



Cordale Housing Association Care of Garden Maintenance Scheme Application Form For 2018

IMPORTANT INFORMATION – READ BEFORE COMPLETING THIS FORM

Cordale Care of Garden Scheme is designed to offer assistance to those individual households where there are no able bodied occupants capable of cutting their grass or trimming their hedges during the growing season. Cordale understand the importance to tenants and the wider community of well-maintained and attractive gardens. We want to support tenants who experience physical challenges maintaining their garden.

Where the Association has provided you with a property which has a garden, it is the occupier's responsibility to ensure that the garden area is maintained and in good condition and that your grassed areas are cut regularly. The requirement to cut your grass and hedging is a condition of the Scottish Secure Tenancy Agreement you have with us. Where a household has able bodied members it is expected that you would arrange to cut your own grass and hedging.

We understand that on occasions some tenants are unable to fulfil this obligation due to a physical health condition that may or may not be permanent, and as such we require an annual application in order for you to be assessed for this service. We will match your application to the information we hold on your tenancy records.

Due to the high volume of requests for this service we require all applicants to complete this **Care of Garden Maintenance Scheme Request Form** each year and provide the supporting evidence we require to determine if you qualify for this service. Once we receive your application we will assess it and let you know if your garden will be included in this year's programme.

Should you wish more information on the *Care of Garden Maintenance Scheme* or have any other questions or if you need help to complete the application form, then please contact the office and our Housing Officers can provide help.

HOW TO COMPLETE THIS REQUEST FORM

Part A - Fill in your full name, date of birth, age, address and telephone number, and if appropriate those of the joint applicant. List the name, date of birth, age and relationship to you (e.g. daughter, son etc.) of all other residents within the household.

Part B - Please complete in respect of the service you require.

Part C - Briefly state the reasons why you or a household member are unable to tend your garden, and if appropriate those of the joint applicant. The Declaration must then be signed and dated by both applicants.

Part D - Both parts of this section should be completed by a Registered Home Help, Health Visitor or other Professional Person, who is competent to confirm the statements you and if appropriate the joint applicant have made on the Application Form.

Part E - General guidance notes are then given. If you require further advice contact our office.

Please return completed forms as soon as possible.

PART A

Please place an **X** in the appropriate box.

Sole Application:

Joint Application:

Relationship of Joint Applicant (i.e. husband, wife etc.) _____

Main Applicant Details

Mr / Mrs / Miss _____

Date of Birth _____ Age _____

Address _____

Joint Applicant Details

Mr / Mrs / Miss _____

Date of Birth _____ Age _____

Telephone Number (1) _____ Telephone Number (2) _____

Please complete the following section in respect of every other person who is resident within your house:

Name	Date of Birth	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART B

ABOUT MY GARDEN

Please place an **X** in the appropriate box for the services you require.

Grass cutting / strimming

Hedge Trimming

PART C

MAIN APPLICANT DECLARATION

The reason (s) I am unable to tend my garden are as follows:

JOINT APPLICANT DECLARATION

The reason (s) I am unable to tend my garden are as follows:

Please provide documentation which verifies the above reasons in order for us to assess your application properly.

EVIDENCE PROVIDED? (TICK) YES NO

Declaration

I declare that the particulars given are correct and that all residents of the house are unable to tend the garden by reason of infirmity or disability.

I **accept** that Cordale Housing Association will not be held liable for any damage caused to garden ornaments or similar due to us providing this service. I have read and understand the Notes for Guidance and service criteria.

I agree that Cordale Housing Association may make the necessary enquires to verify the information provided on this application.

MAIN APPLICANT SIGNATURE: **DATE:**

JOINT APPLICANT SIGNATURE: **DATE:**

PART D

A Registered Home Help, Health Visitor or Professional Person competent to confirm the position of the applicant (s) should complete this section.

I certify that the **MAIN APPLICANT** is physically unable to tend the garden as described above.

Signed: Position:

Date:

Stamp (or Name, Address, Telephone Number Stamp (**and** Position in Full)

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I certify that the **JOINT APPLICANT** is physically unable to tend the garden as described above.

Signed: Position:

Date:

Stamp (or Name, Address, Telephone Number Stamp (**and** Position in Full)

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PART E

Notes for Guidance

1. Where a household has able bodied members it is expected that you would arrange to cut your own grass and hedging. You will not be accepted for the Scheme if there is a relative in the house who could be expected to tend the garden.
2. **All** sections of the application form **must** be completed in full.
3. The Scheme is available to Tenants and is for grass cutting and perimeter hedging only.
4. If accepted onto this year's programme, you agree not to hold the Association or its contractors liable for any accidental damage caused to your garden ornaments, furniture or any similar such items.
5. A Registered Home Help, Health Visitor or Professional Person **must** verify that you are permanently physically unable to tend to your garden, due to illness, infirmity or disability.
6. There is currently no charge for this service, however, the Association retains the right to review this and if a charge is introduced you will be advised and have the right to withdraw from the service.
7. **WE WILL NOT COME TO YOUR DOOR AND ASK FOR PAYMENT. IF THIS HAPPENS PLEASE DO NOT PAY AND CONTACT US IMMEDIATELY.**
8. **PLEASE BE ADVISED THAT WE CANNOT ACCEPT LIABILITY FOR LOSS INCURRED THROUGH PAYMENT TO ANY SUPPLIER.**

Return completed form to:

**CORDALE HOUSING ASSOCIATION,
1 RED ROW,
RENTON,
WEST DUNBARTONSHIRE, G82 4PL**

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Office Use Only

Date Received:

Information checked by:

Processed By:

Date Processed:

APPROVED FOR PROGRAMME? (TICK)

YES

NO

If no provide reasons for decision:

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