

**I.D Number:**

**Care of Gardens Scheme 2024**

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| **Main Applicant** | | | | | |
| **Title:** |  | **Name:** |  | | |
| **Address:** |  | | **Date of Birth:** |  | |
|  | | **Age:** |  | |
| **Post Code:** |  | | **Telephone No:** |  | |
| **Email Address:** |  | | | | |
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| **QUALIFYING CRITERIA – ALL RESIDENTS WHO QUALIFY AS PER CRITERIA BELOW WILL RECEIVE THE SERIVCE FOR AN ANNUAL FEE OF £110** | | | | | |
| I confirm that I am in receipt of a disability benefit such as Personal Independence Payment, Disability Living Allowance, Adult Disability Payment, Attendance Allowance, Pension Credits or a care service from HSCP, or I am of Pensionable Age. | | | | |  |
| I am in receipt of …………………………....................... | | | | |  |
| **Evidence of qualifying criteria must be submitted with your application e.g. confirmation letter of benefit award from DWP or other awarding body or pension confirmation letter from State Pension Service. Bank statements will not be accepted.** | | | | | |

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| **Other Residents**  Please complete this section for **all** other residents at the above address. **All persons over the age of 18 years of age** residing at the address must also meet the qualifying criteria and **evidence must be submitted** to support this. | | | | |
| **Name** | **Date of Birth** | **Age** | **Relationship** |  |
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**Services Required**

Please place an X in the appropriate box for each service you require.

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| Grass cutting |  |  | Hedge Cutting |  |

**Application Declaration**

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| **Criteria 1** | **Criteria 2** |
| The reason (s) I am unable to tend the garden are as follows:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I declare that I am resident in the address provided, am in receipt of a disability benefit and have **submitted evidence** of the benefit I receive with this application.  I declare that the particulars given are correct and that **all** residents over the age of 18 years are unable to tend the garden by reason of infirmity or disability and that evidence has been submitted to support this.  I agree that West Dunbartonshire Council may make the necessary enquiries to verify the information given.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | I certify that I am in receipt of a state pension and have **submitted evidence** with this application.  I declare that the particulars given are correct and that **all** residents over the age of 18 years are unable to tend the garden by reason of infirmity or disability and that evidence has been submitted to support this.  I agree that West Dunbartonshire Council may make the necessary enquiries to verify the information given. I also agree to pay West Dunbartonshire Council the required fee for the service.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

This information is controlled by West Dunbartonshire Council. By signing the declaration above you consent to this information and supporting documents being used for the purpose of

application to the Care of Gardens Scheme only. This information will only be retained for a period of 24 months for the purposes of the Care of Garden Scheme.

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| **Office Use Only** |
| **Date Received:** |  | **Information checked by:** | |  |
| **Processed By:** |  | |
| **Date Processed:** |  | |

**Notes for Guidance**

1. Only applicants who meet the criteria in points 1 or 2 on page 1 of this application will be considered.
2. **All** relevant sections of the application form **must** be completed in full.
3. You will not be accepted for the Scheme if you are in receipt of disability benefit but have a relative in the house that could be expected to tend the garden.
4. Holiday houses will not be considered.
5. The Scheme is available to Tenants and Owner / Occupiers.
6. If accepted, the specification is as follows: Your garden will be maintained between April and October. The grass will be cut every 6 weeks with edges being strimmed. Hedges within the boundary of the garden will be cut **once** during this time. Grass cuttings and Hedge trimmings will be removed and pathways swept clear.
7. If accepted to the scheme a fee of **£110** per annum will be charged. You will receive an invoice for this payment directly from West Dunbartonshire Council with details on how to make payment.

**PLEASE DO NOT ENCLOSE PAYMENT WITH YOUR APPLICATION FORM**

**PLEASE REMEMBER:**

1. **WE WILL NOT COME TO YOUR DOOR AND ASK FOR PAYMENT. IF THIS HAPPENS PLEASE DO NOT PAY AND CONTACT US IMMEDIATELY.**
2. **PLEASE BE ADVISED THAT WE CANNOT ACCEPT LIABILITY FOR LOSS INCURRED THROUGH PAYMENT TO ANY SUPPLIER.**

Return completed form to: **West Dunbartonshire Council**

**Greenspace**

**5 Elm Road**

**Dumbarton**

**G82 2RH**

Or alternatively email the completed application and supporting information to:

**wdc.greenspace@west-dunbarton.gov.uk**

**Should you require assistance completing this form please call 01389 772059**