

APPLICATION FOR INCLUSION IN RESIDENTS GARDEN GRASS CUTTING SCHEME 2025/26

Please fully complete the form on both sides and include a copy of <u>ALL</u> relevant health related benefit documents to ensure you're included to the grass cutting scheme list for 2024/2025.

Name:	
Address:	
Telephone number:	
Date:	
North View housing Association Ltd provides help with your garden if you and your household is 60 years of age and over <u>OR</u> under 60 and for medical reast to cut the grass yourself. Anyone aged 16 or over is expected to maintain the they are unable to due to medical reasons.	on are unable
If you <u>AND</u> everyone included in your household are aged 60 and over, there include your health related benefits. However you <u>MUST</u> still complete this for it to the office to be included on this year's list.	
If anyone at your property is aged 16 years or over and has a medical condition they cannot maintain the grass you <u>MUST</u> include this with a separate complete.	
Please circle below the areas which you require the grass cut;	
Front garden back garden both front and	l back
Please list which health related benefits you are in receipt of below;	

Please list the medical problem(s)/disability that prevents you from m	
PLEASE REMEMBER TO INCLUDE A COPY OF ANY HEALTH RELATED B WHEN RETURNING YOUR COMPLETED FORM TO THE OFFICE. IF YOU FAIL TO INCLUDE YOUR HEALTH RELATED BENEFITS YOU WILL NOT B LIST UNTIL THIS HAS BEEN RECEIVED AT THE OFFICE	ENEFITS YOU RECEIVE ARE UNDER 60 AND
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:
Confirmation attached? Yes No Approved? Yes No

By:- Date:-

NORTH VIEW HOUSING ASSOCIATION LIMITED

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