

# West Lothian Housing Register Application for Housing



## FOR OFFICIAL USE ONLY

Applicants name: \_\_\_\_\_ Reference number: \_\_\_\_\_

Date received: \_\_\_\_\_ Time received: \_\_\_\_\_

Received by: \_\_\_\_\_

Partner landlord/office received: \_\_\_\_\_

Date passed to Central Allocations: \_\_\_\_\_

Date received by Central Allocations: \_\_\_\_\_

*a partnership between...*



## INFORMATION FOR YOU

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

### **Almond Housing Association**

Shiel House  
Craigshill  
Livingston  
EH54 5EH

Tel 01506 439291  
Fax 01506 430753  
Email [enquiries@almondha.org.uk](mailto:enquiries@almondha.org.uk)  
Web [www.almondha.org.uk](http://www.almondha.org.uk)

### **Weslo Housing Management**

66 North Bridge Street  
Bathgate  
West Lothian  
EH48 4PP

Tel 01506 634060  
Fax 01506 639122  
Email [enquiries@weslohm.co.uk](mailto:enquiries@weslohm.co.uk)  
Web [www.weslo-housing.org](http://www.weslo-housing.org)

### **West Lothian Council**

Tel 01506 775000  
Fax 01506 775099  
Email [customer.service@westlothian.gov.uk](mailto:customer.service@westlothian.gov.uk)  
Web [www.westlothian.gov.uk](http://www.westlothian.gov.uk)

### **Customer Service Centres (CSC)**

#### **Armadale CSC**

1/3 East Main Street,  
Armadale EH48 2QA

#### **Linlithgow CSC**

County Buildings,  
Linlithgow EH49 7EZ

#### **Bathgate CSC**

Lindsay House,  
Bathgate EH48 1TS

#### **Livingston CSC**

The Ability Centre, Carmondean  
Livingston EH54 8PT

#### **Blackburn CSC**

The Mill Centre, 10 Sycamore Walk  
Blackburn EH47 7LQ

#### **West Calder CSC**

24-26 Main Street, West Calder  
EH55 8DR

#### **Broxburn CSC**

Strathbrock Partnership Centre  
189a West Main Street,  
Broxburn EH52 5LH

#### **Whitburn CSC**

5 East Main Street,  
Whitburn  
EH47 0RA

#### **Fauldhouse CSC**

10 Main Street,  
Fauldhouse EH47 9HX

#### **West Lothian Connected CSC**

Almondvale Centre, Livingston  
EH54 6SN

## INTRODUCTION

Should you require any assistance to complete this form, please contact one of the partners opposite. Please mark all boxes with a (✓) using a black ballpoint pen, write in capital letters and complete the application form in full.

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

## 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 .....

# Advice Shop

If you wish independent  
housing advice  
telephone

**01506 776444**

**1. About you, the applicant**

Your First Name(s) .....

Your Last Name .....

Maiden Name or any other Name(s) you are known by (If applicable) .....

Your Title      Mr     Mrs     Miss     Ms     Other

Date of Birth .....

**Marital Status**

- 1 Single
- 2 Widowed
- 3 Separated/Divorced
- 4 Married
- 5 Engaged
- 6 Civil Partnership
- 7 Cohabiting Couple

Present Address .....

.....

..... Post Code .....

**What best describes your household's ethnic group? (for monitoring purposes only)**

- 1 White Scottish
- 2 White British
- 3 White Irish
- 4 White Other
- 5 Black African
- 6 Black Caribbean
- 7 Black Other
- 8 Asian Indian
- 9 Asian Pakistani
- 10 Asian Bangladeshi
- 11 Asian Chinese
- 12 Asian Other
- 13 Mixed
- 14 Other
- 15 Not known
- 16 Do not wish to complete

**Please state which best describes your country of origin e.g. Britain, Ireland, France, Poland etc.**

(for monitoring purposes only)

.....

**If you are a tenant or owner, please provide your present landlords/lenders name and address**

.....

.....

.....

**What date did you move to your present address?** .....

Please give an alternative address if you do not want mail sent to the address previously given or if you want someone else to act on your behalf, please write their name and address here

.....

.....

..... Post Code .....

Telephone number - Home ..... Work .....

Mobile Telephone number .....

Email address .....

National Insurance number .....

Somewhere we can contact you if you have no home, work or mobile telephone number or email address?

.....

## 2. About you, the joint applicant

Your First Name(s) .....

Your Last Name .....

Maiden Name or any other Name(s) you are known by (If applicable) .....

Your Title      Mr    Mrs    Miss    Ms    Other

Date of Birth .....

Marital Status

1 Single     2 Widowed     3 Separated/Divorced     4 Married

5 Engaged     6 Civil Partnership     7 Cohabiting Couple

Present Address .....

.....

..... Post Code .....

**What best describes your household's ethnic group?** (for monitoring purposes only)

1 White Scottish    2 White British    3 White Irish    4 White Other

5 Black African    6 Black Caribbean    7 Black Other    8 Asian Indian

9 Asian Pakistani    10 Asian Bangladeshi    11 Asian Chinese    12 Asian Other

13 Mixed    14 Other    15 Not known    16 Do not wish to complete



## REASON FOR APPLYING

### 5. Please tick the box(es) which best describes your reasons for applying

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| <b>1</b> Medical grounds*                | <input type="checkbox"/> | <b>10</b> Present accommodation in poor condition  | <input type="checkbox"/> |
| <b>2</b> Homeless                        | <input type="checkbox"/> | <b>11</b> Present accommodation lacks facilities   | <input type="checkbox"/> |
| <b>3</b> Present accommodation too small | <input type="checkbox"/> | <b>12</b> Domestic abuse                           | <input type="checkbox"/> |
| <b>4</b> Present accommodation too large | <input type="checkbox"/> | <b>13</b> Harassment/abuse/disturbance             | <input type="checkbox"/> |
| <b>5</b> To give family support          | <input type="checkbox"/> | <b>14</b> Threatened with loss of existing home    | <input type="checkbox"/> |
| <b>6</b> To receive family support       | <input type="checkbox"/> | <b>15</b> Living in temporary accommodation        | <input type="checkbox"/> |
| <b>7</b> To change house type            | <input type="checkbox"/> | <b>16</b> Breakdown of marriage/relationship       | <input type="checkbox"/> |
| <b>8</b> To move to another community    | <input type="checkbox"/> | <b>17</b> Forced to live apart from partner/family | <input type="checkbox"/> |
| <b>9</b> Seeking employment              | <input type="checkbox"/> | <b>18</b> To change type of tenure                 | <input type="checkbox"/> |
|  |                          | <b>19</b> Seeking a house for the first time       | <input type="checkbox"/> |
| <b>20</b> Other Please describe .....    |                          |  |                          |

\* Medical Questionnaire available on request

## YOUR PRESENT CIRCUMSTANCES

**6. 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.

**7. If you are sharing or overcrowded - how many people reside at your current address including your own family?**

Who sleeps where and relationship to applicant

- |                                    |                          |                 |
|------------------------------------|--------------------------|-----------------|
| Number of couples                  | <input type="checkbox"/> | Bedroom 1 ..... |
| Number of single males (over 10)   | <input type="checkbox"/> | Bedroom 2 ..... |
| Number of single females (over 10) | <input type="checkbox"/> | Bedroom 3 ..... |
| Number of children (under 10)      | <input type="checkbox"/> | Bedroom 4 ..... |
| Not Applicable                     | <input type="checkbox"/> | Bedroom 5 ..... |

**8. Are you or anyone who will be housed with you pregnant?**

If yes, name of the person who is pregnant? .....

When is the baby due? .....

**9. Please tick the box which best describes your present housing circumstances**

- |                                       |                          |                                 |                          |
|---------------------------------------|--------------------------|---------------------------------|--------------------------|
| 1 Tenant                              | <input type="checkbox"/> | 10 Non static/tourer caravan    | <input type="checkbox"/> |
| 2 Owner                               | <input type="checkbox"/> | 11 A shared ownership property  | <input type="checkbox"/> |
| 3 Staying with parents                | <input type="checkbox"/> | 12 Staying in bed and breakfast | <input type="checkbox"/> |
| 4 Private tenant                      | <input type="checkbox"/> | 13 In prison                    | <input type="checkbox"/> |
| 5 Lodger                              | <input type="checkbox"/> | 14 In hostel                    | <input type="checkbox"/> |
| 6 Member of HM Forces                 | <input type="checkbox"/> | 15 In hospital                  | <input type="checkbox"/> |
| 7 Social Work supported accommodation | <input type="checkbox"/> | 16 Homeless                     | <input type="checkbox"/> |
| 8 Tied tenant                         | <input type="checkbox"/> | 17 Other .....                  |                          |
| 9 Partner of tenant or owner          | <input type="checkbox"/> | .....                           |                          |

**10. What type of property do you live in?**

- |                      |                          |                         |                          |                           |                          |
|----------------------|--------------------------|-------------------------|--------------------------|---------------------------|--------------------------|
| 1 House              | <input type="checkbox"/> | 2 Maisonette            | <input type="checkbox"/> | 3 Sheltered accommodation | <input type="checkbox"/> |
| 4 4 in a block       | <input type="checkbox"/> | 5 Flat                  | <input type="checkbox"/> | 6 Mobile home/caravan     | <input type="checkbox"/> |
| 7 Main door flat     | <input type="checkbox"/> | 8 Multi-storey flat     | <input type="checkbox"/> | 9 Bedsit/studio apartment | <input type="checkbox"/> |
| 10 Split level house | <input type="checkbox"/> | 11 Three storey cottage | <input type="checkbox"/> |                           |                          |

**11. Please state the number of bedrooms there are in your present address**

- 1 One  2 Two  3 Three  4 Four  5 Five  6 Bedsit

**12. What floor is your home on?**

- 1 Ground  2 First  3 Second  4 Third  5 Above third

**13. Have you been asked to leave your present address?** Yes  No

If yes when are you expected to leave? .....  
(Confirmation will be required)

**14. Does your home have any of the following?**

- |                        |                          |                   |                          |                      |                          |
|------------------------|--------------------------|-------------------|--------------------------|----------------------|--------------------------|
| 1 Wet floor shower     | <input type="checkbox"/> | 2 Level shower    | <input type="checkbox"/> | 3 Stairlift          | <input type="checkbox"/> |
| 4 Fixed ramp           | <input type="checkbox"/> | 5 Level access    | <input type="checkbox"/> | 6 One step access    | <input type="checkbox"/> |
| 7 Ground floor bedroom | <input type="checkbox"/> | 8 Ground floor WC | <input type="checkbox"/> | 9 Through floor lift | <input type="checkbox"/> |
| 10 Tracking hoist      | <input type="checkbox"/> |                   |                          |                      |                          |

**15. Do you require any of the following?**

- |                        |                          |                   |                          |                      |                          |
|------------------------|--------------------------|-------------------|--------------------------|----------------------|--------------------------|
| 1 Wet floor shower     | <input type="checkbox"/> | 2 Level shower    | <input type="checkbox"/> | 3 Stairlift          | <input type="checkbox"/> |
| 4 Fixed ramp           | <input type="checkbox"/> | 5 Level access    | <input type="checkbox"/> | 6 One step access    | <input type="checkbox"/> |
| 7 Ground floor bedroom | <input type="checkbox"/> | 8 Ground floor WC | <input type="checkbox"/> | 9 Through floor lift | <input type="checkbox"/> |
| 10 Tracking hoist      | <input type="checkbox"/> |                   |                          |                      |                          |

**16. Does your home have the following?**

	Yes	No		Yes	No
Piped water supply			Inside toilet		
Hot water			Wash hand basin		
Mains electricity			Bathroom/shower room		
Cooking facilities			A kitchen sink		

**17. If you live in a hostel or multiple occupancy situation (excluding living with relatives) please tick if you share the following**

An inside toilet  Hot water supply  Bath/shower  Kitchen/cooking facilities

**18. Does your present address have heating?**

No  Yes full central heating  Yes partial central heating   
 Other  Please describe .....

**19. Is your present address affected by dampness or condensation?**

No  Yes minor  Yes major   
 Please provide details .....  
 .....

**20. Are any repairs needed at your present address?**

No  Yes minor  Yes major   
 Please provide details of major repairs .....  
 .....

**21. Please provide details of your current landlord.**

Name of Landlord .....  
 Address .....  
 Telephone Number .....

**\* You must supply full name and address of current landlord.**

When did your tenancy commence? .....

Do you keep your house in a clean and orderly condition? .....

What is the weekly rent? .....

Is the rent paid regularly? .....

Address .....

Please advise if you have any outstanding arrears on your existing or previous tenancies and detail amount(s) owing

.....  
**Have you made an arrangement to pay your arrears and has this arrangement been in place for 3 months or more?**

*(please note that you will be asked to produce proof of rental charges and payments when qualifying for an offer of accommodation)*

Yes  No

**Have you been issued with a Notice of Repossession because of rent arrears?**

Yes  No

**Has anyone ever taken action against you, or anyone included on your application, for anti-social behaviour ?**

Yes  No

If yes, please give details of your anti-social behaviour including any Anti-Social Behaviour Orders you may have against you

.....  
**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

If yes, please give persons 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)*

**22. Please give details below of your most recent address(es) that you have lived in over the last three years**

Name(s)	Address(es)	Start Date	End Date	Name and Address of Landlord/Lender (if applicable)

**HARASSMENT, ABUSE OR DISTURBANCES**

If you or those being considered with you do not suffer from harassment or abuse please go to question 29.

**23. If you or anyone included on your application are experiencing disturbances, harassment or abuse? Please describe**

Anti social behaviour (e.g noise vandalism)  Repeated break-ins

Harassment (e.g disturbance, threatening behaviour)  Domestic abuse

Racial harassment (e.g disturbance, threatening behaviour)

Other, please describe .....

.....

**24. Who is causing the problem?**

Someone who lives with you  Someone who visits your home

Your neighbour  You don't know the person

**25. How often has the problem(s) happened?**

Once  Daily  Weekly  Monthly  Occasionally

**26. How long has it been going on?**

Days  Weeks  Months  Years

**27. Have you reported the incidents?**

Yes  No

If yes who did you report it to? .....

Please provide evidence to support this.

**28. Are you unable to return home due to this harassment or abuse?**

Yes  No

***N.B. If you do not want your mail to be sent to your present address because of any harassment you are experiencing please ensure you have given an alternative address in Question one.***

**SOCIAL AND SUPPORT**

If you or those applying with you do not require to give or receive support please go to question 36.

**29. Who supports you or who will you be supporting?**

Name .....

Address .....

..... Telephone number .....

**30. Do you currently receive professional support? Yes  No**

If yes from whom (name organisation)

.....

.....

**31. Do you feel you currently receive the right level of support?**

Yes  No

**32. Do you need to move to give or receive more support?**

Yes  No

**33. What type of support will be given/received?**

Shopping       Domestic       Child care   
Emotional       General care

**34. How often is support needed?**

Daily       Weekly       Fortnightly       Monthly

**35. How often do you currently receive/provide a support visit?**

Daily       Weekly       Fortnightly       Monthly

**MISCELLANEOUS DETAILS**

**36. Are you related to a Partner Landlord Committee Member/Board Member?**

Yes       No

If yes what is their name? .....

What is their relationship with you? .....

**37. Do you work for a Partner Landlord?**

Yes       No

If yes please supply Name of Landlord .....

.....

## YOUR HOUSING CHOICE

**Note: The Partner Landlords have different allocation policies and may only allow a certain house size and type to be allocated to you depending on how many people are on your application. Please see Housing Options Booklet.**

### 38. Please indicate the house type(s) you would accept?

Any house type	<input type="checkbox"/>						
<u>Single Storey</u>		<u>2 Storey</u>					
Detached	<input type="checkbox"/>	Detached	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>	Split level house	<input type="checkbox"/>
Semi-detached	<input type="checkbox"/>	Semi-detached	<input type="checkbox"/>	4-in-a-block	<input type="checkbox"/>	Three storey cottage	<input type="checkbox"/>
Mid-terraced	<input type="checkbox"/>	Mid-terraced	<input type="checkbox"/>	Flat	<input type="checkbox"/>		
End-terraced	<input type="checkbox"/>	End-terraced	<input type="checkbox"/>	Sheltered	<input type="checkbox"/>		
				Studio/bedsit	<input type="checkbox"/>		

### 39. Please indicate what levels of housing you would be willing to accept

Any  Ground  First  Second  Third  Above Third

### 40. Please indicate the size of property which you would accept

Bedsit  One bedroom  Two bedrooms  Three bedrooms   
Four bedrooms  Five bedrooms

Does this include an extra bedroom?

No  Yes for health reasons  Yes for support  Yes, for child access visits

If yes please provide further details .....

.....

### 41. What heating type would you accept?

Any heating type  Gas  Electric  Coal

**42. Please tick the areas below which you would wish to be considered for**

**Any area in West Lothian**

**Armadale Area**

- Armadale
- Blackridge
- Westfield

**Bathgate Area**

- Bathgate
- Ballencrieff
- Boghall/Kirkton
- Torphichen
- Whiteside/Birniehill

**Blackburn Area**

- Blackburn
- Seafield
- Stoneyburn

**Broxburn Area**

- Broxburn
- Dechmont
- Ecclesmachan
- Pumpherstoun
- Uphall
- Uphall Station
- Winchburgh

**Linlithgow Area**

- Bridgend
- Linlithgow
- Linlithgow Bridge
- Newton
- Philipstoun
- Threemiletown

**West Calder Area**

- Addiewell
- Bellsquarry
- Breich
- East Calder
- Kirknewton
- Mid Calder
- Polbeth
- West Calder
- Wilkieston

**Whitburn Area**

- East Whitburn
- Fauldhouse
- Greenrigg
- Longridge
- Whitburn

**Livingston Area**

- Craigshill
- Deans
- Dedridge
- Eliburn/Livingston Village
- Eliburn Tenant Co-op
- Howden
- Knightsridge
- Ladywell
- The Riggs

**43. Is there a particular estate within one of your selected areas you wish to live in?**

.....

**44. Are there any particular estates within your selected areas you do not wish to live in?**

.....

**45. Please indicate what your first choice community would be (for monitoring purposes only)**

.....

**46. Are there any Partner Landlords you would not wish to be housed by?**

The Partners of the Common Housing Register are:

Almond Housing Association, Weslo Housing Management and West Lothian Council.

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

Are there any Partner Landlords you do not wish to be housed by?

.....

Please give your reason(s)

.....

.....

***West Lothian Council has agreements with other Housing Providers to nominate applicants from the Council list. An information leaflet is available at your local area housing office which explains more about those Housing Providers***

- |                                  |                    |                       |            |
|----------------------------------|--------------------|-----------------------|------------|
| Ark HA                           | Barony HA          | Bield HA              | Cairn HA   |
| Castle Rock Edinvar HA           | Dunedin Canmore HA | Hanover HA            | Horizon HA |
| Trust HA                         | Link HA            | Margaret Blackwood HA |            |
| West Lothian Housing Partnership |                    |                       |            |

HA = Housing Association

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

I do not want my name to be nominated.

Please tick

Please give your reasons .....

.....

.....



## SUGGESTIONS AND COMPLAINTS

If you would like to make a suggestion or complaint about the way your West Lothian Housing Register form has been handled, please contact the appropriate partner landlord listed inside this front cover.

After you have gone through their complaints procedure and if you are still not happy you have the right to take your complaint to the

Scottish Public Services Ombudsman, 4 Melville Street, Edinburgh, EH3 7NS.  
Telephone 0800 377 7330 Fax: 0800 377 7331 Text Phone: 07900 494372  
Email: ask@spsos.org.uk www.spsos.org.uk

Generally, if you want to do this, you must contact the Ombudsman within one year.

## APPLICANTS WITH SPECIAL REQUIREMENTS

Information is available in Braille, on tape, in large print and community languages.  
Please contact the Interpretation and Translation Service on 0131 242 8181.

هذه المعلومات متوفرة بلغة بريل وعلى شريط وبخط كبير وبلغات الجالية.  
الرجاء الإتصال بخدمة الترجمة على الهاتف 0131 242 8181

এই তথ্য আপনি ব্রেইল, টেপ, বড় অক্ষরে এবং কমিউনিটির বিভিন্ন ভাষাগুলিতেও পাবেন। অনুগ্রহ করে  
ইন্টারপ্রেটেশন অ্যান্ড ট্রান্সলেশন সার্ভিসের সঙ্গে যোগাযোগ করুন। টেলিঃ 0131 242 8181

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：0131 242 8181

ਇਹ ਜਾਣਕਾਰੀ (ਬ੍ਰੇਲ) ਨੈਤ੍ਰੀਨ ਦੇ ਪੜ੍ਹਣ ਵਾਲੀ ਲਿਪੀ, ਟੇਪ, ਵੱਡੇ ਫਿੰਟ ਅਤੇ ਸਮਾਜ ਦੀਆ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ  
ਹੈ। ਸ਼ੁੱਧ ਕਰਕੇ ਇੰਟਰਪ੍ਰੈਟੇਸ਼ਨ ਅਤੇ ਟਰਾਂਸਲੇਸ਼ਨ ਸਰਵਿਸ ਨੂੰ ਇਸ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ : 0131 242 8181

یہ معلومات بریل (اندھوں کے رسم الخط)، ٹیپ، بڑے حروف کی طباعت اور کمیونٹی میں بولی جانے والی زبانوں میں دستیاب ہے۔  
براہ مہربانی انٹرنیشنل ٹرانسلیٹنگ سروس سے ٹیلیفون نمبر 0131 242 8181 پر رابطہ قائم کریں۔

Informacje te mogą być przelozzone na jezyk Braille'a, dostepne na tasmie magnetofonowej  
lub wydane duzym drukiem oraz przetlumaczone na jezyki mniejszosci narodowych.  
Prosimy o kontakt z Uslugami Tlumaczeniowymi pod numerem 0131 242 8181.

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.

May 2007