

REF. NO.	DATE REC'D	1 <sup>st</sup> POINTED	2 <sup>nd</sup> POINTED
For office use			



## TRANSFER APPLICATION FORM

### 1. YOUR PERSONAL DETAILS

Name \_\_\_\_\_ Title (Mr/Mrs/Ms/Miss) \_\_\_\_\_  
 Address \_\_\_\_\_ Flat Position \_\_\_\_\_  
 Postcode \_\_\_\_\_ Email \_\_\_\_\_  
 Contact Tel. Number \_\_\_\_\_ Mobile \_\_\_\_\_

### 2. YOUR PRESENT ACCOMMODATION

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

Does the property have a Living room YES / NO  
 Kitchen (separate from livingroom) YES / NO

Bath only Shower only Bath & Shower (please circle)

### 3. CONDITION OF YOUR PRESENT ACCOMMODATION

Is your present accommodation (please tick)?

- (i) the subject of an Environmental Health Closing Order
- (ii) suffering dampness, water penetration or condensation
- (iii) suffering from rodent/insect infestation (at least once in the last year)
- (iv) difficult to heat

Please describe the circumstances

---



---

Is more than 10% of total household income (excluding housing benefit) spent on fuel bills each month?  
 (If yes, please give details)

---



---

**4. WHO LIVES IN YOUR PRESENT ACCOMMODATION? (please give details)**

NAME	SEX (M/F)	DATE OF BIRTH	RELATIONSHIP TO YOU	IS THIS PERSON TO BE REHOUSED WITH YOU?
			<b>Your own details</b>	YES
				YES/NO
				YES/NO
				YES/NO
				YES/NO
				YES/NO
				YES/NO
				YES/NO
				YES/NO

*IF YOU DO NOT HAVE FULL CUSTODY/ACCESS TO A CHILD THEN CUSTODY/ACCESS ARRANGEMENTS MUST BE CONFIRMED IN WRITING BY CHILDS LEGAL GUARDIAN*

**5. PLEASE LIST THE DETAILS OF ANYONE ELSE (who is not named above) WHO IS TO BE REHOUSED WITH YOU.**

NAME	CURRENT ADDRESS	SEX (M/F)	DATE OF BIRTH	RELATIONSHIP TO YOU

**Does anyone listed at point 5 above**

- a) own their own property YES / NO
- b) have a tenancy with a housing association/Co-op YES / NO  
 local authority YES / NO  
 Scottish Homes YES / NO

**6. HAVE YOU APPLIED TO ANY OF THE UNDERNOTED AGENCIES FOR REHOUSING?**

Housing Association/Coop  local authority  Scottish Homes

Please give details if any offers of accommodation have been made.

---

**7. MEDICAL PRIORITY – Please also complete attached medical form**

**Do you, or anyone who is to be rehoused with you, suffer from any medical conditions or have a disability which makes present accommodation unsuitable? YES / NO**

**If YES, please give details:**

Name of person (1) \_\_\_\_\_

Disability/Medical condition \_\_\_\_\_

Name of person (2) \_\_\_\_\_

Disability/Medical condition \_\_\_\_\_

**Have adaptations been carried out within the home to assist with the disability/medical condition? YES / NO**

**If YES, please give details:**

\_\_\_\_\_

**Does anyone above have any difficulty with stairs, inside or outside the home? YES / NO**

**If YES, please give details:**

\_\_\_\_\_

How many stairs are there outside/inside your current property? \_\_\_\_\_

How many stairs can you manage easily? \_\_\_\_\_

Do you have lift access in the property? \_\_\_\_\_

**8. SUPPORT**

**Do you, or does anyone who is to be rehoused with you, need to move to or remain within the Association's area to receive specialist medical treatment?**

**If yes, please give details** \_\_\_\_\_

\_\_\_\_\_

**Is there someone within the Association's area you need to live beside in order to receive or provide regular support?**

**If YES, please indicate**

Name/Address of person \_\_\_\_\_

Nature of support \_\_\_\_\_

\_\_\_\_\_

## 9. GENERAL

Do you currently have rent arrears? YES / NO

Are you related to any of the Association's staff or committee? If YES, give details YES / NO

---

## 10. SENSITIVE ALLOCATIONS

Sensitive allocations need to be made in certain circumstances (e.g. to minimise risk to the Applicant). This is the purpose of the following question, which must be answered by all Applicants for rehousing. Please note, all information supplied by the Applicants is strictly confidential.

Have you ever received a criminal conviction for a sexual offence? YES / NO

## 11. ADDITIONAL INFORMATION

If you wish to provide additional information relevant to your application, please give brief details here. Continue on a separate page if necessary.

---

---

---

---

---

---

## 12. DECLARATION

**PLEASE READ THE FOLLOWING DECLARATION CAREFULLY BEFORE SIGNING THIS FORM. IF A JOINT APPLICATION IS BEING SUBMITTED, BOTH APPLICANTS MUST SIGN THE DECLARATION.**

I / we hereby certify that the information given in this form is true. If the information is found to be misleading or if relevant information is withheld, I / we understand the Housing Application Form may be cancelled and / or legal action may be taken to recover the Tenancy of any property offered.

Signed (Applicant) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Joint-Applicant) \_\_\_\_\_ Date \_\_\_\_\_

## AREA SELECTION FORM

**PLEASE COMPLETE ALL QUESTIONS - You will only be considered for property that matches your selections.**

- Would you accept a 1-apartment (bedsit property – no separate bedroom)? Yes  No
- Would you accept a property with combined living room/kitchen? Yes  No
- Would you accept a property in the basement? Yes  No
- Would you accept a multi-storey property? (Maximum height – 14<sup>th</sup> Floor) Yes  No
- Would you accept a maisonette property? (Deck access) Yes  No
- Do you wish to be considered for sheltered/amenity housing? Yes  No

What is the minimum stair level you would accept? \_\_\_\_\_

What is the maximum stair level you would accept? \_\_\_\_\_

Please note that no dogs are allowed within our multi-story (Blythswood Court) properties or our maisonette/deck access (St Vincent Terrace) properties. As well as no dogs being allowed, there are also restrictions on other pets, please ask for more details.

Please list details of any pets you have: \_\_\_\_\_

The colour of the “tick box” indicates turnover of properties based on the number of flats that have become available in each street over the last 3 years  = low (less than 5 properties),  = medium (between 6 and 8 properties),  = higher (more than 8 properties).

**Please note you will only be considered for your household requirements (e.g. a single applicant will not be considered for a 3apt)**

Will you accept a property anywhere within GWAH stock? Yes  No

**If no, please tick below to select the streets you would accept.**

	1apt	2apt	3apt	4apt	5apt	6apt	Turn Over	Tick Box
<b>ANDERSTON/FINNIESTON (G2 &amp;G3)</b>								
Argyle Street (640-650)		29	12	6	2		Higher	
Argyle Street (930-1172)		30	8				Higher	
Beltane Street	3	15	7				Higher	
Berkeley Street		24	34	12			Higher	
56 Blythswood Court – Dalriada ( <b>multi-story</b> )		105					Higher	
323 Blythswood Court – Columba ( <b>multi-story</b> )		111					Higher	
421 Blythswood Court – Davaar ( <b>multi-story</b> )		104					Higher	
Breadalbane Street		12	14	4			Higher	
Brechin Street		17	39	13			Medium	
Cheapside Street		6	5				Low	
Claremont Street		1	5	2			Low	
Cleveland Street	1	8	9	5			Medium	
Derby Street	8	9	6	1			Higher	
Dorset Street	4	9	6	2			Medium	
Dover Street		10	10	2	1		Low	
Elderslie Street		18	7	4			Medium	
Kelvingrove Street						1	Low	
Kent Road		16	9	4	1		Low	
McIntyre Street		1	7				Low	
Pembroke Street		11	9	2			Medium	
St Vincent Crescent	5	16	3	1			Medium	
St Vincent Street		5	16				Medium	
St Vincent Terrace ( <b>maisonette/deck access</b> )			187				Higher	
TOTAL STOCK IN AREA = 1021	21	545	391	58	5	1		

	1apt	2apt	3apt	4apt	5apt	6apt	Turn Over	Tick Box
<b>HYNDLAND/PARTICK (G11 &amp; G12)</b>								
Crown Road North (55yrs or over only)		14					Low	
Dowanhill Street (55yrs or over only)	11	1					Medium	
Gardner Street		4	1				Low	
Highburgh Road (55yrs or over only)	11						Low	
Hyndland Road (55yrs or over only)		18					Low	
Keith Court		21	4	2			Medium	
Peel Street			1	1			Low	
Prince Albert Road (55yrs or over only)	9	44					Higher	
Princes Place (55yrs or over only)		17					Low	
Walker Court		3	3	6			Low	
White Street		14					Low	
<b>TOTAL STOCK IN AREA = 186</b>	<b>32</b>	<b>137</b>	<b>8</b>	<b>9</b>				
<b>WEST END (G4, G12 &amp; G20)</b>	1apt	2apt	3apt	4apt	5apt	6apt		
Athole Gardens (55yrs old or over only)	3	5					Low	
Baliol Street			3				Low	
Bank Street		17	3		1		Low	
Belmont Street		9	9	2			Medium	
Buccleuch Street			1				Low	
Burnbank Gardens		4	29	2			Higher	
Burnbank Terrace		13	3	4			Low	
Byres Road		10	15	15	3		Low	
Colebrooke Street			11				Low	
Dalhousie Street			1				Low	
Great Western Road			7	3			Low	
Hillhead Street	1	21		4			Higher	
Kew Terrace	2	2	3				Low	
Napiershall Street		15	5				Low	
North Woodside Road		2	3				Low	
Oakfield Avenue		4	2	2	1		Low	
Otago Street		1	1				Low	
Park Road			1				Low	
Rupert Street				1			Low	
South Woodside Road			2				Low	
St George's Road			1				Low	
University Avenue		14	5	1			Low	
University Place			4	3			Low	
West Graham Street		1					Low	
West Princes Street				1			Low	
Woodlands Road		1	2		1		Low	
<b>TOTAL STOCK IN AREA = 274</b>	<b>6</b>	<b>114</b>	<b>111</b>	<b>37</b>	<b>6</b>			

Please turn over for more areas>

**GLASGOW WEST HOUSING ASSOCIATION – MEDICAL FORM**



**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**REFERENCE NO.** \_\_\_\_\_

---

**1. The exact nature of the patient's illness.**

\_\_\_\_\_  
\_\_\_\_\_

**2. The length of time the patient has been affected by it.**

\_\_\_\_\_  
\_\_\_\_\_

**3. Current Medication**

\_\_\_\_\_

**4. Is the patient receiving support? Please provide details.**

\_\_\_\_\_  
\_\_\_\_\_

**5. Is this support ongoing?**

\_\_\_\_\_

**6. How has the illness affected the patient's life?**

\_\_\_\_\_  
\_\_\_\_\_

**7. How do you think the patient's illness will be improved by re-housing?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GLASGOW WEST HOUSING ASSOCIATION**

Please note medical points will only be awarded where an applicant's condition would benefit from a move to alternative accommodation.

**8. What particular re-housing requirements does the patient have?**

---

---

---

I/We hereby certify that the information given in this form is true. If information is found to be misleading, or if relevant information is withheld, I/We understand the housing application form (of which this form is part) may be cancelled and/or legal action may be taken to recover the tenancy of the property offered.

**Applicant's Name :** \_\_\_\_\_

**Applicant's Signature :** \_\_\_\_\_

**Date :** \_\_\_\_\_

The above applicant(s) has/have applied to Glasgow West Housing Association for re-housing on medical grounds. In order that their application be accurately assessed, I would be grateful if you would verify the information noted on the form and confirm that re-housing will alleviate this person's medical condition. Please note that the information supplied will be treated in the strictest confidence.

**Doctor:** \_\_\_\_\_

**Address: (Surgery Stamp)**

**Doctors Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_





# HomeSwapper

## Looking to move house?

### GLASGOW WEST LAUNCHES HOMESWAPPER

HOMESWAPPER is a national register to help ease mutual exchanges.

[www.HomeSwapper.co.uk](http://www.HomeSwapper.co.uk)

#### CONTACT US

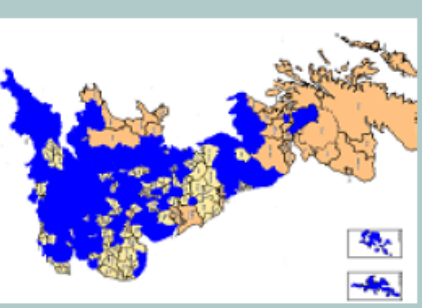
**Glasgow West Housing Association**  
**5 Royal Crescent**  
**Glasgow**  
**G3 7SL**  
**TEL: 0141 331 6650**  
**FAX: 0141 331 6679**

Registered with the Scottish Housing Regulator HEP 126.  
Registered under the Co-operative and Community Benefit Societies Act 1955 RS.  
Registered as a Scottish Charity SC001667

#### HOMESWAPPER—UK WIDE

- 125 participating Local Authorities
- 138 participating Large Scale Voluntary Transfers
- 468 participating Housing Associations
- Total - 731 Registered Social Landlords
- Stock—3.4million+ units
- 70% of national stock

**COST: £8 (3 months)**  
**£15 (6 months)**  
**£21 (12 months)**



  
**Glasgow**  
**WEST**  
**HOUSING**  
**ASSOCIATION**  
**L I M I T E D**

## Transfers & Mutual Exchanges

As an existing GWHA tenant, you may need to move house as your family circumstances change. If you need an extra room or you have unused rooms in your home you might want to consider either transferring to another GWHA property or carrying out a mutual Exchange (home swap) with either a GWHA tenant or a tenant of another Housing Association or Local Authority.

A register containing details of people who have already expressed a wish to mutual exchange (swap homes) is available to view from the reception desk at our office at 5 Royal Crescent.

You must have the permission of GWHA prior to carrying out any exchange, applications for transfers and exchanges will be considered by GWHA where: -

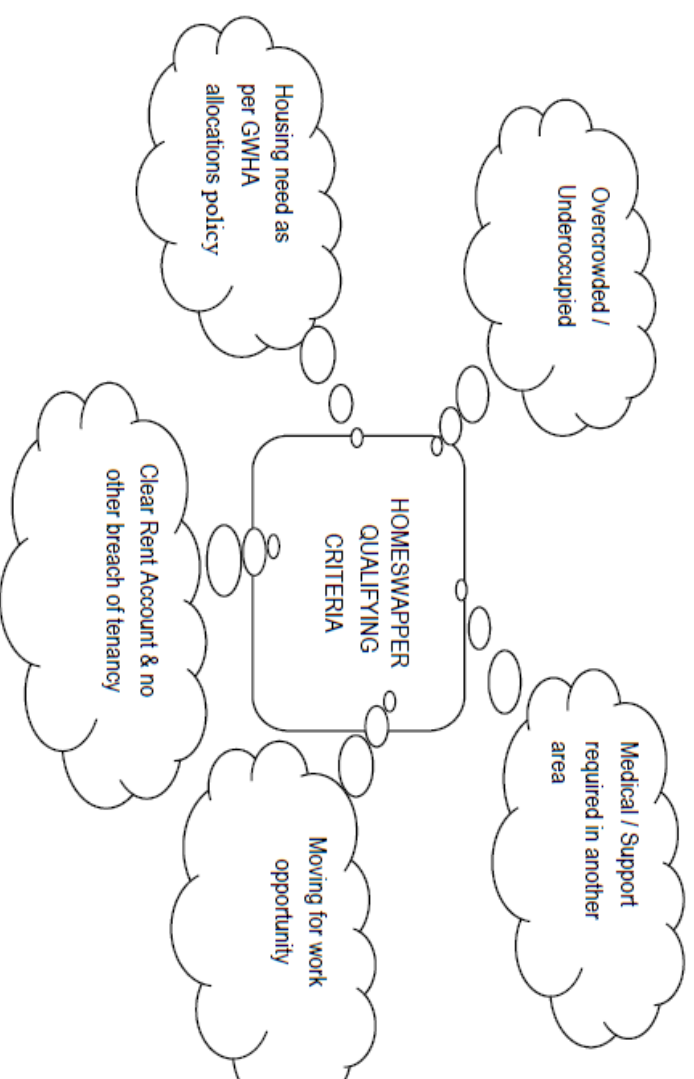
- Overcrowding or under occupancy would **not** occur
- GWHA Tenants have lived in their present accommodation for at least one year
- The rent account is up-to-date or an agreed repayment arrangement has been in place for at least 3 months
- The tenancy has been kept in a good condition (for example, good decorative order & no rechargeable repairs)



Alternatively you may wish to investigate your options directly via **HOMESWAPPER**, further information can be found at [www.homeswapper.co.uk](http://www.homeswapper.co.uk).

## HOMESWAPPER - HELP WITH USER COSTS

If you require help to cover the cost of using HOMESWAPPER and you meet one or more of the criteria noted below, please contact our Tenancy Sustainment Team on 0141 331 6651 for further information. Please note we cannot backdate costs so please always ensure you get our agreement to assist with any costs before you incur them.



GWHA pay up-front for those that qualify  
GWHA support for 6 months



[www.HomeSwapper.co.uk](http://www.HomeSwapper.co.uk)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

To qualify for assistance with the cost of HOMESWAPPER please complete this form and return to GWH Tenancy Sustainment Team at the address below.

- Is your current accommodation overcrowded or under occupied?      YES            NO
- Do you need to move house for work opportunity?      YES            NO
- Do you require medical/support in another area?      YES            NO

Assistance with cost of HomeSwapper will be subject to the same access criteria for your transfer application in relation to the management of existing tenancy. Examples of access criteria include:

- Clear rent account or agreed repayment arrangement.
- Tenancy obligations such as nil anti social behaviour issues.
- Tenancy kept in good condition.

Signature of tenant.....      Date .....

**FOR OFFICE USE ONLY**

Transfer App No.	Mutual Exchange on file	Rent Acc Balance	Repayment Arr in place	Recharge Repairs	ASB/Estate Management	Checked by

Approved for assistance	Signed	Date
YES/NO		



REF. NO.	DATE REC'D	LOGGED BY

## MUTUAL EXCHANGE APPLICATION



### YOUR PERSONAL DETAILS

Name \_\_\_\_\_ Title (Mr/Mrs/Ms/Miss) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Flat Position \_\_\_\_\_ Postcode \_\_\_\_\_

Contact Tel. Number \_\_\_\_\_ Email: \_\_\_\_\_

### WHO LIVES IN YOUR PRESENT ACCOMMODATION?

(Please give details of everyone who currently stays with you and indicate if they will be moving with you)

NAME	SEX (M/F)	d.o.b	RELATIONSHIP TO YOU	✓ if moving with you
				✓
Total people in household				

### Size of present accommodation?

How many double bedrooms?		How many single bedrooms?		Separate kitchen (not combined with living room)	Yes/No
------------------------------	--	------------------------------	--	---	--------

How long have you lived there? \_\_\_\_\_

Current Landlord? \_\_\_\_\_

Tell us more about your property? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Does it have?

Gas Central Heating		Double Glazing		Private Garden	
Level access (no stairs)		Level access shower		Shower over bath	
Front and Back Door		Nearby amenities		Nearby Schools	
Parking		Dining Kitchen		Storage space	

**P.T.O**

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

Detached		Semi Detached		Multi Storey	
Bungalow		End Terrace		Terrace	
Cottage		Tenement Flat		Flat/Maisonette	

**Size of house preferred (No of bedrooms)?** \_\_\_\_\_

*Please note GWAH will only grant permission for a mutual exchange where our property will not be overcrowded or under occupied.*

**Floors preferred** \_\_\_\_\_ **Floors rejected** \_\_\_\_\_

**Areas preferred** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Why do you want to move home?**

Under occupancy		Overcrowding		Location	
To receive/provide support		Job relocation		Relationship breakdown	
Medical		Pregnancy/fostering/adoption		Other	

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Please feel free to enclose photos, which we will display along with your property information.

***\*By registering your interest to mutual exchange you give GWAH permission to pass on your preferred contact details to any registered person expressing interest in swapping tenancies with you.***

***We will keep record of who has requested your contact information\****

***Please indicate which of your contact details you would be happy for us to pass on***

Address details	
Home phone	
Mobile phone	
Email address	

# 1. Local Housing Associations

In addition to Glasgow West Housing Association, there are a number of other Housing associations (HAs) operating in and around the West End of Glasgow.

Across the city, Glasgow Housing Association (GHA) is the largest single housing association. You can download an application directly from GHA website [www.gha.org.uk](http://www.gha.org.uk) & post to a local office, alternatively telephone 08004797979 (0141 274 7979 is cheaper if you are calling via a mobile) you can also contact them by email [lettings@gha.org.uk](mailto:lettings@gha.org.uk) GHA require three forms of identification, which confirm identity, proof of income and residency – all housing associations will require this type of information.

It may increase your chances of being re-housed if you apply to several housing organisations in addition to GHA .

## **Glasgow Housing Association**

GHA Shop  
173 Trongate  
G1 5HF  
0800 479 7979

## **Sanctuary HA**

24 Little Street  
Glasgow  
G3 8DQ  
0141 847 0952

## **Charing Cross HA**

31 Ashley Street  
Glasgow  
G3 6DR  
0141 333 0404

## **Yorkhill HA**

1271 Argyle Street  
Glasgow  
G3 8TH  
0141 285 7910

## **Partick HA**

10 Mansfield Street  
Glasgow  
G11 5QP  
0141 357 3773

## **Queens Cross HA**

45 Firhill Road  
Glasgow  
G20 7BE  
0141 945 3003

## **Cube Housing Association**

McCafferty House  
71 Firhill Road  
Glasgow  
G20 7BE

## **Whiteinch & Scotstoun HA**

The Whiteinch Centre  
1 Northinch Court  
Glasgow  
0141 959 2552

If you require sheltered or specially adapted accommodation the undernoted HAs may be able to assist:

## **Bield HA**

Craighall Business Park  
7 Eagle St  
G4 9AX  
0141 270 7200

## **Hanover HA**

Pavillion 5, Watermark Business Park  
345 Govan Rd Glasgow  
G51 2SE  
0141 553 6300

## **Blackwood Homes**

### **(previously Margaret Blackwood HA)**

Craigievar House  
77 Craigmount Brae  
EDINBURGH  
EH12 8XF  
0131 317 7227

## **Trust HA**

Pavillion 5 Watermark Business Park  
345 Govan Rd  
Glasgow  
G51 2SE  
0141 227 1994

A full list of housing associations can be found in the telephone directory or online.

## 2. Private Rented Sector

Glasgow Rent Deposit & Support Scheme – Telephone 0141 550 7140

- For homeless/potentially homeless clients
- History of drug alcohol addiction must be clean for a least 6 months
- Capable of sustaining a tenancy and if not will accept support
- Must be 25yrs or over, under 25yrs with a child or children, under 25 and have someone willing to share a tenancy.

A short telephone interview will be given to those to assess suitability and if accepted an appointment will be given to complete an application form. You will also be asked for the names, addresses and telephone numbers of 2 people who will provide you with a reference.

### Websites

Rightmove.co.uk – has over 200,000 properties for let

s1rental.com – properties throughout Scotland

## 3. Homeless Services

**Persons who are homeless and require immediate assistance should approach the Homeless Persons Unit at:**

### **Hamish Allen Centre**

180 Centre Street

Glasgow

G5 8EE

0141 287 1800

### **North Community Casework Team**

30 Mansion Street

Glasgow

G22 5SZ

0141 276 6169

### **Social Work Services**

Glasgow City Council

Social Work Services

City Chambers East

40 John Street

Glasgow

G1 1JL

[www.glasgow.gov.uk/socialwork](http://www.glasgow.gov.uk/socialwork)

Text Relay 1800101412870555

Fax 0141 287 8840

Phone 0141 287 0555

**Information and assistance may also be available from the following agencies:**

### **Quarriers Stopover**

200 Pollokshaws Road

Glasgow

G41 1QB

Short term hostel for 16-25 year olds.

Emergency admissions.

0141 420 3121

### **Glasgow Women's Aid**

30 Bell Street

4<sup>th</sup> Floor

Glasgow

G1 1LG

Women fleeing domestic violence.

Emergency admissions.

0141 553 2022

### **Hermet Gryffe Women's Aid**

24 Willowbank Street

Glasgow

G3 6LZ

Primarily for ethnic minority women

fleeing violence. Emergency admissions.

0141 353 0859

### **Talbot Association**

Kingston Halls,

344 Paisley Rd

Glasgow

G5 8RD

Emergency and long-term accommodation  
for men.

0141 429 4541

### **Salvation Army**

Hope House

14 Clyde Street

Glasgow

G1 5JH

Emergency and long-term accommodation  
for people over 17 years old.

0141 552 0537



## 4. Housing Advice Agencies

Independent housing information and advice may be obtained from agencies such as Shelter or the Citizen's Advice Bureau:

### Shelter

First Floor Suite 2  
Breckeridge House  
274 Sauchiehall Street  
Glasgow  
G2 3EH  
0808 800 4444

### Citizens Advice Bureau

1<sup>st</sup> Floor  
88 Bell Street  
Glasgow  
G1 1LQ  
0141 552 5556

### Positive Action in Housing

98 West George Street  
Glasgow  
G2 1PJ  
0141 353 2220

## 5. Legal and Financial Advice

If you need legal advice and representation, a law centre will probably be able to give this to you. If you've been referred to a law centre by an advice agency, the law centre will usually work with your caseworker or adviser to help you.

A solicitor at the law centre will speak to you and look at the situation you're in before advising you of your legal position and what to do next. They can also represent you in court if you need this.

Law centres have experience in areas of law that other solicitors don't deal with. For example, a law centre can help you:

- If your landlord is threatening to evict you
- If you've been having problems with your benefits
- With other money problems, including debt
- If your home isn't in a good state but your landlord won't do anything about it
- If you're getting hassle from your landlord
- If you can't pay your mortgage and you're at risk of losing your home

However not every law centre deals with the same kind of cases so it's best to check whether the law centre near you can help with the problems you're having. Again, an advice agency near you can help to guide you in the right direction.

- Ethnic Minorities Law Centre, 41 St Vincent Place, Glasgow G1 2ER  
Language spoken English/Punjabi/Urdu/Chinese  
Telephone No: 0141 204 2888  
Email [emlc@btconnect.com](mailto:emlc@btconnect.com)
- Legal Service Agency legal advice and representation in social welfare law areas within Glasgow City generally.  
Telephone 0141 353 3354 for more information. LSA operate a free drop in clinic on a first come, first served basis, each Wednesday from 1.30pm – 3.30pm. email [lsa@btconnect.com](mailto:lsa@btconnect.com)
- Debt Counselling/Money Advice Service  
Consumer & Trading Standards, Glasgow City Council, 231 George Street, Glasgow G1 4RX  
Tel 0141 287 6681 Fax 0141 287 6682
- Glasgow West Money Advice Project  
1945 Dumbarton Road, Yoker, Glasgow G14 0JA Phone 0141 950 1282
- Scottish Debtline, 4<sup>th</sup> Floor, 91 Mitchell Street, Glasgow, G1 3LN  
Phone 0800 138 3328, email [info@scottish.debtline.co.uk](mailto:info@scottish.debtline.co.uk)