in a joint tenancy being offered).

| | Applicant | Joint applicant |
|--|--|--|
| Title | <input type="text" value="Mr/Mrs/Miss/Ms*"/> | <input type="text" value="Mr/Mrs/Miss/Ms*"/> |
| First Name | <input type="text"/> | <input type="text"/> |
| Last Name | <input type="text"/> | <input type="text"/> |
| Maiden Name (or any other name you have been known by) | <input type="text"/> | <input type="text"/> |
| Date of Birth | <input type="text"/> | <input type="text"/> |
| Present Address | <input type="text"/> | <input type="text"/> |
| Postcode | <input type="text"/> | <input type="text"/> |

How long have you lived at this address? _____

Personal Details (continued)

| | Applicant | Joint applicant |
|---|----------------------|----------------------|
| <i>N.B. If you do not want your mail to be sent to this address please give an alternative address here</i> | <input type="text"/> | <input type="text"/> |
| Postcode | <input type="text"/> | <input type="text"/> |
| National Insurance No. | <input type="text"/> | <input type="text"/> |
| Contact Tel. No | <input type="text"/> | <input type="text"/> |
| Work Tel. No | <input type="text"/> | <input type="text"/> |
| Mobile Tel. No | <input type="text"/> | <input type="text"/> |
| Email address | <input type="text"/> | <input type="text"/> |

| Marital Status | | |
|--|--------------------------|--------------------------|
| | Applicant | Joint applicant |
| <i>(Please ✓)</i> | | |
| Single | <input type="checkbox"/> | <input type="checkbox"/> |
| Widowed | <input type="checkbox"/> | <input type="checkbox"/> |
| Separated/Divorced | <input type="checkbox"/> | <input type="checkbox"/> |
| Married | <input type="checkbox"/> | <input type="checkbox"/> |
| Engaged | <input type="checkbox"/> | <input type="checkbox"/> |
| Civil Partnership | <input type="checkbox"/> | <input type="checkbox"/> |
| Cohabiting Couple | <input type="checkbox"/> | <input type="checkbox"/> |
| In which country were you born? | <input type="text"/> | <input type="text"/> |

Personal Details (continued)

What best describes your ethnic group***?

| (Please ✓) | Applicant | Joint applicant | | Applicant | Joint applicant |
|--------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|
| White | | | Asian | | |
| Scottish | <input type="checkbox"/> | <input type="checkbox"/> | Indian | <input type="checkbox"/> | <input type="checkbox"/> |
| British | <input type="checkbox"/> | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Other | <input type="checkbox"/> | <input type="checkbox"/> |
| Black | | | Mixed | <input type="checkbox"/> | <input type="checkbox"/> |
| African | <input type="checkbox"/> | <input type="checkbox"/> | Other | <input type="checkbox"/> | <input type="checkbox"/> |
| Caribbean | <input type="checkbox"/> | <input type="checkbox"/> | Not known | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | Gypsy/Traveller | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Do not wish to complete | <input type="checkbox"/> | <input type="checkbox"/> |

If you are currently a tenant, please provide details of your landlord **

| | Applicant | Joint applicant |
|---|--|--|
| Landlord Name | <input type="text"/> | <input type="text"/> |
| Landlord Address | <input type="text"/> | <input type="text"/> |
| Telephone No | <input type="text"/> | <input type="text"/> |
| When did you move into your current address? | <input type="text"/> | <input type="text"/> |
| Have you been asked to leave your current address? | <input type="text" value="Yes / No*"/> | <input type="text" value="Yes / No*"/> |
| If 'Yes' you must provide evidence | | |
| Evidence provided? | <input type="text" value="Yes / No*"/> | <input type="text" value="Yes / No*"/> |

* Delete as appropriate

** Must be supplied

*** For monitoring purposes only

Personal Details (continued)

1.2 Please give details of everyone who will be moving with you (excluding yourself)

| Title | First name | Surname | Address | Date of birth | Relationship to applicant | Person Ref.No |
|-------|------------|---------|---------|---------------|---------------------------|---------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

1.3 Are you or anyone who will be housed with you pregnant?

Yes No (Please ✓ as appropriate)

If yes, name of the person who is pregnant?

When is the baby due?

1.4 Housing (Scotland) Act 2001 and the Asylum and Immigration Act 1999

Under these, and the Immigration (EEA) Regulations 2006, Local Authorities are required to establish whether a person qualifies for public assistance including housing.

(Please ✓ as appropriate)

Not applicable as UK resident

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

Yes

No

Do you have any restriction on your recourse to public funds?

Housing History (continued)

2.3 Anti-social behaviour

In the last three (3) years, has anyone taken action against you, or anyone included on your application, for anti-social behaviour? If 'Yes', please give details:

Yes No (Please ✓ as appropriate)

Details if Yes:

2.4 Sex Offenders Act 1997

Are you, or anyone on your application required to register with the Police under the Sex Offenders Act, 1997? *(You must answer yes or no)*

Yes No (Please ✓ as appropriate)

If yes, please give person's full name

(This information is required in order for the respective housing provider to carry out a risk assessment at time of accommodation being offered)

3 Current Housing Circumstances

3.1 Which best describes your present housing circumstances

(Please only ✓ one of the below)

- | | |
|---|---|
| <input type="radio"/> Council/Housing Assoc. Tenant | <input type="radio"/> Member of HM Forces |
| <input type="radio"/> Owner | <input type="radio"/> Tied tenant |
| <input type="radio"/> Staying with parents | <input type="radio"/> In prison |
| <input type="radio"/> Private Tenant | <input type="radio"/> In hospital |
| <input type="radio"/> Lodger | <input type="radio"/> Homeless |
| | <input type="radio"/> Leaving Care |

Other (specify):

3.2 Please tick the box(es) which best describes your reasons for applying

(Please ✓ as appropriate)

- | | |
|---|--|
| <input type="checkbox"/> Medical grounds* | <input type="checkbox"/> Seeking a house for the first time |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Present accommodation too small or too large | <input type="checkbox"/> Threatened with loss of existing home |
| <input type="checkbox"/> To give/receive family support | <input type="checkbox"/> Living in temporary accommodation |
| <input type="checkbox"/> Forced to live apart from partner/family | <input type="checkbox"/> Breakdown of marriage/ relationship |
| <input type="checkbox"/> Suffering domestic abuse** | |

****If you are suffering from Domestic Abuse please provide the following information**

Are you currently living with the situation? Yes / No (delete as appropriate)

Have you been forced to leave? Yes / No (delete as appropriate)

Are you being pursued? Yes / No (delete as appropriate)

Other (Please describe):

* Medical Questionnaire available on request

Current Housing Circumstances (continued)

3.3 How many bedrooms are there at your present address

(Please ✓ as appropriate)

1 2 3 4 5 Bedsit

3.4 What type of property do you live in?

(Please ✓ as appropriate)

House
 Flat
 Maisonette
 Mobile home/caravan
 Sheltered accommodation
 Bedsit/studio apartment
 Block-of-4

Other (Please describe):

3.5 Do you have direct access to your own or shared garden

(Please ✓ as appropriate)

| | Yes | No |
|---------------|--------------------------|--------------------------|
| Own garden | <input type="checkbox"/> | <input type="checkbox"/> |
| Shared garden | <input type="checkbox"/> | <input type="checkbox"/> |

3.6 If your home is not a house or caravan, what floor is your home on?

(Please ✓ as appropriate)

Ground First Second Third Above third

Current Housing Circumstances (continued)

3.7 How many people live at your current address including your own family?

- Number of couples
 Number of single males (over 8)
 Number of single females (over 8)
 Number of children (under 8)
 Not Applicable

3.8 Who sleeps where and relationship to applicant?

Bedroom 1
 Bedroom 2
 Bedroom 3
 Bedroom 4
 Bedroom 5

3.9 Does your home lack any of the following?

(Please ✓ as appropriate)

| | Yes | | Yes |
|--------------------|-----------------------|----------------------|-----------------------|
| Piped water supply | <input type="radio"/> | Inside toilet | <input type="radio"/> |
| Hot water | <input type="radio"/> | Wash hand basin | <input type="radio"/> |
| Mains electricity | <input type="radio"/> | Bathroom/shower room | <input type="radio"/> |
| Cooking facilities | <input type="radio"/> | A kitchen sink | <input type="radio"/> |
| Not applicable | <input type="radio"/> | | |

3.10 Does your home have any of the following?

(Please ✓ as appropriate)

| | Yes | | Yes |
|----------------------|-----------------------|------------------------|-----------------------|
| Wet floor shower | <input type="radio"/> | Stairlift | <input type="radio"/> |
| Level shower | <input type="radio"/> | Fixed ramp | <input type="radio"/> |
| Level access | <input type="radio"/> | One step to front door | <input type="radio"/> |
| Ground floor bedroom | <input type="radio"/> | Ground floor WC | <input type="radio"/> |
| Through floor lift | <input type="radio"/> | Tracking hoist | <input type="radio"/> |
| Not applicable | <input type="radio"/> | | |

Current Housing Circumstances (continued)

3.11 Is your present address affected by dampness or condensation?

(Please ✓ as appropriate)

No

Yes - minor

Yes-major

If you answered 'Yes' please provide details

(If you have an Environmental Health report, please provide as evidence).

3.12 Are any repairs needed at your present address?

(Please ✓ as appropriate)

No

Yes - minor

Yes-major

If you answered 'Yes' please provide details

(If you have an Environmental Health report, please provide as evidence).

3.13 Does your present address have heating?

(Please ✓ as appropriate)

Yes

No

4 Harassment

Please go to Section 5 if this does not apply to you.

You **must** provide evidence to support this section. Please give more information below (i.e. Police incident numbers, Safer Neighbourhood Team report etc.), points will **not** be awarded unless evidence is supplied. (note that further investigations will be conducted).

Refer to Applying for a House booklet for guidance.

4.1 Have you reported the incidents?

(Please ✓ as appropriate)

Yes

No

If "Yes" whom did you report it to?

4.2 Who is causing the problem?

(Please ✓ as appropriate)

Someone who lives with you

Someone who visits your home

Your neighbour

You don't know the person

4.3 Please describe when the incidents started and how often they occur

5 Social and Support

Please go to Section 6 if this does not apply to you.

You **must** provide evidence to support this section. Please give more information below (i.e. letters from Social Work, family etc.), points will **not** be awarded unless evidence is supplied. (note that further investigations will be conducted).

Refer to Applying for a House booklet for guidance.

5.1 Who supports you, or, who will you be supporting?

Name

Address

Telephone number

Relationship to applicant

5.2 Please describe the type of support will be given/received?

5.3 Please describe how often support is needed?

6 Your Housing Choice

Notes:

- The Partner Landlords have different allocation policies and may only allow a certain type of house
- The size and type of house to be allocated to you will depend on how many people are on your application.
- Please see Applying for a House Booklet.

6.1 Please indicate the house type(s) you would accept

(Please ✓ as appropriate)

Single storey

- Detached
- Semi-detached
- Mid-terraced
- End-terraced

2-storey

- Detached
- Semi-detached
- Mid-terraced
- End-terraced

- Maisonette**
(Own access)
- Maisonette***
(Shared access)
- Flat**
- Block-of-4**
(Own access)
- Block-of-4***
(Shared access)

- Split-level house****
- Three storey****
- Sheltered**
- Bed-sit**

* Common access, shared stairwell

** 3, 4 bedroom, only Almond have this property type in Craigshill

6.2 Please indicate what levels of housing you would be willing to accept

(Please ✓ as appropriate)

- Any**
- Ground** **First** **Second** **Third** **Above third**

Your Housing Choice (continued)

6.3 Please indicate the size of property you would accept

(Please ✓ as appropriate)

1 Bedroom

4 Bedroom

2 Bedroom

5 Bedroom

3 Bedroom

You will be listed for the size of property which you qualify for within the policy.

6.4 If you require an extra bedroom please provide further details

(ie medical reasons/child access)

If for child access visits, please refer to Applying for a House booklet. Proof must be provided.

6.5 Please indicate the heating type you would accept

(Please ✓ as appropriate)

Any

Gas

Electric

Coal

Your Housing Choice (continued)

6.6 Please tick the areas below for which you would wish to be considered

(Please ✓ as appropriate)

Any area in West Lothian (if this is your choice, please go to question 6.7)

Armadale Area

- Armadale ■
 Blackridge ◆
 Torphichen ●
 Westfield ●

Bathgate Area

- Ballencrieff ●
 Bathgate ◆
 Boghall/Kirkton ■
 Whiteside/Birniehill ●

Breich Valley

- Addiewell ◆
 Breich ●
 Fauldhouse ■
 Longridge ●
 Polbeth ◆
 Stoneyburn ■
 West Calder ●

Broxburn Area

- Broxburn ◆
 Dechmont ●
 Ecclesmachan ●
 Uphall ●
 Winchburgh ■

Linlithgow Area

- Bridgend ◆
 Linlithgow ◆
 Linlithgow Bridge ●
 Newton ●
 Philipstoun ●
 Threemiletown ●

Livingston East Area

- Craigshill ■
 East Calder ●
 Kirknewton ●
 Mid Calder ●
 Pumpherston ●
 Uphall Station ●
 Wilkieston ●

Livingston North Area

- Deans ●
 Eliburn/Livingston Village ●
 Eliburn Tenant Co-op ●
 Knightsridge ◆
 The Riggs ●

Livingston South Area

- Bellsquarry ●
 Dedridge ◆
 Howden ●
 Ladywell ◆

Whitburn Area

- Blackburn ■
 East Whitburn ●
 Greenrigg ●
 Seafield ●
 Whitburn ■

● **Lower availability area**

◆ **Medium availability area**

■ **Higher availability area**

6.7 Please indicate your first choice area

(This must be completed for monitoring purposes)

6.8 Partners of the West Lothian Housing Register

The Partners of the West Lothian Housing Register are:

- Almond Housing Association
- Weslo Housing Management
- West Lothian Council

Your name will automatically be registered on their waiting lists unless you indicate otherwise.

6.9 Please list any Partner Landlords you would not wish to be housed by

6.10 Are you related to a Partner Landlord Committee Member/Board Member?

Yes No (Please ✓ as appropriate)

a) If yes what is their name?

b) What is their relationship to you?

6.11 Do you work for a Partner Landlord?

Yes No (Please ✓ as appropriate)

c) If yes please supply Name of Landlord

6.12 Other Housing Providers

West Lothian Council has agreements with other Housing Providers to nominate applicants from the Council list. These are listed at the rear of this document.

Your name will automatically be nominated to these Housing Providers unless you indicate otherwise.

I **do not** want my name to be nominated. (Please ✓ as appropriate)

Note: You can apply for these Housing Providers directly.

7 Further Information

Please give any further information that is relevant to your application

National Fraud Initiative - Notice To Tenants

West Lothian Council is required under Section 100 of the Local Government (Scotland) Act 1973 to participate in the National Fraud Initiative (NFI) data matching exercise from 2006/07. This notice is to advise all tenants that the data held by West Lothian Council in respect of your tenancy and/or housing application will be provided to auditors and will be used for cross-system and cross authority comparison for the prevention and detection of fraud.

Declaration

I agree that, in accordance with the terms of its registration under the Data Protection Act 1998, the Partner Landlords of the West Lothian Housing Register may use the information:

- That I/we are eligible to apply for housing
- That any information given by me/us will be made available to all partner landlords taking part in the West Lothian Housing Register, now or in the future
- That I/we will inform a partner landlord of any change in circumstances
- That my/our current or previous landlord(s) can be contacted for a reference
- That my/our doctor, hospital consultant, health visitor, social worker, police or any other relevant person can be contacted if more information is needed for my/our housing application
- That all information given by me/us is true. If I/we supply any false information or withhold any information my/our application may be cancelled
- That if I/we are given a tenancy because I/we have supplied false information or I/we have withheld information the tenancy may be ended
- To input this application form onto the computer in order to find a suitable exchange with another housing applicant and share your contact details with any suitable matched applicant. This will not be done without your agreement to share this information.

Signature of applicant

Date

Signature of joint applicant

Date

Non Participating Landlords – Contact Details

Ark Housing Association

**The Priory, Canaan Lane, Edinburgh EH10 4SG
(0131) 447 9027**

Barony Housing Association

**Canal Court, 40 Craiglockhart Avenue, Edinburgh EH14 1LT
(0845) 140 7777**

Bield Housing Association

**79 Hopetoun Street, Edinburgh EH7 4QF
(0131) 273 4000**

Cairn Housing Association

**64A Leven Road, Coatbridge ML5 2LT
(01236) 435 210)**

Dunedin/Canmore Housing Association

**8 Newmart Road, Edinburgh
(0131) 478 8888**

Castle Rock/Edinvar Housing Association

**1 Hay Avenue, Edinburgh
(0131) 657 0600**

Hanover (Scotland) Housing Association

**95 McDonald Road , Edinburgh
(0131) 557 0598**

Horizon Housing Association

**Leving House, Fairbairn Place, Livingston EH54 6TN
(01506) 424140**

Trust Housing Association

**12 Newmart Road, Edinburgh EH14 1RL
(0131) 444 1200**

Link Housing Association

**Watling House, Callender Business Park, Falkirk FK1 1XR
(0845) 140 0100**

Margaret Blackwood Housing Association

**77 Craigmount Brae, Edinburgh EH12 8YL
(0131) 317 7227**

West Lothian Housing Partnership

**3 Michaelson Square, Kirkton Campus, Livingston EH54 6AX
(01506) 416438**

Applicants with special requirements

هذه المعلومات متوفرة بلغة بريل وعلى شريط وبخط كبير وبلغات الجالية.

الرجاء الإتصال بخدمة الترجمة على الهاتف 01506 775000

এই তথ্য আপনি ব্রেইল, টেপ, বড় অক্ষরে এবং কমিউনিটির বিভিন্ন ভাষাগুলিতেও পাবেন। অনুগ্রহ করে ইন্টারপ্রেটেশন অ্যান্ড ট্রান্সলেশন সার্ভিসের সঙ্গে যোগাযোগ করুন। টেলিঃ 01506 775000

這份資料是可以凸字、錄音帶、大字印刷及社區語言的式本提供。請聯絡傳譯及翻譯服務部，電話：01506 775000

ਇਹ ਜਾਣਕਾਰੀ (ਬ੍ਰੇਲ) ਨੈਤਰੀਨ ਦੇ ਪੜ੍ਹਣ ਵਾਲੀ ਲਿਖੀ, ਟੇਪ, ਵੱਡੇ ਫਿੰਟ ਅਤੇ ਸਮਾਜ ਦੀਆਂ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ। ਸ਼ੁੱਧ ਕਰਕੇ ਇੰਟਰਪ੍ਰੈਟੇਸ਼ਨ ਅਤੇ ਟਰਾਂਸਲੇਸ਼ਨ ਸਰਵਿਸ ਨੂੰ ਇਸ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ : 01506 775000

یہ معلومات بریل (اندھوں کے رسم الخط)، ٹیپ، بڑے حروف کی طباعت اور کمیونٹی میں بولی جانے والی زبانوں میں دستیاب ہے۔ براہ مہربانی انٹرنیٹ پر ٹرانسلیٹنگ سروس سے ٹیلیفون نمبر 01506 775000 پر رابطہ قائم کریں۔

Informacje te mogą być przekazane na język Braille'a, dostępne na taśmie magnetofonowej lub wydane dużym drukiem oraz przetłumaczone na języki mniejszości narodowych. Prosimy o kontakt z Usługami Tłumaczeniowymi pod numerem 01506 775000.

Published by West Lothian Council, Civic Centre, Livingston EH54 6FF

Information is available in Braille, tape, Large print and community languages. Please contact the Interpretation and Translation Service on 01506 775000.

Text phones offer the opportunity for people with a hearing impairment to access the Partner Landlords.

**The Text Phone number is
18001 01506 464427**

A loop system is also available in all West Lothian Council offices.

