

APPLICATION FOR INCLUSION IN RESIDENTS' GARDEN GRASS CUTTING SCHEME FOR 2020/21

Date Completed		
North View Housing Associated medical reasons, you are una	-	rides help with your garden if, for ass yourself.
Please circle below the areas	in which you wa	ant the grass cut:-
The front garden T	he rear garden	Both front and rear gardens
	irmation. Just tid	rears of age or over, there is no ck this box, sign your name at the North View.
	BUT	
given unless they have a negarden, and they have passociation.	nedical reason perovided medical	e aged 16 or over, no help will be preventing them from doing the all confirmation of this to the must be completed for each the house.
Address:		
Telephone No:		
In the box below, please list t	he other people	who stay with you in your home.
Name	Age	Relationship to Tenant

Please tell us about the medical problem(s)/disability you have that will prevent you from being able to maintain your garden.
What benefits, if any, do you receive) e.g. Disabled Living Allowance or Personal Independence Payment etc.)?
WHEN YOU RETURN YOUR APPLICATION FORM, PLEASE PROVIDE US WITH WRITTEN CONFIRMATION OF ANY HEALTH RELATED BENEFITS THAT YOU RECEIVE; FOR EXAMPLE A COPY OF YOUR CURRENT AWARD LETTER.
Signed:
Date:
Date.
Thank you for taking the time to fill in this form. Please return it to North View's Office.
For North View use:-
Confirmation attached? Yes No Approved? Yes No
Bv:- Date:-

NORTH VIEW HOUSING ASSOCIATION LIMITED

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