



REQUEST FOR CONCESSIONARY GARDENING FORM

NAME	
ADDRESS	
TELEPHONE	
EMAIL ADDRESS	

WE ARE ABLE TO CARRY OUT A MINIMUM OF FOUR VISITS BETWEEN APRIL AND OCTOBER FOR TENANTS THAT MEET THE FOLLOWING CRITERIA, PLEASE TICK ONE OR MORE BOXES TO SHOW THE CRITERIA YOU MEET, UP TO DATE PROOF OF BENEFITS MUST BE PROVIDED.

YOU WILL ONLY BE ADDED TO THE SERVICE SUBJECT TO AVAILABILITY OR PLACED ON A WAITING LIST AND NOTIFIED WHEN A SPACE BECOMES AVAILABLE.

EVERYONE LIVING IN THE PROPERTY IS 75+ AND UNABLE TO MAINTAIN THE GARDEN

THE HOUSEHOLD MUST BE IN RECEIPT OF ONE OR BOTH COMPONENTS OF PIP, THIS MUST BE PAID AT THE ENHANCED RATE

SIGNED	
DATE	

UPON RECEIPT OF THE APPLICATION AND PROOF NEEDED WE WILL VISIT TO INSPECT YOUR GARDEN AND ASSESS WORK NEEDED.

FOR OFFICE USE ONLY

DATE OF INSPECTION	
APPROVED Y/N	
TENANT INFORMED	
DATE ADDED TO SCHEME	