

GARDEN TIDY SCHEME – APPLICATION FORM

NAME :

ADDRESS :

TEL NO :

HOUSEHOLD COMPOSITION

NAME	RELATIONSHIP	DATE OF BIRTH
	Tenant	
	Joint Tenant	

I cannot maintain my garden as :

I receive Disability Living Allowance YES / NO (please provide award letter)

I receive Attendance Allowance YES / NO (please provide award letter)

I am a pensioner and have poor health/am infirm YES / NO

Other medical reasons (please give details below)

.....

.....

.....

.....

Are there any other adults(aged 16 or over) living with you ? YES / NO

(If there are any other adults living with you please complete the section below)

The other adult(s) living with me cannot maintain the garden as

He/she receives Disability Living Allowance YES / NO

He/she receives attendance allowance YES / NO

He/she is a pensioner who has poor health/infirmary YES / NO

Other medical reasons (please give details below)

.....

.....

.....

PLEASE CONTINUE OVERLEAF→

DECLARATION

I declare that I permanently reside at the above address and that I am unable to maintain my garden due to a physical or medical condition and that no other reasonable arrangement can be made

I declare that there is no other fit person living in the household who could do the work

I confirm that the information given on this form is accurate. I authorise Ferguslie Park Housing Association to carry out any relevant checks in support of this application.

I undertake to advise Ferguslie Park Housing Association of any change in circumstances which may affect this application.

I understand that the Association reserves the right to withdraw the service at any future stage in the event of any known material change of household circumstances or in the event of non payment of service charge applicable to this service.

Tenant signature

Joint tenant signature **Date**