

APPLICATION FORM
Garden Maintenance Scheme
Your Name:
Address:
Telephone:
I/We are of pensionable age/or registered disabled and wish to be included on the council's gardening scheme. I/We have read the details and understand my/our application will only be accepted providing I/We are in receipt of housing benefit and have no family, or other persons living at the address able to assist me/us to carry out the work. If disabled please give details:
Signed:
Date
POOLE HOUSING PARTNERSHIP USE ONLY
Date received:
Application accepted:
Application refused:
Signed:
Date: