



Garden Aid Service - Application Form

Name

D.O.B. / /

Address

Postcode

Contact Telephone No:

Other Occupants (if anyone else is part of your household)

| Name | D.O.B. |
|----------------------|--|
| <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |

In order to qualify for the service you must be a council tenant, you or your other occupants must be incapable to tending to your garden and either be (a) over 65 years of age or (b) under 65 years of age and one of the following benefits, DLA Care Component Middle/High Rate, DLA Mobility High Rate, Attendance Allowance and Personal Independence Payment (Enhanced Rate). You must also be able to provide proof of these before your application can be considered.

Please Tick Appropriate boxes

- I am a council tenant (**this is mandatory**)
- I am over 65 years of age
- I am under 65 years of age and on one of the following benefits:
 - PIP - (Personal Independence Payment) - Enhanced Rate
 - DLA Care Component High Rate
 - DLA Care component Middle Rate
 - DLA Mobility Components High Rate
 - Attendance Allowance
 - Doctor's Letter submitted

Please give reason why other occupants are unable to tend to the garden.

