

This is a single application form to apply for housing from any of the Housing Associations in the Glasgow Housing Register (GHR): Northwest. If you require any assistance with completing this form please contact any one of the partners listed from page 17.

یہ وہ فارم ہے جسے آپ رہائشی مکان کی درخواست کے لئے استعمال کرتے ہیں۔ اگر آپ کو مدد چاہئے تو براہ کرم مندرجہ مالکان مکان میں سے کسی ایک سے رابطہ کریں۔

Oto formularz, którego należy użyć składając wniosek o zakwaterowanie. Jeśli potrzebujesz przy tym pomocy, prosimy o kontakt z jednym z wymienionych poniżej właścicieli lokali (landlordów)

这是您用来申请住房的表格。如果您需要帮忙，请联系名单上的一个房东

هذه هي الاستمارة التي استخدمتها لتقديم طلب للحصول على مسكن. إذا كنت تريد مساعدة، يرجى الاتصال بأحد المالكين الواردين في القائمة.

If you, or anyone included in your application, has a health problem or disability that may be eased by moving to a more suitable home, you will need to fill in a 'medical self-assessment form' for each person.

Please also consider completing the anonymous Equal Opportunities Monitoring Form to ensure that all applicants for housing are treated fairly and equally and to help us improve the way we deliver our housing information and advice services.

Both of these forms can be downloaded from our website at [www.glasgowhousingregister.org](http://www.glasgowhousingregister.org)

## For Official Use Only

NAME					
ADDRESS					
CUSTOMER TYPE	GCC referral		Transfer		General List
REGISTRATION DATE			REGISTRATION NO		
INPUT BY			INPUT DATE		

## Qualification

Are you sixteen years old or over?

Yes

☐

No

☐

You must be sixteen or over to apply for social housing in Scotland

Are you or anyone you are applying to be housed with you required to register under the Sex Offender's Act?

Yes

☐

No

☐

For your own confidentiality, if anybody in your household is required to register under the Sex Offenders Act 2003 please do not use this form, but telephone the Sex Offender Liaison Officer at 0141 420 5925.

This will not adversely affect how your application is assessed.

Should at any future date you or a member of your household require to be registered under the Act, you must contact the telephone number above.

Are you Homeless or threatened with homelessness in the next two months?

Yes

☐

No

☐

If you are homeless, or think you may become homeless within the next two months you can complete this form and make an application, however please review the options below for immediate help.

If you live within the areas covered by the Glasgow Housing Register: Northwest contact:  
North West Community Casework Service.

30 Mansion Street, Glasgow, G22 5SZ  
Phone: 0141 276 6169 or 0141 287 3158  
Opening times  
Mon-Thu 08:45-16:45  
Friday 08:45-15:55

If you need advice or assistance outside these opening hours please contact:  
The Hamish Allan Centre, 180 Centre Street, Glasgow, G5 8EE  
Free phone: 0800 838 502

This Centre is open from 4.00pm to 9.00am Monday to Friday.  
Open 24 hours on Saturdays, Sundays and public holidays.

If you live outside the North West Area please contact your local Community Casework Team.  
For more information, including contact details please visit: [www.yoursupportglasgow.org](http://www.yoursupportglasgow.org)

If you live outside Glasgow please contact your own Local Authority for advice and assistance.

## Security

Please select a Security Question and answer. Please only select one.  
This will be used to access your application information online

Answer

Favourite food

Memorable year

Mother's maiden name

Place of birth

## Landlord details

Please select the Landlords in the partnership you wish to offer you housing in the North West of Glasgow

Please select the landlords you would like to be rehoused by (*select as many as required*)

Cadder Housing Association

☐

Cernach Housing Association

☐

Charing Cross Housing Association

☐

Drumchapel Housing Cooperative

☐

Glasgow West Housing Association

☐

Kendoon Housing Association

☐

Kingsridge Cleddans Housing Association

☐

Maryhill Housing Association

☐

ng homes

☐

Partick Housing Association

☐

Pineview Housing Association

☐

Sanctuary Scotland Housing Association

☐

Yorkhill Housing Association

☐

## Applicant Details *Please list yourself and all household members moving with you below*

### Main Applicant

Title	
First Name	
Middle Name(s)	
Last Name/Family Name(s)	
Date of Birth	
Are you/they a young person under 18 currently living in care?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
National Insurance Number	
Is this person pregnant?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Starting with your current address, please list all of the addresses you/they have lived at over the last five years.

### Current Address

Line 1	Line 2
City	Postcode
Date moved in	Date moved out N/A

Name and address of Landlord/Owners

Reason for Leaving

Main Contact Phone No	Work Phone No.
Mobile Phone No	Other contact Phone No.
Email address	

### Previous Address 1

Line 1	Line 2
City	Postcode
Date moved in	Date moved out

Name and Address of Landlord/Owners

Previous Address 2	
Line 1	Line 2
City	Postcode
Date moved in	Date moved out
Name and Address of Landlord/Owners	
Previous Address 3	
Line 1	Line 2
City	Postcode
Date moved in	Date moved out
Name and Address of Landlord/Owners	
Previous Address 4	
Line 1	Line 2
City	Postcode
Date moved in	Date moved out
Name and Address of Landlord/Owners	
Joint Applicant	
Title	
First Name	
Middle Name(s)	
Last Name/Family Name(s)	
Relationship to main applicant	
Date of Birth	
Are you/they a young person under 18 currently living in care?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Gender		Male <input type="checkbox"/>	Female <input type="checkbox"/>
National Insurance Number			
Do they currently live with the main applicant?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this person pregnant?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has this person had the same address history as the main applicant for the past five years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, starting with your current address, please list all of the addresses you/they have lived at over the last five years.			
Current Address			
Line 1		Line 2	
City		Postcode	
Date moved in		Date moved out      N/A	
Name and Address of Landlord/Owners			
Reason for Leaving			
Main Contact Phone No.		Work Phone No.	
Mobile Phone No.		Other contact Phone No.	
Email address			
Previous Address 1			
Line 1		Line 2	
City		Postcode	
Date moved in		Date moved out	
Name and Address of Landlord/Owners			

Previous Address 2	
Line 1	Line 2
City	Postcode
Date moved in	Date moved out
Name and Address of Landlord/Owners	
Previous Address 3	
Line 1	Line 2
City	Postcode
Date moved in	Date moved out
Name and Address of Landlord/Owners	
Previous Address 4	
Line 1	Line 2
City	Postcode
Date moved in	Date moved out
Name and Address of Landlord/Owners	
About Your Family	
<i>Please list anyone living in your current property and whether or not they are moving with you.</i>	
Person 1	Person 2
Title	Title
First Name(s)	First Name(s)
Last Name/Family Name(s)	Last Name/Family Name(s)
Relationship to you or your household	Relationship to you or your household
Moving with you? Yes <input type="checkbox"/> No <input type="checkbox"/>	Moving with you? Yes <input type="checkbox"/> No <input type="checkbox"/>

Person 3	Person 4
Title	Title
First Name(s)	First Name(s)
Last Name/Family Name(s)	Last Name/Family Name(s)
Relationship to you or your household	Relationship to you or your household
Moving with you? Yes <input type="checkbox"/> No <input type="checkbox"/>	Moving with you? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any pets/animals?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please state the number and type of pets you have.	
<b>Contact</b>	
Do you want us to contact you at the address you gave?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide contact details if you want us to write to you at a different address to the one you gave above?	
Line 1	Line 2
City	Postcode
Would you like someone to act on your behalf? <i>please provide their contact details</i>	
Name	
Relationship to you or your household	
Address	
Line 1	Line 2
City	Postcode
Home Phone No.	Work Phone No.
Work Phone No.	Other contact Phone No.
Email Address	
A Housing Options interview would have looked at your personal circumstances and assessed your housing need. At the end of this interview you would have received a Personal Action Plan.	
If you have received a Personal Action Plan, please tick yes below and state which Housing Association your interview was with.	
Have you had a Housing Options interview?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Which landlord was it with?	



## Anti Social Behaviour

Has the following been granted against you (applicant) or any person who will be living with you?

An Anti Social Behaviour Order (A.S.B.O.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has anyone ever taken action against you, or any person who will be living with you for anti social behaviour?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, was court action taken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, was less formal action taken, such as a written warning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, please give full name of person(s), landlord, date of action and outcome

Name

Landlord

Date of action

Outcome

## Reason for Rehousing

Why do you wish to be rehoused? *Please tick main reason only*

Disability <input type="checkbox"/>	Notice to Quit <input type="checkbox"/>
Domestic Abuse <input type="checkbox"/>	Overcrowding (House too small) <input type="checkbox"/>
Financial difficulties <input type="checkbox"/>	Relationship breakdown/bereavement <input type="checkbox"/>
Harassment/Violence <input type="checkbox"/>	Require Independent Living <input type="checkbox"/>
Homeless <input type="checkbox"/>	Require Sheltered Housing <input type="checkbox"/>
House in state of disrepair <input type="checkbox"/>	Temporary Accommodation <input type="checkbox"/>
Job reasons <input type="checkbox"/>	Tied Accommodation <input type="checkbox"/>
Leaving HM Forces <input type="checkbox"/>	To move nearer family/friends/school <input type="checkbox"/>
Leaving Institutional Care <input type="checkbox"/>	Under Occupied (House too large) <input type="checkbox"/>
Medical/Health reasons <input type="checkbox"/>	Waiting Time/Length of residence <input type="checkbox"/>
Mortgage Repossession <input type="checkbox"/>	Other reason for housing <input type="checkbox"/>
Need for personal/social support <input type="checkbox"/>	

Please provide any other supporting information regarding the choice above

Have you been asked to leave your present accommodation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been given written notice to leave?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a court order for possession been granted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered yes to any of these questions, we recommend that you contact your local Housing Office as soon as possible for advice.		
Do you or the joint applicant have current or former rent, mortgage or repairs arrears?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If Yes, you must answer the additional questions below</b>		
Name of the landlord or mortgage provider		
Do you have an arrangement with the landlord to reduce / or pay your arrears in full?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you maintaining the agreement to pay off arrears?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please explain your reason(s)		
<b>Present Home</b> To help assess your application we need details of your present accommodation		
Which of the following best describes your present circumstances?		
Caravan <input type="checkbox"/>	No fixed address <input type="checkbox"/>	
HM Forces <input type="checkbox"/>	Owner <input type="checkbox"/>	
Homeless temporary accommodation <input type="checkbox"/>	Staying with family <input type="checkbox"/>	
Housing Association Tenant <input type="checkbox"/>	Staying with friends <input type="checkbox"/>	
In hospital / prison / residential care <input type="checkbox"/>	Staying with partner <input type="checkbox"/>	
In housing tied to employment <input type="checkbox"/>	Tenant (outside Glasgow) <input type="checkbox"/>	
Joint owner <input type="checkbox"/>	Tenant of a private landlord (in Glasgow) <input type="checkbox"/>	
Lodger In supported accommodation <input type="checkbox"/>	Other <input type="checkbox"/>	
If Other please provide details		

What type of accommodation do you live in at present?		
Bed-sit/studio flat <input type="checkbox"/>	No fixed address <input type="checkbox"/>	
Caravan/mobile home/houseboat <input type="checkbox"/>	Own door/semi-detached/terraced <input type="checkbox"/>	
Four in a block (lower flat) <input type="checkbox"/>	Room in a house/hostel <input type="checkbox"/>	
Four in a block (upper flat) <input type="checkbox"/>	Sheltered Housing <input type="checkbox"/>	
Hospital/prison/residential care <input type="checkbox"/>	Supported Accommodation <input type="checkbox"/>	
House/cottage <input type="checkbox"/>	Tenement/flat <input type="checkbox"/>	
Maisonette flat/Deck Access <input type="checkbox"/>	Other <input type="checkbox"/>	
Multi-storey <input type="checkbox"/>		
If Other, please provide details		
Please tell us how many rooms of each type are in your current accommodation and how many are shared for each		
Total Number		Total Shared
Living Rooms		
Double Bedrooms		
Single Bedrooms		
Toilet/Bathroom		
Are any of the rooms above shared with anyone not moving with you?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have access to the following facilities/amenities in your accommodation? <i>Please tick Share only if you are sharing the facilities with anyone who is not moving with you</i>		
Cold water supply	Yes <input type="checkbox"/> No <input type="checkbox"/> Shared <input type="checkbox"/>	
Hot water supply	Yes <input type="checkbox"/> No <input type="checkbox"/> Shared <input type="checkbox"/>	
Cooking facilities	Yes <input type="checkbox"/> No <input type="checkbox"/> Shared <input type="checkbox"/>	
Inside toilet	Yes <input type="checkbox"/> No <input type="checkbox"/> Shared <input type="checkbox"/>	
External drying area	Yes <input type="checkbox"/> No <input type="checkbox"/> Shared <input type="checkbox"/>	
Central heating	Yes <input type="checkbox"/> No <input type="checkbox"/> Shared <input type="checkbox"/>	
Kitchen	Yes <input type="checkbox"/> No <input type="checkbox"/> Shared <input type="checkbox"/>	
Kitchen (bed-sit)	Yes <input type="checkbox"/> No <input type="checkbox"/> Shared <input type="checkbox"/>	
Kitchen (recessed)	Yes <input type="checkbox"/> No <input type="checkbox"/> Shared <input type="checkbox"/>	
Shower room	Yes <input type="checkbox"/> No <input type="checkbox"/> Shared <input type="checkbox"/>	
Double glazing	Yes <input type="checkbox"/> No <input type="checkbox"/> Shared <input type="checkbox"/>	

Do you spend more than 10% of your total household income (excluding housing benefit) on fuel bills each month?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, please provide details</b>		
Does your accommodation have any of the following problems? <i>Please tick any that apply.</i>		
Extensive dampness/water penetration	<input type="checkbox"/>	
Structural problems	<input type="checkbox"/>	
Closing Order served on property	<input type="checkbox"/>	
Rodent or Insect Infestation	<input type="checkbox"/>	
Is your Home subject to an Environmental Health Closing Order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your home been declared as 'Below Tolerable Standard' by your local council?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>A house meets the Tolerable Standard if it:</p> <ul style="list-style-type: none"> <li>• is structurally stable</li> <li>• is substantially free from rising or penetrating damp</li> <li>• has satisfactory provision for natural or artificial light, ventilation, heating</li> <li>• has adequate piped supply of water</li> <li>• has a sink with a supply of both hot and cold water</li> <li>• has a WC available for sole use of the occupants</li> <li>• has an effective system for drainage</li> <li>• has satisfactory facilities for cooking</li> <li>• has satisfactory thermal insulation</li> <li>• has satisfactory access to all external doors and outbuildings</li> </ul> <p>It should be noted that a house which passes the Standard may not be in a good state of repair. To fail the Standard a house must be lacking in basic amenities or be in an extremely poor condition.</p>		

## Housing Requirements

What is the minimum size of property would you consider?

What types of accommodation would you consider? *Please tick in the list below*

Deck access/Maisonette	<input type="checkbox"/>
Four in a block (lower flat)	<input type="checkbox"/>
Four in a block (upper flat)	<input type="checkbox"/>
Main door (no internal stairs)	<input type="checkbox"/>
Multi storey	<input type="checkbox"/>
Semi detached	<input type="checkbox"/>
Studio (no separate bedroom)	<input type="checkbox"/>
Tenement flat (basement)	<input type="checkbox"/>
Tenement flat (first floor)	<input type="checkbox"/>
Tenement flat (ground floor)	<input type="checkbox"/>
Tenement flat (second floor and above)	<input type="checkbox"/>
Terraced house	<input type="checkbox"/>
Do you wish to be considered for Sheltered Housing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have included multi storey property, which is the highest floor you would consider? <i>Please enter floor number</i>	
Do you wish to be considered for Supported Housing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to be considered for Furnished Accommodation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you need help to note interest in choice-based letting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Currently this is only provided by Drumchapel Housing Co-operative.	

## Care and Support

Do you, or anyone who is going to be housed with you have any care / support / medical reasons for wishing to be re-housed?

Yes

☐

No

☐

If you, or anyone included in your application, has a health problem or disability that may be eased by moving to a more suitable home, you will need to fill in a 'medical self assessment form' for each person. We will advise if you are entitled to any priority under our letting policies.

Are you seeking a move to provide care or support to a friend or relative who will not be moving with you? *If so, please provide their details below*

Yes

☐

No

☐

Name

Their address

Line 1

Line 2

City

Postcode

Please provide details to help us assess support needs of your friend/relative

Please tell us if you or any person included in this application is or has, in the past 12 months, been:

Employed by any of the landlords in the Glasgow Housing Register?

Yes

☐

No

☐

Their name

Relationship to you/joint applicant

The Organisation

Your/their position

Is anyone included in this application related to a Committee/Board member, or an employee of a landlord in the Glasgow Housing Register

Yes

☐

No

☐

Their name

Relationship to you/joint applicant

The Organisation

Your/their position

If there is anyone else in your application who has been employed by any of the landlords in the Glasgow Housing Register or related to a Committee/Board member, or an employee of a landlord in the Glasgow Housing Register please put their details below.

## DATA PROTECTION

### DECLARATION BY APPLICANT

All Housing Association Partners selected by you as “the Applicant” to receive and process your Housing Application (“the Partners”) and Glasgow City Council (“GCC”) (together referred to as the “GHR Partners”) are registered under the Data Protection Act 1998 (“the Act”) and are legally bound to comply with the conditions and principles set out in the Act. All information, including any sensitive personal data, will be held and treated as confidential in accordance with the principles of the Act.

The information you supply on your Housing Application will only be shared with the GHR Partners you have selected to consider you for Social Housing for the purposes of processing your Application and in accordance with this statement. Your information will not be sold or rented onto a third party. We may make information available to tax and law enforcement authorities in particular cases, as required or permitted by law.

You have a right to ask us for copies of the personal data we hold, excluding certain statutory restrictions for example where a third party can be identified from that information. If you find factual errors in our records of your personal data you can ask us to correct them. You may access some of your personal information online in order to update it however; some of the information is restricted and can only be updated by contacting the relevant GHR Partner to do so.

#### **What we will do with the information**

We will process the information contained in this Housing Application and any other relevant information obtained in connection with the application in a number of ways:

- We will process the information for the purposes of your Housing Application.
- We may also use this information to provide statistical data to the Glasgow Housing Register (GHR) Management Committee (made up of representatives from the GHR Partners), the Scottish Housing Regulator, the Scottish Government and other relevant interested parties, such as researchers.
- GCC will have access to data held on the GHR system to obtain aggregate statistical information and for administration and management purposes.
- Any statistical or research reports will not personally identify you.

We will:

- Collect only as much personal data as we need to manage your Housing Application, and meet our obligations to provide information to other authorities and agencies;
- Only keep your personal data for as long as we need it to provide you with services and to supply statistical reports;
- Keep your personal data secure at all times and destroy it when we no longer need it. Applicants will not be personally identified in research or statistical information unless explicit consent of the applicant/s is given.
- In addition, if you are successful in obtaining accommodation with one of the GHR Partners, personal data about you and your household, which was collected by GHR Partners, known as a “Tenant File”, will be kept by the GHR Partner, which may include but not be limited to medical history, rent arrears, or Anti-Social Behaviour history. Your Tenant File can be held by the GHR Partner for 5 years after your tenancy is terminated, in accordance with the statutory guidance issued by the Scottish Council on Archives.,
- Sensitive Personal Data
- By completing this online form you are giving your consent to processing your data, including sensitive personal data. Sensitive personal data includes information about your racial or ethnic origin, your health, religious belief, sexual life, committed or alleged offences including court proceedings and sentencing. Only sensitive personal data that is relevant to your Housing Application will be processed.

- When you become a tenant or occupant, personal data about you and your household which was collected by GHR Partners may be kept by the GHR Partner for as long as you are a tenant or occupant with that landlord.
- Some of the information we ask you for is defined as sensitive personal data. Two types of sensitive personal data, if applicable to you, would be processed by us for the following purposes:
- Information about your racial or ethnic origin is processed for equalities monitoring. (Any statistical or research reports will not personally identify you.)
- Information about your physical or mental health is processed to help us to provide you with the most suitable services throughout your relationship with us.

Other categories of sensitive personal data are unlikely to be relevant to your relationship with us. We would not expect to process these without seeking further consent from you. If you ask us not to process some or all sensitive personal data, or any other categories of information, the services which we are able to provide may be restricted.

You will not personally be identified in any reports making use of statistical information.

### **Application withdrawal**

You can withdraw your Housing Application at any time, and the information you have supplied in this application will not be retained following withdrawal of your Housing Application.

### **Consent**

By signing this Housing Application form, you give consent to the GHR Partners to process the information in the way described above.

**Please read the following statement and sign below:**

I/We understand that to the best of my knowledge the details that have been given on this Housing Application form are true and correct and that I/We will tell you about any changes in circumstances as soon as possible. I/We have checked that the information provided has been completed correctly and I/We have read over the data entered before submitting the form.

I/We understand that any false or misleading information or the withholding of information, that is material to the Housing Application now and at any time, may result in my application being cancelled, any offers of tenancy being withdrawn or I/We may lose any tenancy granted.

I/We give permission for my information to be included in the Glasgow Housing Register: Northwest and for each of my chosen GHR Partners to make any necessary enquiries in connection with my application for housing and to verify the circumstances stated on the form or to obtain details relating to current/former tenancies.

I/We certify that neither I nor anyone seeking to be housed with me is subject to the notification requirements of the Sex Offenders Act 2003, or alternatively, that this Housing Application is being submitted on my behalf by the Sex Offenders Liaison Officer.

I/We understand and agree to the conditions noted in the declaration.

Applicant Signature

Date

Joint Applicant Signature

Date



## CONTACT DETAILS

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### Cadder Housing Association

20 Fara Street, Cadder, G23 5AE  
0141 945 3282  
enquiry@cadderhousing.co.uk

### Cernach Housing Association

79 Airgold Drive, Drumchapel, G15 7AJ  
0141 944 3860  
admin@cernachha.co.uk

### Charing Cross Housing Association

31 Ashley Street, Glasgow, G3 6DR  
0141 333 0404  
cxha@cxha.org.uk

### Drumchapel Housing Co-operative

4 Kinclaven Avenue, Drumchapel, G15 7SP  
0141 944 4902  
enquiries@drumchapelhc.org.uk

### Glasgow West Housing Association

5 Royal Crescent, Glasgow, G3 7SL  
0141 331 6650  
admin@glasgowwestha.co.uk

### Kendoon Housing Association

Suite 16, Garscadden House, 3 Dalsetter Crescent  
G15 8TG  
0141 944 8282  
admin@kendoon.org.uk

### Kingsridge Cleddans Housing Association

Commercial Centre, Units 2/3 Ladyloan Place, G15 8LB  
0141 944 3881  
admin@kc-ha.com

### Maryhill Housing Association

45 Garrioch Road, Glasgow, G20 8RG  
0141 946 2466  
enquiries@maryhill.org.uk

### ng homes

50 Reidhouse Street, Springburn, G21 4LS  
0141 560 6000  
info@nghomes.net

### Partick Housing Association

10 Mansfield Street, Glasgow, G11 5QP  
0141 357 3773  
info@partickha.org.uk

### Pineview Housing Association

5 Rozelle Avenue, Drumchapel, G15 7QR  
0141 944 3891  
mail@pineview.org.uk

### Sanctuary Scotland Housing Association

7 Freeland Drive, Glasgow G53 6PG  
0141 876 4900  
glasgow@sanctuary-housing.co.uk

### Yorkhill Housing Association

1271 Argyle Street, Glasgow, G3 8TH  
0141 285 7910  
administration@yorkhill.org