

# NORTH VIEW Housing Association

North View is a registered Scottish charity – charity registration number SC032963

## APPLICATION FOR INCLUSION IN RESIDENTS' GARDEN GRASS CUTTING SCHEME FOR 2019/20

Date Completed \_\_\_\_\_

North View Housing Association Limited provides help with your garden if, for medical reasons, you are unable to cut the grass yourself.

Please circle below the areas in which you want the grass cut:-

The front garden                      The rear garden                      Both front and rear gardens

If everyone who stays in your house is **60 years** of age or over, there is no need to provide medical confirmation. Just tick this box, sign your name at the end of the form (over the page) and return it to North View.

### **BUT**

If there are other people staying in the house aged 16 or over, no help will be given unless they have a medical reason preventing them from doing the garden, and they have provided medical confirmation of this to the Association.

**If that is the case, then a separate form must be completed for each person aged 16 years or over who lives in the house.**

Applicant's Name: .....

Address: .....

Telephone No: .....

In the box below, please list the other people who stay with you in your home.

| Name | Age | Relationship to Tenant |
|------|-----|------------------------|
|      |     |                        |
|      |     |                        |
|      |     |                        |
|      |     |                        |
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Please tell us about the medical problem(s)/disability you have that will prevent you from being able to maintain your garden.

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What benefits, if any, do you receive) e.g. Disabled Living Allowance or Personal Independence Payment etc.)?

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**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: \_\_\_\_\_

**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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