# **Application for Garden Assistance scheme**

## **Personal details**

Information needed	Details
Name	
Address	
Email Address	
Phone Number	

## **Further information**

Information needed	Details
Date of birth	
Who do you live with?	
Please include their ages	
Is anyone in your household able	
to maintain your garden? (e.g., they	
do not have a health condition or	
disability which prevents them from	
being able to look after the garden)	
Do you receive help to look after	
your garden from anyone who	
lives within 5 miles of your	
property?	
(This could be a neighbour or family	
member)	

## Which service are you applying for?

Service	Answer yes or no
Grass and hedge cutting	
Grass cutting only	
Hedge cutting only	

## Do you receive any of the following benefits?

Benefit	Answer yes or no
Attendance Allowance	
Disability Living Allowance (DLA)	
Personal Independence Payment	
(PIP)	
Employment Support Allowance	
(ESA)	
Severe Disablement Allowance	
Industrial injuries benefit	
War Disablement Pension	
Universal Credit (disability or health	
related component)	
Housing Benefit	
Council tax support	
I do not receive any health or	
disability related benefits. I will	
provide proof of my eligibility for the	
scheme from my GP or other	
professional.	
Signature	

Signature	
Date	

If you have any questions about the Garden Assistance Scheme or if this form is not accessible to you, please contact our Housing Assistants on 01246 345354 or email <a href="mailto:garden.assistance@chesterfield.gov.uk">garden.assistance@chesterfield.gov.uk</a>

#### **Attachments**

Please attach proof of benefits received if you are under 75 and evidence from your GP or other professional (if applicable).

#### **Returning the form**

The form can be returned via email: <a href="mailto:garden.assistance@chesterfield.gov.uk">garden.assistance@chesterfield.gov.uk</a>
Or by post:

Garden Assistance Scheme, Housing Management Team, Stonegravels Depot, Old Brick Works Lane, Chesterfield, S41 7JD.