



### 3. OTHER AGENCY INVOLVEMENT

Have you had cause to phone the police?

YES

NO

If YES, can you confirm the dates?

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Have any criminal charges been made in connection with the incidents?

YES

NO

Are you liasing with your landlord in connection with the situation you are experiencing?

YES

NO

If you are not an Association tenant, please give details of your current landlord:

Name:

Address:

Postcode:

Tel:

Are any other agencies involved in assisting you with the situation?  
(eg SWD/Victim Support Advocacy Project etc.)

YES

NO

If YES, please give details:

Name of organisation:

Address:

Postcode:

Contact person:

Tel:

Name of organisation:

Address:

Postcode:

Contact person:

Tel:

Name of organisation:

Address:

Postcode:

Contact person:

Tel:

## 4. NEED FOR REHOUSING

Please outline, in your own words, why your current accommodation is made unsuitable because of the situation you are experiencing.

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Please outline, in your own words, why rehousing in Shettleston would resolve these difficulties.

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Do you feel rehousing to an area other than Shettleston may also benefit?  YES  NO

## 5. ADDITIONAL INFORMATION

Do we have permission to contact any of the agencies involved to acquire further information?  YES  NO

*All information contained within this application will be treated as STRICTLY CONFIDENTIAL.*

Signature of applicant:  
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Date:  
\_\_\_\_\_

*Thank you for completing this form*



**SHETTLESTON  
HOUSING  
ASSOCIATION**

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INVESTOR IN PEOPLE