

APPLICATION FOR INCLUSION IN RESIDENTS GARDEN GRASS CUTTING SCHEME 2022/23

Please fully complete the form on both sides and include <u>ALL</u> relevant health related benefit documents to ensure you're included to the grass cutting scheme list for 2022/2023.

Address:		
Telephone number:		
Date:		
North View housing Association Ltd your household is 60 years of age a to cut the grass yourself. Anyone ag they are unable to due to medical i	and over <u>OR</u> under 60 a ged 16 or over is expe	and for medical reason are unable
If you <u>AND</u> everyone included in you include your health related benefit it to the office to be included on the	s. However you <u>MUST</u>	
If anyone at your property is aged a cannot maintain the grass you MU	•	• • • • • • • • • • • • • • • • • • • •
Please circle below the areas which	n you require the grass	cut;
Front garden	back garden	both front and back
Please list which health related ber	nefits you are in receip	t of below;

Please list	the medical problem(s)/disability that prevents you from maintaining your garden
	MEMBER TO INCLUDE A COPY OF ANY HEALTH RELATED BENEFITS WHEN
RETURNIN	IG YOUR COMPLETED FORM TO THE OFFICE. IF YOU ARE UNDER 60 AND FAIL TO
	OUR HEALTH RELATED BENEFITS YOU WILL NOT BE INCLUDED ON THE LIST S HAS BEEN RECEIVED AT THE OFFICE
ONTIL THI	S HAS BEEN RECEIVED AT THE OFFICE
Signed:	
Date:	
	Thank you for taking the time to fill in this form. Please return it to North View's Office.
	For North View use:-

Approved? Yes No

NORTH VIEW HOUSING ASSOCIATION LIMITED 29A Stravanan Road, Castlemilk, Glasgow G45 9LY Tel: 0141 634 0555 Fax: 0141 631 3231

Yes No

Date:-

Confirmation attached?

Ву:-