



A GUIDE TO THE...
Garden Maintenance Scheme
INCLUDING APPLICATION FORM



Garden Maintenance Scheme



The aim of this leaflet is to explain what the garden maintenance scheme is about, who can benefit from the scheme, what rules apply, what is the standard of maintenance and how to make an enquiry.

What is the Garden Maintenance Scheme?

A scheme to prevent gardens becoming overgrown.

Who can benefit from the scheme?

Any Weslo tenant who meets the criteria.

What is the criteria?

Applicants and all members of the household must be either:

- a) Aged 16-65 and in receipt of disability living allowance, **or**
- b) Aged 65-70 and the application form must be signed by their doctor, **or**
- c) Aged 70 years or over, **or**
- d) Registered blind.

You will have the right to appeal if rejected.

What garden maintenance can I expect?

Grass cut every 3-4 weeks between April and October. Small rough areas and edges trimmed and hedges pruned twice per year.

Do I have to pay for this scheme?

You may have to pay if you are not in receipt of a means tested benefit.

What does the scheme not cover?

- a) Vegetable plots or overgrown areas.
- b) Digging or weeding borders.

To make an enquiry about the scheme

Telephone or write to us at:

Weslo Housing Management
66 North Bridge Street
Bathgate
West Lothian
EH48 4PP

or

Weslo Housing Management
15 North Street
Bo'ness
West Lothian
EH51 0AQ

Tel: 01506 634060
Fax: 01506 639122

Tel: 01506 639100
Fax: 01506 822511



Garden Maintenance Scheme Application Form

Name

Address

Post Code

Home Tel No.

Mobile Tel No.

e-mail

Date of Birth Age

What service would you like us to provide?

| | Cut Grass | Prune 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"/> |

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

Aged 16-65 must be in receipt of Disability Living Allowance (a copy of your DLA award must be provided), or between 65-69 must have form signed by their doctor, or aged 70 or over or registered blind.

Do you live alone? Yes No

If no, please tell us about other people who live with you

| Name | Date of Birth | Age | Relationship | In receipt of DLA Yes/No | Date DLA Expires |
|------|---------------|-----|--------------|--------------------------|------------------|
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Do you receive any of the following benefits? – a copy of award letters must be provided with your application

| | 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"/> | Details _____ |

If any person named in this application is aged 65-69 and unable to maintain their garden because of a disability, the application 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 a disability.

Signature _____

Date _____

| |
|----------------|
| PRACTICE STAMP |
|----------------|

Declaration

I _____ hereby authorise Weslo to check this application form against any other information held by Weslo. The information held by Weslo is subject to the Data Protection Act.

Signature _____ Date _____

Please return your completed form to your local office.