### **ROSEHILL HOUSING CO-OPERATIVE LIMITED**

#### APPLICATION FOR GARDEN ASSISTANCE

## **Important Notes**

**Section One** 

All questions in the application form and medical self-assessment form must be completed. Any forms returned with blank sections will not be processed and will be returned to the tenant for full completion.

A medical self-assessment form must be completed for each household member who is claiming to be medically unfit to carry out garden maintenance, if applicable.

Before completing the forms please read the attached Garden Assistance Policy carefully.

Tenant Name: _			
Address: _			
House Size:			
House Type:			
Details of all thos	se residing at this address (starting wit	th yourself):	

Name	Relationship to Tenant	Date of Birth	Sex

# **Section Two**

by:

# Do you receive garden assistance from Glasgow City Council? Yes/No

Back

Front

Side

Shrubs

Work required (tick as appropriate):

	Garden	Garden	Garden				
<b>Grass Cutting</b>							
Hedge Trimming							
Other (please specify	<i>י</i> ):						
Section Three - Declaration  I understand the conditions which apply to the garden assistance scheme and would confirm all the information provided by me is true and accurate. I agree to advise Rosehill immediately of any changes in my circumstances which may affect my eligibility for the scheme. I am aware that any false or misleading information or information deliberately withheld will result in my name being removed from the scheme/waiting list.  Signature Date:							
OFFICE USE ONLY							
Tenancy Agreement cl	necked: YES	NO Upo	date Required	: YES/NO			
Has the medical self <b>YES/NO</b>	-assessment fo	orm(s) been o	completed ar	d attached:			
Application:	ACCEPTED/REJECTED						
Checked	Date	Verified by:	Dat	e:			