



**Section Two**

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

Work required (tick as appropriate):

	Front Garden	Back Garden	Side Garden	Shrubs
Grass Cutting				
Hedge Trimming				

Other (please specify):

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**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 checked: **YES / NO** Update Required: **YES / NO**

Has the medical self-assessment form(s) been completed and attached: **YES/NO**

Application: **ACCEPTED/REJECTED**

Checked by: \_\_\_\_\_ Date: \_\_\_\_\_ Verified by: \_\_\_\_\_ Date: \_\_\_\_\_