

# Garden Maintenance Scheme Application Form

FOR OFFICE USE ONLY	
W/O No:	Grass
Job No:	Hedge

## Section 1

Title			
Surname			
First name			
Address			
Town			
Post code			Tel. no.
Date of birth			Age
Do you receive Disability Living Allowance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date DLA expires

**Please note: copy of DLA Award Letter must be provided with application.**

**All applicants and members of the household, must meet the following criteria:**

Aged 16-65 must be in receipt of Disability Living Allowance, or between 65-69 must have form signed by their doctor, or aged 70 or over or registered blind.

## Section 2

**Do you live alone?**

Yes  No

If no, please complete details of all residents in household

Name	Date of Birth	Age	Relationship	In receipt of DLA	Date DLA expires

## Section 3

**Do you receive any of the following benefits?**

	Yes	No
Housing Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Council Tax Benefit – single person discount only	<input type="checkbox"/>	<input type="checkbox"/>
Council Tax Benefit – rebate	<input type="checkbox"/>	<input type="checkbox"/>
Income Support	<input type="checkbox"/>	<input type="checkbox"/>
Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>
Savings Credit	<input type="checkbox"/>	<input type="checkbox"/>
Any other means tested benefits	<input type="checkbox"/>	<input type="checkbox"/>

**Please note:** a copy of Award Letters must be provided with your application.

Details \_\_\_\_\_

## Section 4

If any person named in this application is aged 65-69 and unable to maintain their garden because of disability, the form must be signed by your Doctor, Health Visitor or District Nurse. An official stamp is required to confirm that the signature is provided by a Health Professional working for a recognised Medical Practice.

### DOCTORS DISABILITY DECLARATION

I hereby confirm that all persons named on this form, aged 65-69, are unable to maintain their garden due to disability.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PRACTICE STAMP

## Section 5

**Are you a**

(Please tick one box)

Owner/Occupier

West Lothian Council Tenant

Housing Association Tenant

Other

\_\_\_\_\_   
Please specify

## Section 6

Which service would you like us to provide (please tick appropriate areas)

	Grass	Hedges
Front garden	<input type="checkbox"/>	<input type="checkbox"/>
Rear garden	<input type="checkbox"/>	<input type="checkbox"/>
Side garden	<input type="checkbox"/>	<input type="checkbox"/>

(For details of service provided refer to Service Standards brochure enclosed with application)

## Section 7

Did you receive the garden service at your previous address? Yes  No

If yes, please give details: \_\_\_\_\_

## DECLARATION

I \_\_\_\_\_ hereby authorise Nets and Land Services to check this application form against any other information held by West Lothian Council. The information held by West Lothian Council is subject to the Data Protection Act.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return your completed form to:** Nets and Land Services, West Lothian Council, Waverley Street Depot, Bathgate, EH48 4HX